

# CAGE- AID

- Do you currently drink alcohol?  
 YES    NO
  - Have you ever experimented with illegal drugs or used prescription drugs other than as prescribed?  
 YES    NO
1. Have you ever 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 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 (eye-opener)?  
 YES    NO

## For Healthcare Professional

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

**Score:** \_\_\_\_\_

*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.*