

## CAGE-Adapted to Include Drugs (CAGE-AID) Screening Instrument

Screening Date: \_\_\_\_\_

1. Have you ever felt you should **C**ut down on your drinking or drug use?

Drinking: YES \_\_\_\_\_ NO \_\_\_\_\_

Drug Use: YES \_\_\_\_\_ NO \_\_\_\_\_

2. Have people **A**nnoyed you by criticizing your drinking or drug use?

Drinking: YES \_\_\_\_\_ NO \_\_\_\_\_

Drug Use: YES \_\_\_\_\_ NO \_\_\_\_\_

3. Have you ever felt bad or **G**uilty about your drinking or drug use?

Drinking: YES \_\_\_\_\_ NO \_\_\_\_\_

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)?

Drinking: YES \_\_\_\_\_ NO \_\_\_\_\_

Drug Use: YES \_\_\_\_\_ NO \_\_\_\_\_

### SCORING

**SCORE:** Number of "Yes" Answers \_\_\_\_\_

- Screened positive = a score of 1 or greater

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