

CAGE

Name _____

Date _____

Instructions: Place an X on the line indicating the right answer.

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever felt you should cut down on your drinking ? | _____ | _____ |
| 2. Have people annoyed you by criticizing your drinking? | _____ | _____ |
| 3. Have you ever felt bad or guilty about your drinking? | _____ | _____ |
| 4. Have you had an eye-opener first thing in the morning to steady your nerves or get rid of a hangover? | _____ | _____ |