

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 ("**E**ye-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)

▼ Español al reverso



THE NEW YORK CITY
DEPARTMENT of HEALTH
and MENTAL HYGIENE