

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

### MAST

|  | YES | NO | Score: |
|--|-----|----|--------|
| 1. Do you feel you are a normal drinker? (by normal, we mean that 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 before?   | Yes | No | 2      |
| 3. Does your wife, husband, parent, or other near relatives ever worry or complain about your drinking?  | Yes | No | 1      |
| 4. Can you stop drinking without a struggle after one or two drinks?   | Yes | No | 2*     |
| 5. Do you ever feel guilty about your drinking?  | Yes | No | 1      |
| 6. Do your friends or relatives think you are a normal drinker?  | Yes | No | 2*     |
| 7. Are you always able to stop drinking when you want to?  | Yes | No | 2*     |
| 8. Have you ever attended a meeting of Alcoholics Anonymous (AA) for yourself?   | Yes | No | 5      |
| 9. Have you gotten into fights when drinking?  | Yes | No | 1      |
| 10. Has your drinking ever created problems between you and your wife, husband, a parent, or other near relative?  | Yes | No | 2      |
| 11. Has your wife, husband, a parent or other near relatives ever gone to anyone for help about your drinking?   | Yes | No | 2      |
| 12. Have you ever lost friends or girlfriends/boyfriends because of 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 your drinking? Or been suspended/expelled from school because of your 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 | 2      |
| 16. Do you drink before noon fairly often?   | Yes | No | 1      |
| 17. Have you ever been told that you have liver trouble? Cirrhosis?  | Yes | No | 2      |
| 18. Have you ever had delirium (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?  | Yes | No | 2**    |
| 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 | 5      |
| 21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem?  | Yes | No | 2      |
| 22. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking has played a part? | Yes | No | 2      |
| 23. Have you ever been arrested, even for a few hours, because of drinking behavior?   | Yes | No | 2      |
| 24. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?   | Yes | No | 2***   |

24 a) If yes, number of times? \_\_\_\_\_

Total score: \_\_\_\_\_