

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