MISS-CAGE (Mental Illness Symptoms Screener – Cut Down, Annoyed, Guilty, Eye-Opener)

SECTION 1

1. During the past 12 months, were you ever on medication/antidepressants for depression or nerve problems? Yes / No

2. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row? Yes / No

3. During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? Yes / No

4. During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried and anxious? Yes / No

5. During the past 12 months, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious? Yes / No

6. During the past 12 months, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath ? [If respondent volunteers, "only when having a heart attack or due to physical causes, " mark “No”] Yes / No

Client considered positive for symptoms of mental illness if he/she responded yes to any of the mental health question (1-6) in Section 1

SECTION 2

1. Have you ever felt you should **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

Client considered positive for possible alcohol or drug use problem is he/she responded “yes” to any of the questions (1-4) in Section 2.