

C.A.G.E.

1. Have you ever felt you should cut down on your drinking or drug use?
2. Have people annoyed you by criticizing or complaining about your drinking or drug use?
3. Have you ever felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or drug in the morning (eye-opener) to steady your nerves or get rid of a hangover?

Cutdown
 Annoyed
 Guilty
 Eye-Opener

Answering "yes" to any 2 of these questions signifies possible at-risk drinking.

The Alcohol Use Disorders Identification Test (AUDIT) below is a little lengthier, but is more specific regarding at-risk drinking and developing dependency. The following questions survey your past year of drinking habits:

1. How often do you have a drink containing alcohol?

Never	(0)	2-3 Times/Week	(3)
Monthly or Less	(1)	4+ Times/Week	(4)
2-4 Times/Month	(2)		
2. How many drinks containing alcohol do you have on a typical day when you are drinking?

None	(0)	5 to 6	(3)
1 to 2	(1)	7 to 9	(4)
3 to 4	(2)	10+	(5)
3. How often do you have 6 or more drinks on one occasion?

Never	(0)	Weekly	(3)
Less than Monthly	(1)	Daily or Almost Daily	(4)
Monthly	(2)		
4. How often during the last year have you found that you were unable to stop drinking once you had started?

Never	(0)	Weekly	(3)
Less than Monthly	(1)	Daily or Almost Daily	(4)
Monthly	(2)		
5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	(0)	Weekly	(3)
Less than Monthly	(1)	Daily or Almost Daily	(4)

- Monthly (2)
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
- | | | | |
|-------------------|-----|-----------------------|-----|
| Never | (0) | Weekly | (3) |
| Less than Monthly | (1) | Daily or Almost Daily | (4) |
- Monthly (2)
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
- | | | | |
|-------------------|-----|-----------------------|-----|
| Never | (0) | Weekly | (3) |
| Less than Monthly | (1) | Daily or Almost Daily | (4) |
- Monthly (2)
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- | | | | |
|-------------------|-----|-----------------------|-----|
| Never | (0) | Weekly | (3) |
| Less than Monthly | (1) | Daily or Almost Daily | (4) |
- Monthly (2)
9. Have you or someone else been injured as the result of your drinking?
- | | | | |
|-------------------|-----|-----------------------|-----|
| Never | (0) | Weekly | (3) |
| Less than Monthly | (1) | Daily or Almost Daily | (4) |
- Monthly (2)
10. Has a relative, friend, or a doctor or other health care professional been concerned about your drinking or suggested that you cut down?
- | | | | |
|-------------------|-----|-----------------------|-----|
| Never | (0) | Weekly | (3) |
| Less than Monthly | (1) | Daily or Almost Daily | (4) |
- Monthly (2)

A score of 11 or more is suggestive of at-risk drinking. Patients that score positive on the AUDIT should be assessed for potential alcohol-related problems.