

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **CAGE and CAGE-AID Questions**

1) In the last three months, have you felt you should cut down or stop drinking or using drugs?

Yes No

2) In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?

Yes No

3) In the last three months, have you felt guilty or bad about how much you drink or use drugs?

Yes No

4) In the last three months, have you been waking up wanting to have an alcoholic drink or use drugs?

Yes No

Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem.