

DRUG ABUSE SCREENING TEST (DAST)³³

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 (other than those required for medical reasons)?
 Yes No
5. Are you always able to stop using drugs when you want to?
 Yes No
6. Do you abuse drugs on a continuous basis?
 Yes No
7. Do you try to limit your drug use to certain situations?
 Yes No
8. Have you had "blackouts" or "flashbacks" as a result of drug use?
 Yes No
9. Do you ever feel bad about your drug abuse?
 Yes No
10. Does your spouse (or parents) ever complain about your involvement with drugs?
 Yes No
11. Do your friends or relatives know or suspect you abuse drugs?
 Yes No
12. Has drug abuse ever created problems between you and your spouse?
 Yes No
13. Has any family member ever sought help for problems related to your drug use?
 Yes No
14. Have you ever lost friends because of your use of drugs?
 Yes No
15. Have you ever neglected your family or missed work because of your use of drugs?
 Yes No
16. Have you ever been in trouble at work because of drug abuse?
 Yes No
17. Have you ever lost a job because of drug abuse?
 Yes No
18. Have you gotten into fights when under the influence of drugs?
 Yes No
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?
 Yes No
20. Have you ever been arrested for driving while under the influence of drugs?
 Yes No
21. Have you engaged in illegal activities to obtain drugs?
 Yes No
22. Have you ever been arrested for possession of illegal drugs?
 Yes No
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?
 Yes No
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?
 Yes No
25. Have you ever gone to anyone for help for a drug problem?
 Yes No
26. Have you ever been in hospital for medical problems related to your drug use?
 Yes No
27. Have you ever been involved in a treatment program specifically related to drug use?
 Yes No
28. Have you been treated as an outpatient for problems related to drug abuse?
 Yes No

MICHIGAN ALCOHOLISM SCREENING TEST³⁴

1. Do you feel you are a normal drinker?
 Yes No
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening before?
 Yes No
3. Does your [significant other] or your parents ever worry or complain about your drinking?
 Yes No
4. Can you stop drinking without a struggle after one or two drinks?
 Yes No
5. Do you ever feel bad about your drinking?
 Yes No
6. Do your friends or relatives think that you are a normal drinker?
 Yes No
7. Do you ever try to limit your drinking to certain time of the day or to certain places?
 Yes No
8. Are you always able to stop drinking when you want to?
 Yes No
9. Have you ever attended a meeting of Alcoholics Anonymous?
 Yes No
10. Have you gotten into fights while drinking?
 Yes No
11. Has drinking ever created problems with you and your [significant other]?
 Yes No
12. Has your [significant other] or other family member ever gone to anyone for help about your drinking?
 Yes No
13. Have you ever lost friends or girlfriends/boyfriends because of your drinking?
 Yes No
14. Have you ever gotten into trouble at work because of drinking?
 Yes No
15. Have you ever lost a job because of drinking?
 Yes No
16. Have you neglected your obligations, your family or your work for two or more days in a row because of drinking?
 Yes No
17. Do you ever drink before noon?
 Yes No
18. Have you ever been told you have liver trouble or cirrhosis?
 Yes No
19. Have you ever had Delirium Tremens (DT's), severe shakes, heard voices, or seen things that weren't there after heavy drinking?
 Yes No
20. Have you ever gone to anyone for help about your drinking?
 Yes No
21. Have you ever been in a hospital because of your drinking?
 Yes No
22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem?
 Yes No
23. Have you ever been seen at a psychiatric or mental health clinic or gone to a doctor, social worker, or clergy for help with an emotional problem in which drinking had played a part?
 Yes No
24. Have you ever been arrested, even for a few hours, because of drunken behavior?
 Yes No
25. Have you ever been arrested for drunk driving or driving after drinking?
 Yes No