

My Habits

Patient Name: _____

Date of Birth: _____

Today's Date: _____

For each question in the chart below, place and X in the box that best describes your answer.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many alcoholic drinks do you have in a typical day?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you drink more than 5 alcoholic drinks a day?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total						

- Are you currently in treatment for alcohol use? Yes No

Patient Name: _____
Date of Birth: _____
Today's Date: _____

Please Mark an X in the appropriate box:
(NON-PRESCRIPTION DRUG USE)

Questions	My answers	
1. Do you feel you ought to CUT down on your current drug use?	YES	NO
2. Do people annoy you by CRITICIZING your current drug use?	YES	NO
3. Do you feel bad or guilty about your current drug use?	YES	NO
4. Do you use drugs first thing in the morning to steady your nerves?	YES	NO

- Are you currently in treatment for drug use? Yes No

Note: This questionnaire (CAGE) has been reprinted from the National Institute on Alcohol Abuse and Alcoholism. Further information can be found at <http://pubs.niaaa.nih.gov>