

Name :

DOB :

WORKSITE+WELLNESS

OCCUPATIONAL HEALTH SERVICES, LLC

CAGE Screening

Please answer the following questions if you have been concerned about your alcohol intake. These questionnaires will not be shared with your employer and are meant only to help provide services to you in an anonymous manner.

	Y	N
Have you ever felt you needed to <u>C</u> ut down on your drinking?		
Have people <u>A</u> nnoyed you by criticizing your drinking?		
Have you ever felt <u>G</u> uilty about drinking?		
Have you ever felt you needed a drink first thing in the morning (<u>E</u> ye-opener) to steady your nerves or to get rid of a hangover?		

Note: Typically, answering "yes" to two or more questions suggests you may have a substance dependency. If you would like more information or to further discuss possible alcohol dependency, please check the box below.

_____ I would like to speak with a medical provider about how alcohol is currently impacting my life.

Patient Comments to Provider

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Provider Comments

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Date:

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