

When thinking about substance use over the past 3 months, include any drug use and the use of prescription drug use other than prescribed.

| C | Have you ever felt the need to cut down on your drinking or drug use? | Yes | No |
|----------|---|-----|----|
| A | Have people annoyed you by criticising your drinking or drug use? | Yes | No |
| G | Have you ever felt guilty about drinking or drug use? | Yes | No |
| E | Have you ever felt you needed a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? | Yes | No |

Scoring: One or more “yes” responses is regarded as a positive screening test, indication possible substance use and need for further evaluation.