



MICHIGAN ALCOHOLISM SCREENING TEST - M.A.S.T.

Name: _____
Score: _____

Date: _____

		<u>Yes</u>	<u>No</u>
1.	Do you feel you are a normal drinker ("Normal" drink as much or less than most other people)?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does any near relative or close friend ever worry or complain about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Can you stop drinking without difficulty after one or two drinks?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you ever feel guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever attended a meeting of Alcoholics Anonymous (A.A.) or any other group concerned about drinking?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever gotten into fights when drinking?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has drinking ever created problems between you and a near relative or close friend?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has any family member or close friend gone to anyone for help about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever lost friends because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever gotten into trouble at work because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you ever lost a job because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you ever neglected your obligations, your family, your work, or school work for two or more days because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you ever drink before noon fairly often?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever been told you have liver trouble such as cirrhosis?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever had delirium tremors (DTs), severe shaking, heard voices or seen things that weren't there after heavy drinking?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever gone to anyone for help about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever been in a hospital because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever been a patient in a psychiatric hospital or in a psychiatric ward in a general hospital where drinking was part of the problem?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you ever been to a mental health clinic, gone to a doctor, social worker, counselor or clergyman for help with an emotional problem in which drinking played a part?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you ever been arrested, even for a few hours, because of drunk behavior?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have you ever been arrested for drunk driving or driving after drinking?	<input type="checkbox"/>	<input type="checkbox"/>