

T-ACE

Name _____

Date _____

Instructions: Place an X on line indicating the most appropriate answer.

- | | Yes | No |
|---|-------|-------|
| 1. Does it take more than it used to for you to get high?
(tolerance) | _____ | _____ |
| 2. Have you become angry or annoyed when others
express concern about your use? | _____ | _____ |
| 3. Have you tried to cut down or quit? | _____ | _____ |
| 4. Have you had an eye opener? | _____ | _____ |