

Self-Administered Alcoholic Screening Test (SAAST-R)

Self-Administered Alcohol Screening Test (SAAST-R)

1. Please enter the client's information:

Client First Name:

Client Last Name:

Client DOB:

2. The following questions concern information about your involvement with alcohol during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question. Please answer every question. If you have difficulty with a question, then choose the response that is mostly right. These questions refer to the PAST 12 months only.

	Yes	No
In your entire lifetime, have you ever had a drink of an alcoholic beverage?		
Have you ever felt that you used more alcohol than the average person?		
Have your close friends, relatives, or spouse ever worried or complained about your drinking?		
Have you ever had to struggle to stop drinking after one or two drinks?		
Have you always been able to stop drinking when you wanted to?		
Have you ever found that over time you needed to drink more and more alcohol to get the same effect?		
Have you ever gotten into physical fights when drinking?		
Has your drinking ever created problems between you and your spouse, parents, or other people you care about?		
Have you ever lost friendships because of your drinking?		
Have you ever gotten into trouble at work or school		
Have you ever lost a job because of your drinking?		
Have you ever lost a job because of your drinking?		
Because of your drinking, have you ever given up or spent less time doing important recreational, social, or work activities?		
Have you ever spent a lot of your time getting alcohol, drinking alcohol, or recovering from drinking?		
Have you ever found that, over time, drinking the same number of drinks had less effect?		
Have you ever used alcohol in the morning or at the beginning of the day?		
Have you ever felt the need to cut down on you drinking?		
Within several hours or days of not drinking or drinking less than usual, have you ever		

experienced: restlessness, anxiety, or pacing? shaking? trouble sleeping? nausea or vomiting? seizures? hearing voices, seeing things, or feeling things on your skin that were not really there?		
Have you ever used alcohol to get rid of or reduce any of the above symptoms?		
Have you ever used alcohol to prevent any of the above symptoms from occurring?		
Have you ever had more to drink than you planned?		
Have you ever been told by a doctor to stop drinking (not including when you were pregnant, nursing, or taking a medication that should not be used or taken with alcohol)?		
Have you ever been a patient in a hospital or treatment facility because of problems related to your drinking?		
Have you ever continued to drink despite knowing you had a physical problem (for example, blackouts, liver disease) or a mental health problem (for example, depression) caused or made worse by your drinking?		
Have you ever been arrested, ever for few hours, because of driving while intoxicated?		
Other than driving-related arrests, have you ever been arrested, even for a few hours, because of your behavior while drinking?		
Have you repeatedly driven a car, truck, boat, or recreational vehicle or operated machinery when you had too much to drink?		
Have you ever received treatment for alcoholism?		
Have you ever attended a meeting of Alcoholics Anonymous (AA) because of your drinking?		

The below items are used for the clinician's benefit but are not calculated into the total score:

3. 1. How recently have you used any alcohol?

- | | | |
|---|---|--|
| <input type="checkbox"/> Never have 6 <1 | <input type="checkbox"/> In the past month | <input type="checkbox"/> 2 to 3 months ago |
| <input type="checkbox"/> 4 to 6 months ago | <input type="checkbox"/> 7 to 9 months ago | <input type="checkbox"/> 10 to 12 months ago |
| <input type="checkbox"/> 13 months to 2 years ago | <input type="checkbox"/> 2.1 to 5 years ago | <input type="checkbox"/> More than 5 years ago |

4. 2. Which of the following best describes your entire life experience regarding use of alcohol?

- | | | |
|--|--|--|
| <input type="checkbox"/> I have never used alcohol in my entire lifetime | <input type="checkbox"/> I no longer use alcohol, but in the past I had a drinking problem | <input type="checkbox"/> I currently use alcohol and I have never had a drinking problem |
| <input type="checkbox"/> 7 to 9 months ago | <input type="checkbox"/> I currently have a drinking problem | <input type="checkbox"/> Other |

Scoring and Source (Office Use Only):

Overview:

The Self-Administered Alcoholism Screening Test (SAAST) was originally a 35-item self-administered test for alcohol abuse developed by Swenson & Morse in 1975 (see the Reference List for the citation – I haven't been able to track down the original to read it.) It was updated by Vickers-Douglas, et. al. (2005) as the SAAST-R, and this is the version presented below.

The SAAST-R has shown good validity and reliability in subsequent studies (Patten, et. al., 2006)

Scoring:

Each "YES" answer equals one (1) point.

In the original SAAST the cut-off score was greater-than or equal to 6 indicating the potential for alcoholism, with 10 indicating probable alcoholism (Davis & Morse, 1987), but in the revised SAAST-R the cut-off score is 4. (Patten, et. al., 2006) Given that the moderate to severe options explored in the original SAAST have not been validated yet, attempting to apply those ratings (e.g. equating a score of 10 on the SAAST-R with a score of 10 on the SAAST) should be done with caution.

Source:

Selzer, 1971