CAGE AID

SOURCE: __Behavioral Health _____

Do you currently drink alcohol?

◯ Yes ◯ No

Have you ever experimented with illegal drugs or used prescription drugs other than as prescribed?

◯ Yes ◯ No

If you answered YES to either of the above, please answer the following:

Have you ever felt you ought to cut down on your drinking or drug use?

◯ Yes ◯ No

Have people annoyed you be criticizing your drinking or drug use?

◯ Yes ◯ No

Have you ever 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

Total: _____ / 4