

Client's Name:

Client DOB:

Date:

**SEXUAL ABUSE PROTECTION: PARENT TREATMENT
FOR NON-OFFENDING/NON-PROTECTING PARENTS**

SCORING SHEET FOR SCREENS

Michigan Alcohol Screening Test (22 items) Score = _____

Please score one point if you answered the following:

| Item | Response |
|-------------|-----------------|
| 1 | No |
| 2 | Yes |
| 3 | Yes |
| 4 | No |
| 5 | Yes |
| 6 | Yes |
| 7-22 | Yes |

Add up the score and compare to the following score card:

| | |
|-----------|---------------------------------|
| 0-2 | No apparent problem |
| 3-5 | Early or middle problem drinker |
| 6 or more | Problem drinker |

Drug Abuse Screening Test (28 items) Score = _____.

Please score one point if client answered the following:

| Item | Response |
|-------------|-----------------|
| 1-3 | Yes |
| 4 | No |
| 5 | No |
| 6 | Yes |
| 7 | No |
| 8-28 | Yes |

Add up the score and compare to the following score card:

| | |
|-------|----------------------------------|
| 0-5 | No apparent problem |
| 6 -11 | Likely substance abuse problem |
| 12+ | Definite substance abuse problem |