

COMPREHENSIVE RISK COUNSELING & SERVICES

Name _____ Counselor ID _____ Client ID _____ ®Date ____ / ____ /20____

Screening for Alcohol Abuse

CAGE Questionnaire

Questions

1. Have you ever felt you should cut down on your drinking? Yes No
2. Have people annoyed you by criticizing your drinking? Yes No
3. Have you ever felt bad or guilty about your drinking? Yes No
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover ? Yes No

Interpretation of CAGE questions

Answering Yes to 2 questions - Strong Indication for Alcohol Abuse
Answering Yes to 3 questions - Confirms Alcoholism

Source: Buchsbaum DG, Buchanan RG, Screening for alcohol abuse using CAGE Scores and Likelihood Ratios. Ann Intern Med 115(10):774-7. 1991