

Michigan Alcoholism Screening Test

Agency Name: _____

Site Name: _____

ID #: _____

Date: ___ / ___ / _____

	Yes	No
Do you enjoy a drink now and then?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
1. Do you feel you are a normal drinker? <i>By normal we mean you drink less than or as much as most other people.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Can you stop drinking without a struggle after one or two drinks?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Do you ever feel guilty about your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Do friends or relatives think you are a normal drinker?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Are you able to stop drinking when you want to?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. Have you ever attended a meeting of Alcoholics Anonymous (A. A.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Have you gotten into physical fights when drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. Has your drinking ever created problem between you and your wife, husband, a parent, or other relative?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. Have you ever lost friends because of your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. Have you ever gotten into trouble at work or school because of drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Have you ever lost a job because of drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. Do you drink before noon fairly often?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17. Have you ever been told you have liver trouble? Cirrhosis?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
18. After heavy drinking have you ever had Delirium Tremens (D.T.'s) or severe shaking, or heard voices or seen things that really weren't there? 18a. IF YES, How many times? ____	<input type="checkbox"/> 1	<input type="checkbox"/> 0
19. Have you ever gone to anyone for help about your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
20. Have you ever been in a hospital because of drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

	Yes	No
21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
23. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? 23a. IF YES, How many times? ____	<input type="checkbox"/> 1	<input type="checkbox"/> 0
24. Have you ever been arrested, or taken into custody, even for a few hours, because of other drunk behavior? 24a. IF YES, How many times? ____	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Reference: Selzer ML. The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. Am J Psychiatry 1971;127:1653-1658.