

T-ACE

Name _____

Date _____

Score _____

		Yes	No
1.	Does it take more than it used to for you to get high? (Tolerance)	2	—
2.	Have you become Angry or Annoyed when others express concern about your use?	1	—
3.	Have you tried to Cut down or quit ?	1	—
4.	Have you had an Eye opener ?	1	—