

# CAGE Adapted to Include Drugs (CAGE-AID)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please circle "yes" or "no" for each question.**

- Have you felt you ought to cut down on your drinking or drug use? ..... Yes No
- Have people annoyed you by criticizing your drinking or drug use?..... Yes No
- Have you felt bad or guilty about your drinking or drug use?..... Yes No
- 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