

## Drug Abuse Screening Test

Client: \_\_\_\_\_

Date: \_\_\_\_\_

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you used drugs other than those required for medical?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you abused prescription drugs?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you abuse more than one drug at a time?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Can you get through the week without using drugs?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are you always able to stop using drugs when you want to?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you had "blackouts" or "flashbacks" as a result of using drugs?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you feel bad or guilty about your drug use?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does your spouse (or parents) ever complain about your involvement with drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has drug abuse created problems between you and your spouse or your parents?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you lost friends because of your drug use?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you neglected your family because of your drug use?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you been in trouble at work because of your drug use?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you lost your job because of drug abuse?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever gotten into fights when under the influence of drugs?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you engaged in illegal activities in order to obtain drugs?              |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Have you ever been arrested for possession of illegal drugs?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you ever experienced withdrawal symptoms?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you had medical problems as a result of your drug use?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Have you gone to anyone for help for a drug problem?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Have you ever been involved in a treatment program?                           |

Score: 0

## Michigan Alcohol Screening Test

Client: \_\_\_\_\_

YES NO

1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)
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?
3. Does your wife, husband, a parent or other near relative ever worry or complain about your drinking?
4. Can you stop drinking without a struggle after one or two drinks?
5. Do you ever feel guilty about your drinking?
6. Do friends or relatives think you are a normal drinker?
7. Are you able to stop drinking when you want to?
8. Have you ever attended a meeting of Alcoholics Anonymous?
9. Have you ever been in physical fights when drinking?
10. Has drinking ever created problems between you and your wife, husband, a parent or other near relative?
11. Has your wife, husband, a parent or other near relative ever gone to anyone for help about your drinking?
12. Have you ever lost friends because of your drinking?
13. Have you ever been in trouble at work because of your drinking?
14. Have you ever lost a job because of drinking?
15. Have you ever neglected your obligations, your family or work for two or more days in a row because you were drinking?
16. Do you drink before noon fairly often?
17. Have you ever been told you have liver trouble (Cirrhosis)?
18. After heavy drinking have you ever had delirium tremens (DTS), severe shaking or seen or heard things that weren't really there?
19. Have you ever gone to anyone for help about your drinking?
20. Have you ever been in a hospital because of drinking?
21. Have you ever been a patient in a psychiatric hospital(ward) where drinking was part of the problem that resulted in hospitalization?

YES NO

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?

23. Have you ever been arrested for drunk driving under the influence of alcoholic beverages?

24. Have you ever been arrested because of other drunken behavior?

Score: 0

Test Date: