

Patient Name: _____
MDACC #: _____
Date: _____

**SYMPTOM CONTROL & PALLIATIVE CARE
THE CAGE QUESTIONNAIRE**

1. Have you ever felt that you should cut down on your drinking? Yes No
* do not continue if patient has NEVER had a drink*

2. Have you been annoyed by people criticizing your drinking? Yes No

3. Have you ever felt bad or guilty about your drinking? Yes No

4. Have you ever had a drink first thing in the morning or a
drink to get rid of a hangover (eye-opener)? Yes No

Assessed by: _____