

**Michigan Alcohol Screening Test (MAST)**

**Patient Name:** \_\_\_\_\_

**CIRCLE YOUR ANSWER**

- |     |  |            |           |
|-----|--|------------|-----------|
| 1.  | Do you feel you are a normal drinker? (Drink less than or the same as others?)   | <b>Yes</b> | <b>No</b> |
| 2.  | Have you ever awakened the morning after drinking and found you could not remember part of the evening?  | <b>Yes</b> | <b>No</b> |
| 3.  | Does your wife, husband, a parent or other relative ever worry of complain about your drinking?  | <b>Yes</b> | <b>No</b> |
| 4.  | Can you stop drinking after one or two drinks?   | <b>Yes</b> | <b>No</b> |
| 5.  | Do you ever feel guilty about your drinking?   | <b>Yes</b> | <b>No</b> |
| 6.  | Have you ever attended a meeting of Alcoholics Anonymous?  | <b>Yes</b> | <b>No</b> |
| 7.  | Have you gotten into physical fights when drinking?  | <b>Yes</b> | <b>No</b> |
| 8.  | Has your drinking created problems between you and your spouse, parent or other relative?  | <b>Yes</b> | <b>No</b> |
| 9.  | Has you spouse or other family member gone to someone for help about your drinking?  | <b>Yes</b> | <b>No</b> |
| 10. | Have you lost friends because of your drinking?  | <b>Yes</b> | <b>No</b> |
| 11. | Have you gotten into trouble at work or school because of your drinking?   | <b>Yes</b> | <b>No</b> |
| 12. | Have you lost a job because of your drinking?  | <b>Yes</b> | <b>No</b> |
| 13. | Have you neglected your obligations, your family, work for two or more days in a row due to your drinking?   | <b>Yes</b> | <b>No</b> |
| 14. | Do you drink before noon fairly often?   | <b>Yes</b> | <b>No</b> |
| 15. | Have you been told you have liver problems?  | <b>Yes</b> | <b>No</b> |
| 16. | After heavy drinking have you had delirium tremens (DTs), severe shaking, heard voices or seen things that weren't there   | <b>Yes</b> | <b>No</b> |
| 17. | Have you gone to see someone for help about your drinking?   | <b>Yes</b> | <b>No</b> |
| 18. | Have you been in a hospital because of your drinking?  | <b>Yes</b> | <b>No</b> |
| 19. | Have you been a patient in a psychiatric hospital/ward where drinking was part of the problem that resulted in hospitalization?                                      | <b>Yes</b> | <b>No</b> |
| 20. | Have you been seen at a psychiatric or mental health clinic or gone to a doctor, counselor, or clergy for emotional problems where drinking was part of the problem? | <b>Yes</b> | <b>No</b> |
| 21. | Have you been arrested for drunk driving, driving while intoxicated or driving under the influence? If yes, how many times? _____                                    | <b>Yes</b> | <b>No</b> |
| 22. | Have you been arrested or taken into custody, even for a few hours, because of drunk behavior? If yes, how many times? _____   | <b>Yes</b> | <b>No</b> |

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