

Self Assessment

The simplest self test to determine if one has a problem with drinking is known as **CAGE**. It has four questions.

- Have you ever felt the need to **CUT DOWN** on your drinking?
- Have you ever felt **ANNOYED** by someone criticizing your drinking?
- Have you ever felt **GUILTY** about your drinking?
- Have you ever felt the need for an **EYE OPENER**?

One or two positive answers is considered a positive test warranting further assessment.

What follows is another self screening test from Treatment Improvement Protocol (TIP) 11 by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services.

During the last six months...

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, crack, heroin or other opiates, inhalants, uppers, downers, hallucinogens, ecstasy etc).
2. Have you felt that you use too much alcohol or other drugs?
3. Have you tried to cut down or quit drinking or using other drugs?
4. Have you gone to anyone for help because of your drinking or drug use? (Such as AA or NA, counselors or a treatment center).
5. Have you had any health problems? For example have you:
 - Had blackouts or other periods of memory loss?
 - Injured your head after drinking or using drugs?
 - Had convulsions, delirium tremens (DTs)?
 - Had hepatitis or other liver problems?
 - Felt sick, shaky, or depressed when you stopped?
 - Felt 'coke bugs' or a crawling feeling under the skin after you stopped using drugs?
 - Been injured after drinking or using?
 - Used needles to shoot drugs?
6. Has drinking or other drug use caused problems between you and your family or friends?
7. Has your drinking or other drug use caused problems at school or at work?
8. Have you been arrested or had other legal problems? (Such as bouncing checks, DUI, theft or drug possession).
9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?
10. Are you needing to drink or use drugs more and more to get the effect you want?
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex?
13. Do you feel bad or guilty about your drinking or drug use?

The next questions are about your lifelong experiences.

14. Have you ever had a drinking or other drug problem?
15. Have any of your family members ever had a drinking or drug problem?
16. Do you feel you have a drinking or drug problem now?

SCORE MY TEST

Degree of risk for Alcohol or other drug abuse

- 0-1 None to low
- 2-3 Minimal
- >4 Moderate to high; possible need for further assessment