

Name: _____ DOB: _____ Date: _____

SHORT MICHIGAN ALCOHOL SCREENING TEST - GERIATRIC VERSION

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| 1. When talking with others, do you ever underestimate how much you drink? | YES | NO |
| 2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry? | YES | NO |
| 3. Does having a few drinks help decrease your shakiness or tremors? | YES | NO |
| 4. Does alcohol sometimes make it hard for you to remember parts of the day or night? | YES | NO |
| 5. Do you usually take a drink to relax or calm your nerves? | YES | NO |
| 6. Do you drink to take your mind off your problems? | YES | NO |
| 7. Have you ever increased your drinking after experiencing a loss in your life? | YES | NO |
| 8. Has a doctor or nurse ever said they were worried or concerned about your drinking? | YES | NO |
| 9. Have you ever made rules to manage your drinking? | YES | NO |
| 10. When you feel lonely, does having a drink help? | YES | NO |