



## CAGE-AID SCREENING TOOL FOR ADULTS

<b>PATIENTS NAMES</b>	
<b>UNIQUE NUMBER</b>	
<b>DATE</b>	

<b>CAGE AID screening for alcohol and drug use disorders for adult</b>		
Ask the patient the four questions below. Each question requires a yes/no response. Answering Yes to two or more questions indicates an alcohol use problem and requires further assessment and management.		
I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential"		
<b>Question</b>	<b>No</b>	<b>Yes</b>
1. Have you felt you should cut down on your drinking or drug use?		
2. Have people ever <b>A</b> nnoyed you by criticizing your drinking or drug use?		
3. Have you ever felt bad or <b>G</b> uilty about your drinking or drug use?		
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?( <b>E</b> ye opener)		

**Signature**\_\_\_\_\_