



21621

Michigan Alcoholism Screening Test (MAST)

PID#

RPN# * * * * * * *

Interviewer:

Site: 2 1 0 0 0 2 . 0 1

Date / /

- * (2) 1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people) ----- Yes No
- (2) 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
- (1) 3. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking? ----- Yes No
- * (2) 4. Can you stop drinking without a struggle after one or two drinks? ----- Yes No
- (1) 5. Do you ever feel guilty about your drinking? ----- Yes No
- * (2) 6. Do friends or relatives think you are a normal drinker? ----- Yes No
- * (2) 7. Are you able to stop drinking when you want to? ----- Yes No
- (5) 8. Have you ever attended a meeting of Alcoholics Anonymous? ----- Yes No
- (1) 9. Have you gotten into physical fights when drinking? ----- Yes No
- (2) 10. Has your drinking ever created problems between you and your wife, husband, a parent, or other relative? ----- Yes No
- (2) 11. Has your wife, husband (or other family members) ever gone to anyone for help about your drinking? ----- Yes No
- (2) 12. Have you ever lost friends because of your drinking? ----- Yes No
- (2) 13. Have you ever gotten into trouble at work or school because of drinking? ----- Yes No
- (2) 14. Have you ever lost a job because of drinking? ----- Yes No
- (2) 15. 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
- (1) 16. Do you drink before noon fairly often? ----- Yes No
- (2) 17. Have you ever been told you have liver trouble? Cirrhosis? ----- Yes No
- (2) 18. After heavy drinking have you ever had Delirium Tremens (D.T.'s) or severe shaking, or heard voices or seen things that really weren't there? ----- Yes No
 IF YES, HOW MANY TIMES? (DT experiences multiplied by 5) Total
- (5) 19. Have you ever gone to anyone for help about your drinking? ----- Yes No
- (5) 20. Have you ever been in a hospital because of drinking? ----- Yes No



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(MAST) *continued*

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(2) 21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward or a general hospital where drinking was part of the problem that resulted in hospitalization? ----- Yes No

(2) 22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem? ----- Yes No

(2) 23. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? ----- Yes No

IF YES, HOW MANY TIMES? # of arrests multiplied by 2 Total

(2) 24. Have you ever been arrested, or taken into custody, even for a few hours, because of other drunk behavior? ----- Yes No

IF YES, HOW MANY TIMES? # of arrests multiplied by 2 Total

* means reverse scoring. Questions 18, 23, and 24 are calculated by multiplying the total number of experiences without subtracting the experience coded in the "yes/no" column.

Total _____