Alcohol and Drug Use Screening Tool

CAGE-AID QUESTIONNAIRE

1. Have you felt you ought to **C**ut down on your drinking or drug use? ☐ Yes ☐ No
2. Have people **A**nnoyed you by criticizing your drinking or drug use? ☐ Yes ☐ No
3. Have you felt bad or **G**uilty 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 ("**E**ye-Opener")? ☐ Yes ☐ No

Yes to 1 or 2 questions = possible problem *Yes to 3 or 4 questions = probable problem*

If CAGE-AID score ≥1 → Brief intervention provided ☐ Yes ☐ No

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