

Addiction Self Tests



A. The CAGE self test (Score one point for each yes answer)

- Have you ever felt you should Cut down on your drinking/ using?

Yes / No

- Have you ever been Annoyed when people have commented on your drinking/ using?

Yes / No

- Have you ever felt Guilty or badly about your drinking/ using?

Yes / No

- Have you ever had an Eye opener first thing in the morning to steady your nerves or get rid of a hangover/ Have you ever used drugs to Ease withdrawal symptoms, or to avoid feeling low after using?

Yes / No

If you scored 1, there is an 80% chance you're addicted to alcohol.

If you scored 2, there is an 89% chance you're addicted to alcohol.

If you scored 3, there is a 99% chance you're addicted to alcohol.

If you scored 4, there is a 100% chance you're addicted to alcohol.

B. The AUDIT Test for Alcoholism (Alcohol Use Disorders Identification Test) was developed by the World Health Organization (WHO).

To correctly answer some of these questions you need to know the definition of a drink:

1 beer (+- 330 ml of 5% alcohol), or **1 glass of wine** (+- 140 ml of 12% alcohol) or **1 shot of liquor** (+- 40 ml of 40% alcohol).

1. How often do you have a drink containing alcohol?

- Never (score 0)
- Monthly or Less (score 1)
- 2-4 times a month (score 2)
- 2-3 times a week (score 3)
- 4 or more times a week (score 4)

2. How many alcoholic drinks do you have on a typical day when you are drinking?

- 1 or 2 (0)
- 3 or 4 (1)
- 5 or 6 (2)
- 7-9 (3)
- 10 or more (4)

3. How often do you have 6 or more drinks on one occasion?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

4. How often during the past year have you found that you drank more or for a longer time than you intended?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

5. How often during the past year have you failed to do what was normally expected of you because of your drinking?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

6. **How often during the past year have you had a drink in the morning to get yourself going after a heavy drinking session?**

Never (0)

Less than monthly (1)

Monthly (2)

Weekly (3)

Daily or almost daily (4)

7. **How often during the past year have you felt guilty or remorseful after drinking?**

Never (0)

Less than monthly (1)

Monthly (2)

Weekly (3)

Daily or almost daily (4)

8. **How often during the past year have you been unable to remember what happened the night before because of your drinking?**

Never (0)

Less than monthly (1)

Monthly (2)

Weekly (3)

Daily or almost daily (4)

9. **Have you or anyone else been injured as a result of your drinking?**

No (0)

Yes, but not in the past year (2)

Yes, during the past year (4)

10. **Has a relative, friend, doctor, or health care worker been concerned about your drinking, or suggested that you cut down?**

No (0)

Yes, but not in the past year (2)

Yes, during the past year (4)

Your score:

If you scored 8-10 or more, you are probably addicted to alcohol.