Do not write, stamp, punch holes or affix a sticker in this area.

## **DAST Questionnaire**

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

Day

PLI	EASE	PRI	NT P	ATIE	ENT'	S LA	ST N	ΑM

Please use a #2 pencil. Fill in the complete oval as shown...

Marking Instructio

ns	1887

																L
PA	TIEN	IT'S I	FIRS	TNA	ME			1IDDLI NITIAI		PAT	TENT	'S D	ATE	OF E	BIRTI	Н
																Γ
									L							L
										Mor	nth		Dav			

The Screening, Brief Intervention, and Referral to Treatment (OK SBIRT) Program is to identify and provide appropriate services for persons at risk or diagnosed with substance use disorders or depressive disorders. To determine if the OK SBIRT Program provides services and helps with recovery, patients will be asked a series of questions on a set of screenings. Any information you provide will not include your name or other personal identifiers. You can choose not to participate in any part of SBIRT or may leave the program at any time. This refusal will not affect any current or future services. If you have any questions regarding your rights or if you have concerns/complaints about the Program, you may contact the SBIRT Project Director, Angela Dickson, LCSW, ACSW, Department of Mental Health and Substance Abuse Services at 405-248-9331 or Angela.Dickson@odmhsas.org.

Accept	O Decline	
Have you used drugs other than those required for medical reason	ns? Ye	es No
Do you abuse more than one drug at a time?	◯ Y€	es No
Are you unable to stop abusing drugs when you want to?	○ No	o Yes
Have you ever had blackouts or flashbacks as a result of drug use	? Ye	es No
Do you ever feel bad or guilty about your drug use?	○ Ye	es No
Does your spouse (or parents) ever complain about your involver with drugs?	nent Ye	es No
Have you neglected your family because of your use of drugs?	○ Ye	es No
Have you engaged in illegal activities in order to obtain drugs?	○ Ye	es No
Have you ever experienced withdrawal symptoms (felt sick) when stopped taking drugs?	n you Ye	es No
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	○ Ye	es No