

Substance Abuse Screening Tool

CAGE ASSESSMENT

C Have you ever tried to **C**ut back on your use?

A Have you ever been **A**nnoyed/**A**ngered when questioned about your use?

G Have you ever felt **G**uilt about your use?

E Have you ever had an **E**ye-opener to get started in the morning?

The Cage Assessment is a quick questionnaire to help determine if an alcohol assessment is needed. If you answer yes to two or more of these questions, then an assessment is advised.

Short Michigan Alcoholism Screening Test (SMAST)

1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people?) (No)
2. Does your wife, husband, a parent or other near relative ever worry or complain about your drinking? (Yes)
3. Do you ever feel guilty about your drinking? (Yes)
4. Do friends or relatives think you are a normal drinker? (No)
5. Are you able to stop drinking when you want to? (No)
6. Have you ever attended a meeting of Alcoholics Anonymous? (Yes)
7. Has drinking ever created problems between you and your wife, husband, a parent or other near relative? (Yes)
8. Have you ever gotten into trouble at work because of your drinking? (Yes)
9. Have you ever neglected your obligations, your family or your work for two or more days in a row because you were drinking? (Yes)
10. Have you ever gone to anyone for help about your drinking? (Yes)
11. Have you ever been in a hospital because of drinking? (Yes)
12. Have you ever been arrested for drunken driving, driving while intoxicated or driving under the influence of alcoholic beverages? (Yes)
13. Have you ever been arrested, even for a few hours, because of other drunken behavior? (Yes)

Answers related to a diagnosis of alcoholism are shown in parenthesis after each question. Three or more of these answers indicate a diagnosis of alcoholism; two such answers indicate the possibility of alcoholism; fewer than two answers indicate that alcoholism is not likely.

C.A.S.T.

C.A.S.T. can be used to identify latency age, adolescent, and grown up children of alcoholics.

Please check the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by checking either "yes" or "no."

Sex: Male _____ Female _____ Age: _____

<u>Yes</u>	<u>No</u>	<u>Questions</u>
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever thought that one of your parents had a drinking problem?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever lost sleep because of a parent's drinking?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you ever encourage one of your parents to quit drinking?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you ever feel alone, scared, nervous, angry, or frustrated because a parent was not able to stop drinking?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you ever argue or fight with a parent when he or she was drinking?
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you ever threaten to run away from home because of a parent's drinking?
<input type="checkbox"/>	<input type="checkbox"/>	7. Has a parent ever yelled at or hit you or other family members when drinking?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever heard your parents fight when one of them was drunk?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you ever protect another family member from a parent who was drinking?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you ever feel like hiding or emptying a parent's bottle of liquor?
<input type="checkbox"/>	<input type="checkbox"/>	11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you ever wish that a parent would stop drinking?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you ever feel responsible for and guilty about a parent's drinking?
<input type="checkbox"/>	<input type="checkbox"/>	14. Did you ever fear that your parents would get divorced due to alcohol misuse?
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?

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| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Did you ever feel that you made a parent drink alcohol? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Have you ever felt that a problem drinking parent did not really love you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. | Did you ever resent a parent's drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. | Have you ever worried about a parent's health because of his or her alcohol use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. | Have you ever been blamed for a parent's drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. | Did you ever think your father was an alcoholic? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. | Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. | Did a parent ever make promises to you that he or she did not keep because of drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. | Did you ever think your mother was an alcoholic? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. | Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. | Did you ever fight with your brothers and sisters about a parent's drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. | Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. | Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. | Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem? |

_____ Total Number of "Yes" Answers

Score of 6 or more means that more than likely this child is a child of an alcoholic parent.