

CAGE QUESTIONNAIRE

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

CAGE Questionnaire

Tell me about your use of alcohol, medications and/or drugs:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever felt you ought to cut down on your use of alcohol, medications or drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have people ever annoyed or angered you by criticizing your use of alcohol, medications or drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever felt guilty about your use of alcohol, medications or drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever used alcohol, medications or drugs to get your day started or to "steady your nerves"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes" to any of the questions, further assessment/referral may be required.

Comments:

Needs

Need	Post to C/P	Processed	Comments
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Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----