

# MAST<sup>2</sup>

NAME \_\_\_\_\_

DATE \_\_\_\_\_

The Michigan Alcohol Screening Test (MAST) is a simple, self-scoring test that helps assess if you may have a drinking problem. Please answer YES or NO to the following questions:

| YES | NO | ITEMS   |
|-----|----|---|
|     |    | 1. Do you feel you are a normal drinker? ("normal"=drink as much or less than most other people) **                                     |
|     |    | 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? |
|     |    | 3. Do your friends or family ever worry or complain about your drinking?  |
|     |    | 4. Can you stop drinking without a struggle after one or two drinks? **   |
|     |    | 5. Do you ever feel bad about your drinking?  |
|     |    | 6. Do your friends or relatives think you are a normal drinker? **  |
|     |    | 7. Do you ever try to limit your drinking to certain times of the day or to certain places?   |
|     |    | 8. Are you always able to stop drinking when you want to? **  |
|     |    | 9. Have you ever attended a meeting of Alcoholics Anonymous (AA) or any other group concerned about drinking?                           |
|     |    | 10. Have you ever gotten into fights when drinking?   |
|     |    | 11. Has your drinking ever created problems with you and your friends or family?  |
|     |    | 12. Has any family member or close friend gone to anyone for help about your drinking?  |
|     |    | 13. Have you ever lost a job or been suspended from school because of your drinking?  |
|     |    | 14. Have you ever gotten into trouble at work / school because of your drinking?  |
|     |    | 15. Have you ever lost friends because of your drinking?  |
|     |    | 16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?        |
|     |    | 17. Do you drink before noon?   |
|     |    | 18. Have you ever been told you have liver trouble?   |
|     |    | 19. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that were not there after heavy drinking?    |

|  |  |  |
|--|--|--|
|  |  | 20. Have you ever gone to anyone for help about your drinking?   |
|  |  | 21. Have you ever been to a hospital or emergency room because of your drinking?   |
|  |  | 22. Have you ever been a patient in a psychiatric hospital or a psychiatric ward in a general hospital, where drinking was part of the problem?                                |
|  |  | 23. Have you ever been to a mental health clinic, gone to a doctor, social worker, counselor, or clergyman for help with an emotional problem in which drinking played a part? |
|  |  | 24. Have you ever been arrested, even for a few hours, because of drunk behavior?  |
|  |  | 25. Have you ever been arrested for drunk driving or driving after drinking?   |

**TO SCORE THE MAST<sup>2</sup>:**

1. Simply give the designated points for every "Yes" answer except for the four questions with a \*\* at the end of the question.
2. The four "No" responses are given the designated points (2 points each).
3. After scoring the questions total the points to obtain the client's alcohol rating.
4. Use the scale below to help rate the person's risk for alcoholism (as part of a comprehensive assessment).

| Question # | Answers Given Points | Scoring Points |
|------------|----------------------|----------------|
| <b>1</b>   | <b>No</b>            | <b>2</b>       |
| 2          | Yes                  | 2              |
| 3          | Yes                  | 1              |
| <b>4</b>   | <b>No</b>            | <b>2</b>       |
| 5          | Yes                  | 1              |
| <b>6</b>   | <b>No</b>            | <b>2</b>       |
| 7          | Yes                  | 0              |
| <b>8</b>   | <b>No</b>            | <b>2</b>       |
| 9          | Yes                  | 5              |
| 10         | Yes                  | 1              |
| 11         | Yes                  | 2              |
| 12         | Yes                  | 2              |
| 13         | Yes                  | 2              |
| 14         | Yes                  | 2              |
| 15         | Yes                  | 2              |
| 16         | Yes                  | 2              |
| 17         | Yes                  | 1              |

|                      |     |   |
|----------------------|-----|---|
| 18                   | Yes | 2 |
| 19                   | Yes | 5 |
| 20                   | Yes | 5 |
| 21                   | Yes | 5 |
| 22                   | Yes | 2 |
| 23                   | Yes | 2 |
| 24                   | Yes | 2 |
| 25                   | Yes | 2 |
| <b>TOTAL POINTS:</b> |     |   |

**RATING SCALE:**

|                     |   |
|---------------------|---|
| 0 - 4 Points =      | Low Risk for Alcoholism                     |
| 5 - 6 Points =      | Suggestive of an Alcohol Problem            |
| 7 - 9 Points =      | High Risk for Alcoholism or Mild Alcoholism |
| 10 - 20 Points =    | Moderate Alcoholism                         |
| 20 or More Points = | Severe Alcoholism                           |