Stonebriar Psychiatric Services, PA

CAGE and SCOFF screens

		Yes	No
1.	Have you ever felt you ought to cut down on your drinking?	☐	☐
2.	Have people annoyed you by criticizing your drinking?	☐	☐
3.	Have you ever felt bad or guilty about your drinking?	☐	☐
4.	Have you ever had an “eye-opener” to steady nerves in AM?	☐	☐
5.	Have you used substances more than intended this year?	☐	☐
6.	Do you make yourself **SICK** because you feel uncomfortably full?	☐	☐
7.	Do you worry you have lost **CONTROL** over how much you eat?	☐	☐
8.	Have you recently lost more than **ONE STONE (15 pounds)** in a three-month period?	☐	☐
9.	Do you believe yourself to be **FAT** when others say you are too thin?	☐	☐
10.	Would you say that **FOOD** dominates your life?	☐	☐

Patient Name: _____ Date: _____

Revised 8/30/2005