

TCID \_\_\_\_\_

Date \_\_\_\_\_

TC Name \_\_\_\_\_

Respondent: bio mother bio father other

### MAST

- YES NO 1. Do you feel you are a normal drinker? (by normal drinker we mean that you drink less than or as much as most other people)
- YES NO 2. Do your wife/husband, a parent, or other near relative ever worry or complain about your drinking?
- YES NO 3. Do you ever feel guilty about your drinking?
- YES NO 4. Do friends or relatives think you are a normal drinker?
- YES NO 5. Are you able to stop drinking when you want to?
- YES NO 6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?
- YES NO 7. Has drinking ever created problems between you and your wife, husband, a parent, or other near relative?
- YES NO 8. Have you ever gotten into trouble at work because of drinking?
- YES NO 9. Have you ever neglected your obligations, family, or work because of drinking?
- YES NO 10. Have you ever gone to anyone for help about your drinking?
- YES NO 11. Have you ever been in a hospital because of drinking?
- YES NO 13. Have you ever been arrested, even for a few hours, because of other drunken behavior?