**Alcohol and Drug Use Screening Tool**

**CAGE-AID QUESTIONNAIRE**

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 ☐ Yes ☐ No to steady your nerves or to get rid of a hangover (“Eye-Opener”)?

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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