

CAGE-AID (Adapted to Include Drugs)

Instructions: Answer *Yes* or *No* to each of the following questions.

1. Have you ever felt you ought to *cut* down on your drinking or drug use?
 Yes (1)
 No (0)

2. Have people *annoyed* you by criticizing your drinking or drug use?
 Yes (1)
 No (0)

3. Have you ever felt bad or *guilty* about your drinking or drug use?
 Yes (1)
 No (0)

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover (*eye-opener*)?
 Yes (1)
 No (0)

For the total score, add the numerical value of each answer.

TOTAL SCORE: _____

A score of 2 or more may indicate clinically significant alcohol or drug problems.

Reprinted with permission from the Wisconsin Medical Journal Brown, R.L. and Rounds, LA Conjoint screening questionnaires for alcohol and drug abuse. Wisconsin Medical Journal 94: 135-140, 1995.

This form is not a diagnostic tool. The content is for educational purposes only and is not a substitute for professional health care. This form is not meant to provide medical advice or other health services. It is not meant to replace professional advice or imply coverage of specific clinical services or products. Consult your healthcare professional concerning your specific health needs. Certain treatments may not be covered in your benefit plans. Check your health plan regarding your coverage of services.