

C

HAVE YOU EVER FELT LIKE YOU SHOULD CUT DOWN ON YOUR DRINKING/USING?

A

HAVE PEOPLE ANNOYED YOU BY CRITICIZING YOUR DRINKING?

**ASK
YOURSELF...**

G

HAVE YOU EVER FELT BAD OR GUILTY ABOUT WHAT YOU HAVE DONE / SAID DURING DRINKING?

E

HAVE YOU EVER HAD A DRINK FIRST THING IN THE MORNING TO STEADY YOUR NERVES OR TO GET RID OF A HANGOVER (AN EYE-OPENER)?

The CAGE Questionnaire is a screening test for alcohol misuse. Answering yes to any of these questions may indicate that a further assessment is needed. We are always here to help.



We're here when you need us.

Contact the EAP with 24/7 Access

thecounselingteam.com/dea-employee-assistance-program

800.275.7460

This content is provided as a support resource and is not intended to replace recommendations from a physician or licensed mental health professional. Dial 911 for life threatening events.