

# CAGE-AID Questionnaire

Patient Name \_\_\_\_\_

Date of Visit \_\_\_\_\_

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

## Questions:

1. Have you ever felt that you ought to cut down on your drinking or drug use?

YES       NO

2. Have people annoyed you by criticizing your drinking or drug use?

YES       NO

3. Have you ever felt bad or guilty about your drinking or drug use?

YES       NO

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

YES       NO

