

# CAGE Questionnaire

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

## The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

Please circle yes or no.

1. Have you felt 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 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 (eye-opener)?  Yes  No

Score: /4

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