

Name _____

Date _____

The MAST Test

Answer yes or no to the following questions:

1. Do you feel you are a normal drinker? ("normal" is defined as drinking as much or less than most other people)

Yes No

2. Have you ever awakened the morning after drinking and found that you could not remember a part of the evening?

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

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12. Have you ever lost a job because of drinking?
 Yes No

13. Have you ever neglected your obligations, family, or 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

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 (DTs), severe shaking, visual or auditory (hearing) 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

DRUG ABUSE SCREENING TEST (DAST)

1. Have you used drugs other than those required for medical reasons? Y N
 2. Have you misused prescription drugs? Y N
 3. Do you misuse more than one drug at a time? Y N
 4. Can you get through the week without using drugs (other than those required for medical reasons)?
 Y N
 5. Are you always able to stop using drugs when you want to? Y N
 6. Do you misuse drugs on a continuous basis? Y N
 7. Do you try to limit your drug use to certain situations? Y N
 8. Have you had "blackouts" or "flashbacks" as a result of drug use? Y N
 9. Do you ever feel bad about your drug misuse? Y N
 10. Does your spouse (or parents) ever complain about your involvement with drugs? Y N
 11. Do your friends or relatives know or suspect you misuse drugs? Y N
 12. Has drug misuse ever created problems between you and your spouse? Y N
 13. Has any family member ever sought help for problems related to your drug use? Y N
- Have you ever:
14. Lost friends because of your use of drugs? Y N
 15. Neglected your family or missed work because of your use of drugs? Y N
 16. Been in trouble at work because of drug misuse? Y N
 17. Lost a job because of drug misuse? Y N
 18. Gotten into fights when under the influence of drugs? Y N
 19. Been arrested because of unusual behavior while under the influence of drugs? Y N
 20. Been arrested for driving while under the influence of drugs? Y N
 21. Engaged in illegal activities to obtain drugs? Y N
 22. Been arrested for possession of illegal drugs? Y N
 23. Experienced withdrawal symptoms as a result of heavy drug intake? Y N
 24. Had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, or bleeding)?
 Y N
 25. Gone to anyone for help for a drug problem? Y N
 26. Been in hospital for medical problems related to your drug use? Y N
 27. Been involved in a treatment program specifically related to drug use? Y N
 28. Been treated as an outpatient for problems related to drug dependence or misuse? Y N

MARIJUANA TEST

1. Has smoking pot stopped being fun?
2. Do you ever get high alone?
3. Is it hard for you to imagine a life without marijuana?
4. Do you find that your friends are determined by your marijuana use?
5. Do you use marijuana to avoid dealing with your problems?
6. Do you smoke pot to cope with your feelings?
7. Does your marijuana use let you live in a privately defined world?
8. Have you ever failed to keep promises you made about cutting down or controlling your use of marijuana?
9. Has your use of marijuana caused problems with memory, concentration, or motivation?
10. When your stash is nearly empty, do you feel anxious or worried about how to get more?
11. Do you plan your life around your marijuana use?
12. Have friends or relatives ever complained that your using is damaging your relationship with them?