

**Michigan Alcoholism Screening Test – Geriatric Version (MAST-G)**  
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	<b>Yes (1)</b>	<b>No (0)</b>
1. After drinking have you ever noticed an increase in your heart rate or beating in your chest?	1. _____	_____
2. When talking with others, do you ever underestimate how much you actually drink?	2. _____	_____
3. Does alcohol make you sleepy so that you often fall asleep in your chair?	3. _____	_____
4. After a few drinks, have you sometimes not eaten or been able to skip a meal because you don't feel hungry?	4. _____	_____
5. Does having a few drinks help decrease your shakiness or tremors?	5. _____	_____
6. Does alcohol sometimes make it hard for you to remember parts of the day or night?	6. _____	_____
7. Do you have rules for yourself that you won't drink before a certain time of day or night?	7. _____	_____
8. Have you lost interest in hobbies or activities you used to enjoy?	8. _____	_____
9. When you wake up in the morning, do you ever have trouble remembering part of the night before?	9. _____	_____
10. Does having a drink help you sleep?	10. _____	_____
11. Do you hide your alcohol bottles from family members?	11. _____	_____
12. After a social gathering, have you ever felt embarrassed because you drank too much?	12. _____	_____
13. Have you ever been concerned that drinking might be harmful to your health?	13. _____	_____
14. Do you like to end an evening with a nightcap?	14. _____	_____
15. Did you find your drinking increased after someone close to you died?	15. _____	_____
16. In general, would you prefer to have a few drinks at home rather than go out to social events?	16. _____	_____
17. Are you drinking more now than in the past?	17. _____	_____
18. Do you usually take a drink to relax or calm your nerves?	18. _____	_____
19. Do you drink to take your mind off your problems?	19. _____	_____
20. Have you ever increased your drinking after experiencing a loss in your life?	20. _____	_____
21. Do you sometimes drive when you have had too much to drink?	21. _____	_____
22. Has a doctor or nurse ever said they were worried or concerned about your drinking?	22. _____	_____
23. Have you ever made rules to manage your drinking?	23. _____	_____
24. When you feel lonely does having a drink help?	24. _____	_____

Scoring: 5 or more “yes” responses indicative of alcohol problem.

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