

CAGE-AID QUESTIONNAIRE

1. Have you ever felt you should **CUT DOWN** on your drinking or drug use?
2. Have people **ANNOYED** you by criticizing or complaining about your drinking or drug use?
3. Have you ever felt bad or **GUILTY** about your drinking or drug use?
4. Have you ever had a drink or drug in the morning (**EYE OPENER**) to steady your nerves or to get rid of a hangover?

Scoring the CAGE-AID

- 1 or more positive items indicate the need for Further Assessment.
- If a member answers yes to 1 or 2 questions, they may have a problem with Alcohol or Drug Abuse.
- If a member answers yes to 3 or 4 questions, they may have a problem with Alcohol or Drug Dependence.