

UNCOPE Assessment

Yes No

- ___ ___ **U**— Have you continued to **use** alcohol or drugs longer than you intended? Or, have you spent more time drinking or using than you intended?
- ___ ___ **N**— Have you ever **neglected** some of your usual responsibilities because of alcohol or drug use?
- ___ ___ **C**— Have you ever wanted to stop using alcohol or drugs but couldn't? (**cut down**)
- ___ ___ **O**— Has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use?
- ___ ___ **P**— Have you ever found yourself **pre-occupied** with wanting to use alcohol or drugs? Or, have you frequently found yourself thinking about a drink or getting high?
- ___ ___ **E**— Have you ever used alcohol or drugs to relieve **emotional discomfort**, such as sadness, anger, or boredom?

Scoring: Two or more positive responses indicate possible abuse or dependence and the need for further assessment.

CAGE Assessment (Amended for Drug Use)

Yes No

- ___ ___ **C**— Have you ever felt the need to **cut** down on your drinking or drug use?
- ___ ___ **A**— Have you ever felt **annoyed** by people criticizing your drinking or drug use?
- ___ ___ **G**— Have you ever felt bad or **guilty** about your drinking or drug use?
- ___ ___ **E**— Have you ever had a drink or used a drug first thing in the morning to steady your nerves or get rid of a hangover (**eye-opener**)?

Scoring: If the answer is “yes” to one or more questions, the parent should receive a formal alcohol and drug assessment. “Yes” to one or two questions may indicate alcohol and drug-related problems. “Yes” to three or four questions may indicate alcohol or drug dependence.