

Client Initials: _____

Date Administered: _____

C.A.G.E. QUESTIONNAIRE

(Please circle Yes or No for each question)

Have you ever felt that you should cut down on your drinking?

YES NO

Have people ever annoyed you by criticizing your drinking?

YES NO

Have you ever felt bad or guilty about your drinking?

YES NO

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hang-over? (an eye opener)

YES NO