

Name:

Date:

Score:

CRA ABUSE INDEX

Directions: For each question, indicate the number from the scale below (0-3) that best describes your relationship with your spouse or partner:

Frequently- 3 Sometimes- 2 Rarely- 1 Never- 0

1. Do you continually monitor your spouse or partner's time and make him/her account for every minute (when they run errands, visit friends, commutes to work, etc.)?
2. Do you ever accuse him/her of having affairs with other men/women or act suspicious of him/her?
3. Are you ever rude to his/her friends?
4. Do you ever discourage him/her from starting friendships with others?
5. Are you ever critical of things such as his/her cooking, clothes, or appearance?
6. Do you demand a strict account of how he/she spends money?
7. Do your moods change radically, from very calm to very angry or vice versa?
8. Are you disturbed by him/her working or by the thought of him/her working?
9. Do you become angry more easily when you drink?
10. Do you pressure him/her for sex much more often than he/she likes?
11. Do you become angry if he/she does not want to go along with your request for sex?
12. Do you and him/her quarrel much over financial matters?

13. Do you quarrel much about having children or raising them?
14. Do you ever strike him/her with your hands or feet (slap, punch, kick, etc.)?
15. Do you ever strike him/her with an object?
16. Do you ever threaten him/her with an object or a weapon?
17. Have you ever threatened to kill either him/her or yourself?
18. Do you ever give him/her visible injuries (such as welts, bruises, cuts, etc.)?
19. Has he/she ever had to treat any injuries from the violence with first aid?
20. Has he/she ever had to seek professional aid for any injury at a medical clinic, doctor's office, or hospital emergency room?
21. Do you ever hurt him/her sexually or make him/her have intercourse against their will?
22. Are you ever violent towards children?
23. Are you ever violent towards other people outside of your home and family?
24. Do you ever throw objects or break things when you are angry?
25. Have you ever been in trouble with the police?
26. Has he/she ever called the police or tried to call them because he/she felt that they or members of your family were in danger?

Patient Name:

Date:

The Michigan Alcoholism Screening Test (MAST)

****Please check either Yes or No for each item as it applies to you****

YES

NO

	YES	NO
1. Do you feel you are a normal drinker? (By normal we mean do 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 (AA)?		
9. Have you gotten into physical fights when drinking?		
10. Has your drinking ever created problems between you and your wife, husband, a parent, or other relative?		
11. Has your wife, husband, or other family members ever gone to anyone for help about your drinking?		
12. Have you ever lost friends because of drinking?		
13. Have you ever gotten into trouble at work or school because of drinking?		
14. Have you ever lost a job because of drinking?		
15. Have you ever neglected your obligations, your family, or your work for two or more days 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 (D.T.s) or severe shaking, or heard voices or seen things that really were not 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 or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?		
22. Have you ever been seen at a psychiatric or mental health clinic, or gone to any doctor, social worker, or clergymen for help with an emotional problem, where drinking was part of the problem?		
23. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If YES, how many times?)		
24. Have you ever been arrested, or taken into custody even for a few hours, because of other drunk behavior? (If YES, how many times?)		