

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](#) (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:

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