

# KATHRYN DOHENY, PsyD

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## DAST (DRUG ABUSE SCREENING TEST)

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 Yes No 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