Short MAST

Name: _____

Date: _____

Score: _____

yes	**no**	1.	Do you feel you are a normal drinker?
yes	no	2.	Do your spouse or parents worry or complain about your drinking?
yes	no	3.	Do you ever feel bad about your drinking?
yes	**no**	4.	Do friends or relatives think you are a normal drinker?
yes	**no**	5.	Are you always able to stop drinking when you want to?
yes	no	6.	Have you ever attended a meeting of Alcoholics Anonymous?
yes	no	7.	Has drinking ever created problems between you and your spouse?
yes	no	8.	Have you ever gotten into trouble at work because of drinking?
yes	no	9.	Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking?
yes	no	10.	Have you ever gone to anyone for help about your drinking?
yes	no	11.	Have you ever been in the hospital because of drinking?
yes	no	12.	Have you ever been arrested even for a few hours because of drinking?
yes	no	13.	Have you ever been arrested for drunk driving or driving after drinking?

Scoring: each responses in bold equals 1 point