Drinking Questionnaire

1. Have you felt you ought to Cut down on your drinking or drug use?  □ Yes □ No

2. Have people Annoyed you by criticizing your drinking or drug use?  □ Yes □ No

3. Have you felt bad or Guilty about your drinking or drug use?  □ Yes □ No

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover ("Eye-Opener")?  □ Yes □ No

If you answered “yes” to any of these questions talk to your doctor.

For example you can say, “Doctor, I’m worried about my drinking and took this test. Can we talk about this?”

(CAGE-AID)