

CAGE-AID Questions

1. Have you felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing 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 used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?
5. Have you used street drugs more than five times in your life? *

* Additional question for adolescents

A positive answer to any of the questions suggests a need for further evaluation

References:

A guide to substance abuse services for primary care clinicians. *Treatment Improvement Protocol Series 24*. US Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Rockville, MD. 1997; DHHS Publication No. (SMA) 97-3139.

<http://hstat.nlm.nih.gov/hq/Hquest/db/215/screen/DocTitle/odas/1/s/40678>