

# CAGE

Name \_\_\_\_\_

Date \_\_\_\_\_

Score \_\_\_\_\_

		<b>Yes</b>	<b>No</b>
1.	Have you ever felt you should Cut down 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	-