

MICHIGAN ALCOHOL SCREENING TEST (MAST)

One of the most widely used measures for assessing alcohol abuse, the M.A.S.T. is a questionnaire designed to provide a rapid and effective screening for lifetime alcohol-related problems and alcoholism. The M.A.S.T. has been productively used in a variety of settings with varied populations.

	YES	NO
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 a 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 (AA)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever gotten into physical 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, or your work for two or more days in a row because you were drinking?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you 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. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations?	<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 hospitalized because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been arrested more than once for driving under the influence of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been arrested, even for a few hours because of other behavior while drinking? If Yes, how many times _____)	<input type="checkbox"/>	<input type="checkbox"/>

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SCORING INSTRUCTIONS

Method # 1 Scoring:

- A. Count out the number of YES answers.
- B. Each question answered YES scores 1 point except for questions 1 & 4 which are 1 point for each NO answer.
- C. Enter your score below.

Score: _____

Method # 2 Scoring:

Please score one point if you answered the following:

1. No
2. Yes
3. Yes
4. No
5. Yes
6. Yes
- 7 through 22: Yes

Score: _____

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- A score of two or less points indicates "**No apparent problem.**"
 - A score of three to five points indicates "**Early or middle problem drinker.**"
 - A score of six points or more indicates "**Problem drinker.**"