

# DRUG ABUSE SCREENING TEST - DAST-10

## Name: Date:

**These Questions Refer to the Past 12 Months**

1. Have you used drugs other than those required for medical reasons? Yes No
2. Do you abuse more than one drug at a time? Yes No
3. Are you always able to stop using drugs when you want to? Yes No
4. Have you ever had blackouts or flashbacks as a result of drug use? Yes No
5. Do you ever feel bad or guilty about your drug use? Yes No
6. Does your spouse (or parents) ever complain about your involvement with drugs? Yes No
7. Have you neglected your family because of your use of drugs? Yes No
8. Have you engaged in illegal activities in order to obtain drugs? Yes No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)? Yes No

# MICHIGAN ALCOHOL SCREENING TEST, (MAST)

## Name: Date:

The MAST is a simple, self-scoring questionnaire used to help assess whether or not a person may have a drinking problem. Please circle the answers to the following YES or NO questions:

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| 1. Do you feel you are a normal drinker? (“normal” – drink as much or less than most other people) | Yes | No |
| 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 |
| 3. Does any near relative or close friend every 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, your family, or your work for two or more days in a row because you were drinking? | Yes | No |
| 14. Do you drink before noon fairly often? | Yes | No |

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| --- | --- | --- |
| 15. Have you ever been told you have liver trouble such as cirrhosis? | Yes | No |
| 16. After heavy drinking have you ever had delirium tremens (D.T.’s), severe shaking, or any visual or auditory 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 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 ever been arrested more than once for driving under the influence of alcohol? | Yes | No |
| 22. Have you ever been arrested, even for a few hours, because of other behavior while drinking? | Yes | No |