

## Drug Use Questionnaire (DAST-20)

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Charges: \_\_\_\_\_

Test Date: \_\_\_\_\_

Score: \_\_\_\_\_

### Preliminary Comments

Adapted from language provided by Dr. Harvey Skinner (January 5, 2009)

The following questions concern your potential involvement with drugs other than alcohol. When you answer the questions, remember that the term “drug abuse” does not include alcohol. Instead, it refers to your use of prescribed or over the counter drugs in excess of the recommended dosage. For example, if you were given a prescription for pain killers, but took more than you were supposed to, that would be included. The phrase “drug abuse” also includes *any* non-medical drug use, including illegal drugs. This includes substances like marijuana, valium, cocaine, amphetamines, LSD, and heroin. Remember that the term “drug abuse” does not include alcohol. If you have difficulty with a statement, then choose the response that is mostly right.

Do you understand?

### Questions

These questions refer to the past 12 months.

Circle the  
Response

- |  |     |    |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons?  | Yes | No |
| 2. Have you abused prescription drugs?   | Yes | No |
| 3. Do you abuse more than one drug at a time?  | Yes | No |
| 4. Can you get through the week without using drugs?   | Yes | No |
| 5. Are you always able to stop using drugs when you want to?   | Yes | No |
| 6. Have you had “blackouts” or “flashbacks” as a result of drug use?   | Yes | No |
| 7. Do you ever feel bad or guilty about your drug use?   | Yes | No |
| 8. Does your spouse (or parents) ever complain about your involvement with drugs?  | Yes | No |
| 9. Has drug abuse created problems between you and your spouse or your parents?  | Yes | No |
| 10. Have you lost friends because of your use of drugs?  | Yes | No |
| 11. Have you neglected your family because of your use of drugs?   | Yes | No |
| 12. Have you been in trouble at work (or school) because of drug abuse?  | Yes | No |
| 13. Have you lost your job because of drug abuse?  | Yes | No |
| 14. Have you gotten into fights when under the influence of drugs?   | Yes | No |
| 15. Have you engaged in illegal activities in order to obtain drugs?   | Yes | No |
| 16. Have you been arrested for possession of illegal drugs?  | Yes | No |
| 17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?                               | Yes | No |
| 18. Have you had medical problems as a result of your drug use? (e.g. memory loss, hepatitis, convulsions, bleeding, etc.) | Yes | No |
| 19. Have you gone to anyone for help for a drug problem?   | Yes | No |
| 20. Have you been involved in a treatment program specifically related to drug use?  | Yes | No |

## Scoring the DAST-20

Adopted or excerpted from materials provided by Dr. Harvey Skinner (January 5, 2009)

### Scoring The DAST-20

Score 1 point for each question answered "yes," except for Questions 4 and 5, for which a "no" receives 1 point.

### DAST-20 Interpretation Guide

Score	Severity	Intervention Recommended
0	N/A	N/A
1 – 5	Low	Brief Intervention
6-10	Intermediate (likely meets DSM criteria)	Outpatient (Intensive)
11-15	Substantial	Intensive
16-20	Severe	Intensive

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