

# Primary Care Screening Tool

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CAGE Questionnaire

- C** Have you ever felt you should **Cut** down on your drinking?  Yes  No
- A** Have people **Annoyed** you by criticizing your drinking?  Yes  No
- G** Have you ever felt bad or **Guilty** about your drinking?  Yes  No
- E** Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover? (**Eye** opener).  Yes  No

*A total of 2 or greater is considered clinically significant.*

Comments or concerns: \_\_\_\_\_

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Adopted from: JA Ewing, "Detecting Alcoholism: The CAGE Questionnaire" JAMA 252:1905-1907, 1984.