Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **The MAST Test**- Answer yes or no to the following questions for the past 6 months:

1. Do you feel you are a normal drinker? \_\_\_ Yes   \_\_\_ No

2. Have you ever woke up after drinking & found that you couldn’t recall the recent past? \_\_\_ 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](https://www.verywellmind.com/what-is-alcoholics-anonymous-62612) (AA)? \_\_\_ 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, for 2 or more days because of 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 (DTs), severe shaking, or 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, or detained by an official for a few hours, because of other behavior while drinking? \_\_\_ Yes   \_\_\_ No

**The DAST Test**- Answer yes or no to the following questions for the past 6 months:

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**1**. Have you used drugs other than those required for medical reasons? \_\_\_ Yes   \_\_\_ No

2. Have you abused prescription drugs? \_\_\_ Yes   \_\_\_ No

3. Do you abuse more than one drug at a time? \_\_\_ Yes   \_\_\_ No

4. Can you get through the week without using drugs? \_\_\_ Yes   \_\_\_ No

5. Are you always able to stop using drugs when you want to? \_\_\_ Yes   \_\_\_ No

6. Have you had “blackouts” or “flashbacks” as a result of drug use? \_\_\_ Yes   \_\_\_ No

7. Do you ever feel bad or guilty about your drug use? \_\_\_ Yes   \_\_\_ No

8. Does your spouse (or parent) ever complain about your involvement with drugs? \_\_\_ Yes   \_\_\_ No

9. Has drug abuse created problems between you & your spouse or your parents? \_\_\_ Yes   \_\_\_ No

10. Have you lost friends because of your use of drugs? \_\_\_ Yes   \_\_\_ No

11. Have you neglected your family because of your use of drugs? \_\_\_ Yes   \_\_\_ No

12. Have you been in trouble at work because of your use of drugs? \_\_\_ Yes   \_\_\_ No

13. Have you lost a job because of drug abuse? \_\_\_ Yes   \_\_\_ No

14. Have you gotten into fights when under the influence of drugs? \_\_\_ Yes   \_\_\_ No

15. Have you engaged in illegal activities in order to obtain drugs? \_\_\_ Yes   \_\_\_ No

16. Have you been arrested for possession of illegal drugs? \_\_\_ Yes   \_\_\_ No

17. Have you ever experienced withdrawal when you stopped taking drugs? \_\_\_ Yes   \_\_\_ No

18. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? \_\_\_ Yes   \_\_\_ No

19. Have you gone to anyone for help for a drug problem? \_\_\_ Yes   \_\_\_ No

20. Have you been involved in a treatment program especially related to drug use? \_\_\_ Yes   \_\_\_ No