BARTH CLINIC

Michigan Alcohol Screening Test (MAST)

1. Do you feel you are a normal drinker? ("normal"- drink as much or less than most other people)
   Yes ___ No___
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?
   Yes ___ No___
3. Does any near relative or close friend ever worry or complain about your drinking?
   Yes ___ No___
4. Can you stop drinking without difficulty 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 ever gotten into physical fights when drinking?
   Yes ___ No___
8. Has drinking ever created problems between you and a near relative or close friend?
   Yes ___ No___
9. Has any family member or close friend gone to anyone for help about your drinking?
   Yes ___ No___
10. Have you ever lost friends because of your drinking?
    Yes ___ No___
11. Have you ever gotten into trouble at work because of drinking?
    Yes ___ No___
12. Have you ever lost a job because of drinking?
    Yes ___ No___
13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
    Yes ___ No___
14. Do you drink before noon fairly often?
    Yes ___ No___
15. Have you ever been told you have liver trouble such as cirrhosis?
    Yes ___ No___
16. After heavy drinking have you ever had delirium tremens (D.T.'s), sever shaking, visual or auditory (hearing) hallucinations?
    Yes ___ No___
17. Have you ever gone to anyone for help about your drinking?
    Yes ___ No___
18. Have you ever been hospitalized because of drinking?
    Yes ___ No___
19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?
    Yes ___ No___
20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?
    Yes ___ No___
21. Have you been arrested more than once for driving under the influence of alcohol? Yes ___ No___
22. Have you ever been arrested, even for a few hours because of other behaviors while drinking? (If yes, how many times _____) Yes ___ No___

_____ _____

Patient Signature Date

_____ _____ _____

Counselor Signature Date Score

X357 Revised 08/10/21