

## Michigan Alcohol Screening Test - Short Form

The following questions concern information about your involvement with alcohol during the past 12 months. Carefully read each question and decide if your answer is “YES” or “NO”. Then, check the appropriate box beside the question.

Please answer every question. If you have difficulty with a question, then choose the response that is mostly right.

Do you feel that you are a normal drinker? (by 'normal' we mean do you drink less than or as much as most other people.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you ever feel guilty about your drinking?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do friends or relatives think you are a normal drinker?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you able to stop drinking when you want to?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you ever attended a meeting of Alcoholics Anonymous (AA)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has your drinking ever created problems between you and your wife, husband, a parent or other near relative?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you ever gotten into trouble at work because of your drinking?	<input type="checkbox"/> Y	<input type="checkbox"/> N
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"/> Y	<input type="checkbox"/> N
Have you ever gone to anyone for help about your drinking?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you ever been in a hospital because of drinking?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you ever been arrested, even for a few hours, because of other drunken behaviors?	<input type="checkbox"/> Y	<input type="checkbox"/> N

Total MAST (Short-form) Score

please go to the next page...

# Drug Abuse Screening Test

The following questions concern information about your potential involvement with drugs **excluding alcohol and tobacco** during the past 12 months.

Carefully read each question and decide if your answer is “YES” or “NO”. Then, check the appropriate box beside the question.

When the words 'drug abuse' are used, they mean the use of prescribed or over-the-counter medications in excess of the directions and any non-medical use of any drugs.

The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc.), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). **Remember that the questions do not include alcohol or tobacco.**

Please answer every question. If you have difficulty with a countyment, then choose the response that is mostly right.

Have you used drugs other than those required for medical reasons?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you abuse more than one drug at a time?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you always able to stop using drugs when you want to?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had “blackouts” or “flashbacks” as a result of drug use?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you ever feel bad or guilty about your drug use?	<input type="checkbox"/> Y <input type="checkbox"/> N
Does your spouse/partner (or parent) ever complain about your involvement with drugs?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you neglected your family because of your use of drugs?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc.)?	<input type="checkbox"/> Y <input type="checkbox"/> N

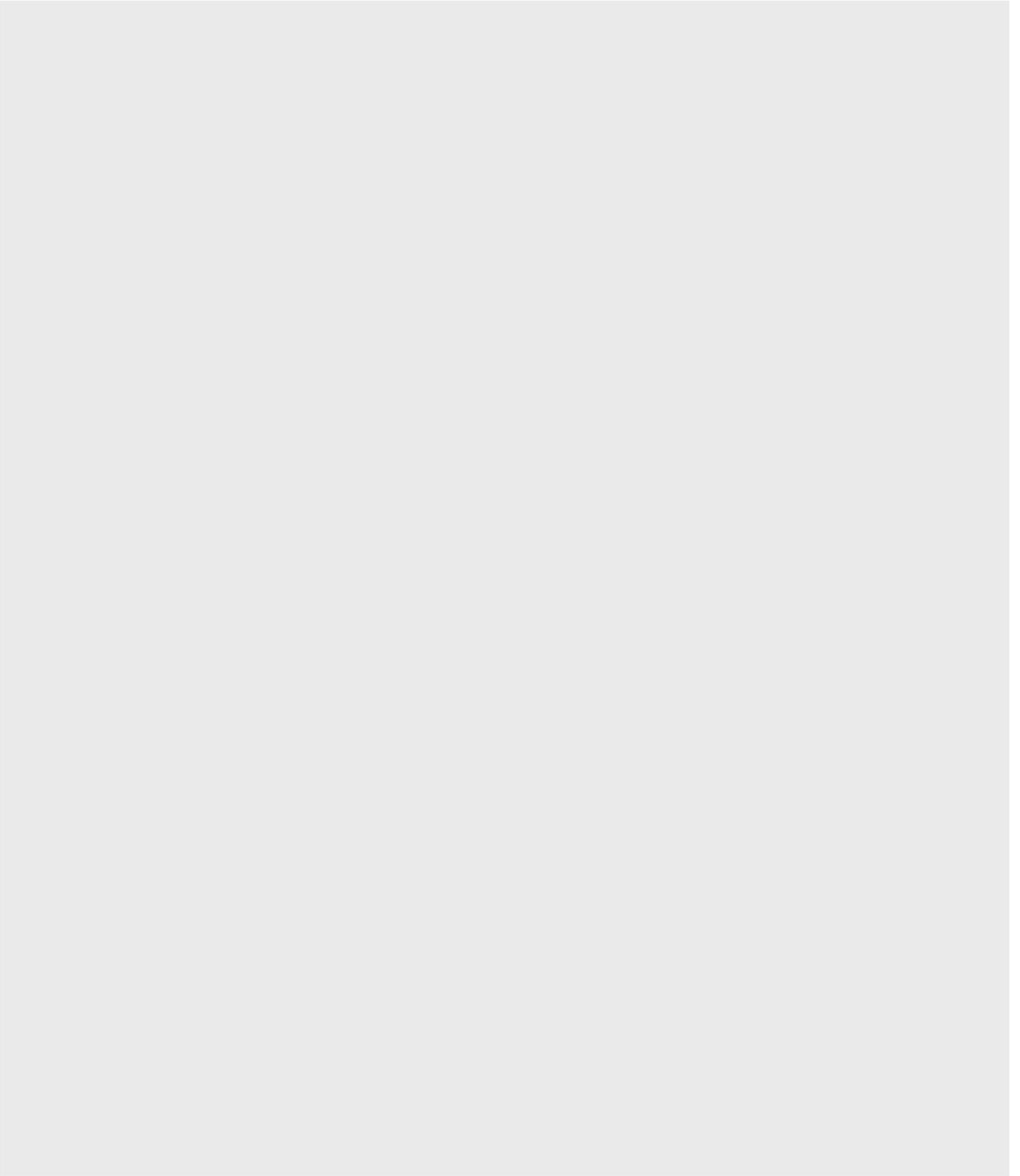
Total DAST Score

*This pdf scripted by Johann Schutte, Clinical Psychologist, Gisborne, New Zealand. [www.js.net.nz](http://www.js.net.nz)*

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Questionnaire data, whilst of great value in the diagnostic process can never render a conclusive diagnosis. Many diseases are associated with symptoms as recorded in questionnaires of this sort, and where significant scores are registered on any of them, more specific and specialized assessment and investigation is indicated.

**ALL questionnaire data must be evaluated for clinical significance by a clinician qualified to do so.**



Right-click anywhere in the interpretation box above. Click on 'Select-All' from the drop-down menu. The contents of the box will be selected.

Right-click in the interpretation box again, and select 'Copy'. This will copy the interpretation to the clipboard.

You can then right-click and select 'Paste' in any external application that accepts text (such as MSWord), to paste the contents from the clipboard to that application.