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