punch holes or affix a sticker in this area.	CAGE Please answer every question	-	printing	duce, follow t g instructions fold this form
Marking Instructions	PLEASE PRINT PATIENT'S LAST NAME			
Please use a # 2 pencil Fill in the complete oval as shown	PLEASE PRINT PATIENT'S FIRST NAME	PATIEN Month	T'S DATE OF B	BIRTH Year
		Yes	Νο	
1. Have you ever felt you sho	uld cut down on your drinking?	0	$\bigcirc$	
2. Have people annoyed you	by criticizing your drinking?	0	$\bigcirc$	
3. Have you ever felt bad or g	guilty about your drinking?	$\bigcirc$	$\bigcirc$	
	4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		$\bigcirc$	

	Yes	No
1. Have you ever felt you should cut down on your drinking?	$\bigcirc$	$\bigcirc$
2. Have people annoyed you by criticizing your drinking?	$\bigcirc$	$\bigcirc$
3. Have you ever felt bad or guilty about your drinking?	0	0
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?	$\bigcirc$	0