

FAIR START

Michigan Alcohol Screening Test (MAST)

Patient Name: _____

CIRCLE YOUR ANSWER

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

Score: _____