

# Michigan Alcohol Screening Test

Full Name of Patient:

Date Accomplished:

Full Name of Assessor:

**Instructions:** Please answer the following questions with a simple Yes or No. Some questions revolve around certain incidents and will ask you about the number of times those certain incidents happened. Please indicate those as well.

1. Do you enjoy a drink now and then?  Yes (0)  No (0)

2. Do you feel you are a normal drinker? ("normal" – drink as much or less than most other people)  Yes (0)  No (2)

3. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?  Yes (2)  No (0)

4. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?  Yes (1)  No (0)

5. Can you stop drinking without a struggle after one or two drinks?  Yes (0)  No (2)

6. Do you feel guilt about your drinking?  Yes (1)  No (0)

7. Do friends or relatives think you are a normal drinker?  Yes (0)  No (2)

8. Are you able to stop drinking when you want to?  Yes (0)  No (2)

9. Have you ever attended a meeting of Alcoholics Anonymous?  Yes (5)  No (0)

10. Have you gotten into physical fights when drinking?  Yes (1)  No (0)

11. Has your drinking ever created problems between you and your wife, husband, a parent, or other relatives?  Yes (2)  No (0)

12. Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?  Yes (2)  No (0)

13. Have you ever lost friends because of your drinking?  Yes (2)  No (0)

14. Have you ever gotten into trouble at work because of your drinking?  Yes (2)  No (0)

15. Have you ever lost a job because of your drinking?  Yes (2)  No (0)

16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?  Yes (2)  No (0)

17. Do you drink before noon fairly often?  Yes (1)  No (0)

18. Have you ever been told you have liver trouble? Cirrhosis?  Yes (2)  No (0)

19. After heavy drinking, have you ever had Delirium Tremens (D.T.'s) or sever shaking, or heard voices, or seen things that weren't there? How many times?  Yes (2)  No (0)

+5 pts/episode of D.T.

20. Have you ever gone to anyone for help about your drinking?  Yes (5)  No (0)

21. Have you ever been in a hospital because of drinking?  Yes (5)  No (0)

22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was a part of the problem that resulted in hospitalization?  Yes (2)  No (0)

23. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help because of any emotional problem, where drinking was part of the problem?  Yes (2)  No (0)

24. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages or drugs? How many times?  Yes (2)  No (0)  
 +2 pts/each arrest

25. Have you ever been arrested, or taken into custody, even for a few hours, because of other drunk behavior? How many times?  Yes (2)  No (0)  
 +2 pts/each arrest

0-3	Normal
4	Suggestive
5-7	Moderate Probability of Alcohol Abuse
8+	High Probability of Alcohol Abuse & Dependency

**If they get a score of 4 or more, it's best to recommend them to a rehabilitation/addiction specialist (unless you are already that person) to have them undergo a more comprehensive examination + diagnosis (if needed).**