

CAGE Questionnaire

Patient Name _____ Date _____

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

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

2/4 or greater = positive CAGE, further evaluation is indicated

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