

Brief MAST

Client _____

Date _____

Instructions: Place a X on the line indicating your response.

- | | Yes | No |
|---|-------|-------|
| 1. Do you feel you are a normal drinker? | _____ | _____ |
| 2. Do friends or relatives think you are a normal drinker? | _____ | _____ |
| 3. Have you ever attended a meeting of Alcoholics Anonymous AA? | _____ | _____ |
| 4. Have you ever lost friends or girlfriends/boyfriends because of your drinking? | _____ | _____ |
| 5. Have you ever gotten into trouble at work because of drinking? | _____ | _____ |
| 6. Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking? | _____ | _____ |
| 7. Have you ever had delirium tremens DTs, severe shaking, after heavy drinking? | _____ | _____ |
| 8. Have you ever gone to anyone for help about your drinking? | _____ | _____ |
| 9. Have you ever been in a hospital because of your drinking? | _____ | _____ |
| 10. Have you ever been arrested for drunk driving or driving after drinking? | _____ | _____ |