

Ann Anderson Counseling & Consulting

Ct Name _____ Date _____

CAGE Assessment for Alcohol/Drug Abuse for Adults

	YES	NO
1. Have you felt the need to Cut down on your drinking?		
2. Do you feel Annoyed by people complaining about your drinking?		
3. Do you ever feel Guilty about your drinking?		
4. Do you ever drink an Eye-opener in the morning to relieve shakes?		

Ewing JA. Detecting alcoholism: The CAGE questionnaire. JAMA: Journal of the American Medical Association 1984;252:1905-1907.