



ACT

Counseling & Education

ACT – COUNSELING & EDUCATION

Please answer all questions completely

DEMOGRAPHIC FORM

Date: _____

Have you ever been a client here? Yes _____ No _____ When: _____

How did you hear about us? _____

Client Full Name: _____

First

Middle

Last

Date of Birth: _____ Social Security #: _____

Home address: _____

Street #

City

State

Zip Code

Gender: (circle one) Male Female Cell Phone #: _____

Email Address: _____

For gambling clients: State you were born in: _____ Mother's First Name: _____

Marital Status: (circle one) Single Married Divorced Separated Widowed Significant Relationship

Name of Spouse or Significant Other: _____ How long? _____

Client Employer: _____

Full Name

Complete Address

Name of Supervisor/Title (if applicable): _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Address: _____ Phone Number: _____

My signature on this demographic form indicates that I agree to the following conditions: If I do not provide at least 48-hour notice that I will not be able to keep my designated appointment, or if I am a no show for an appointment, I will be charged a fee of \$100 which is due before my next session.

Client Signature

Date

DRUG ABUSE SCREENING TEST - DAST-10

Name: _____

Date: _____

These Questions Refer to the Past 12 Months

- | | | |
|---|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Do you abuse more than one drug at a time? | Yes | No |
| 3. Are you always able to stop using drugs when you want to? | Yes | No |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | Yes | No |
| 5. Do you ever feel bad or guilty about your drug use? | Yes | No |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 7. Have you neglected your family because of your use of drugs? | Yes | No |
| 8. Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes | No |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)? | Yes | No |

MICHIGAN ALCOHOL SCREENING TEST, (MAST)

Name: _____

Date: _____

The MAST is a simple, self-scoring questionnaire used to help assess whether or not a person may have a drinking problem. Please circle the answers to the following YES or NO questions:

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|---|-----|----|
| 1. Do you feel you are a normal drinker? ("normal" – drink as much or less than most other people) | Yes | No |
| 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? | Yes | No |
| 3. Does any near relative or close friend ever worry or complain about your drinking? | Yes | No |
| 4. Can you stop drinking without difficulty after one or two drinks? | Yes | No |
| 5. Do you ever feel guilty about your drinking? | Yes | No |
| 6. Have you ever attended a meeting of Alcoholics Anonymous (AA)? | Yes | No |
| 7. Have you ever gotten into physical fights when drinking? | Yes | No |
| 8. Has drinking ever created problems between you and a near relative or close friend? | Yes | No |
| 9. Has any family member or close friend gone to anyone for help about your drinking? | Yes | No |
| 10. Have you ever lost friends because of your drinking? | Yes | No |
| 11. Have you ever gotten into trouble at work because of drinking? | Yes | No |
| 12. Have you ever lost a job because of drinking? | Yes | No |
| 13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? | Yes | No |
| 14. Do you drink before noon fairly often? | Yes | No |

- | | | |
|---|-----|----|
| 15. Have you ever been told you have liver trouble such as cirrhosis? | Yes | No |
| 16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, or any visual or auditory hallucinations? | Yes | No |
| 17. Have you ever gone to anyone for help about your drinking? | Yes | No |
| 18. Have you ever been hospitalized because of drinking? | Yes | No |
| 19. Has your drinking ever resulted in your being hospitalized in psychiatric ward? | Yes | No |
| 20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem? | Yes | No |
| 21. Have you ever been arrested more than once for driving under the influence of alcohol? | Yes | No |
| 22. Have you ever been arrested, even for a few hours, because of other behavior while drinking? | Yes | No |