

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CAGE:**

Have you ever felt the need to cut down on your drinking or drug use?  Yes  No

Have people annoyed you by criticizing your drinking or your drug use?  Yes  No

Have you ever felt bad or guilty about your drinking or your drug use?  Yes  No

Have you ever needed an eye opener the first thing in the morning to steady your nerves or get rid of a hangover?

Yes  No

Are you currently in a relationship in which you are being hurt, threatened, or made to feel afraid?  Yes  No

**OPIOID RISK TOOL (ORT):**

	Male	Female
Family H/O Abusing Alcohol .....	3	1
Illegal Drugs .....	3	2
Prescription Drugs.....	4	4
Personal H/O Abusing Alcohol.....	3	3
Illegal Drugs .....	4	4
Prescription Drugs.....	5	5
Mental Health DX of ADD, OCD, BiPolar, Schizophrenia.....	2	2
Depression.....	1	1
Age 16 to 45 Years Old.....	1	1
H/O Preadolescence Sexual Abuse.....	0	3
<b>TOTAL</b>	_____	_____

Have you had or do you have suicidal thoughts?  Yes  No  Any Plans  Number of Attempts

Treating Psychiatrist/Therapist's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**MAST**

1. Do you feel you are a normal drinker?	YES	0	NO	2
2. Do friends or relatives think you are a normal drinker?	YES	0	NO	2
3. Have you ever attended a meeting of Alcoholics Anonymous (AA)	YES	5	NO	0
4. Have you ever lost friends or girlfriends/boyfriends because of drinking?	YES	2	NO	0
5. Have you ever gotten into trouble at work because of drinking?	YES	2	NO	0
6. Have you ever neglected your obligations, your family or your work for two or more days in a row because you were drinking?	YES	2	NO	0
7. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?	YES	2	NO	0
8. Have you ever gone to anyone for help about your drinking?	YES	5	NO	0
9. Have you ever been in a hospital because of drinking?	YES	5	NO	0
10. Have you ever been arrested for drunk driving or driving after drinking?	YES	2	NO	0
<b>TOTAL</b>	YES	_____	NO	_____