

CAGE

Name _____

Date _____

Score _____

		Yes	No
1.	Have you ever felt you should Cut own on your drinking ?	1	-
2.	Have people Annoyed you by criticizing your drinking?	1	-
3.	Have you ever felt bad or Guilty about your drinking?	1	-
4.	Have you had an Eye opener first thing in the morning to steady nerves or get rid of a hangover?	1	-