

Substance Abuse Screening Tool (CAGE-AID)

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1. Please enter the client's information:

Client First Name:

Client Last Name

Client DOB:

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

☐ Yes

☐ No

3. 2. Have people annoyed you by criticizing your drinking or drug use?

☐ Yes

☐ No

4. 3. Have you felt bad or guilty about your drinking or drug use?

☐ Yes

☐ No

5. 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)?

☐ Yes

☐ No

Scoring and References (Office Use Only):

Scoring:

A "yes" answer to one item indicates a possible substance use disorder and a need for further testing.

Reference:

Brown RL, Leonard T, Saunders LA, Papasouliotis O. The prevalence and detection of substance use disorder among inpatients ages 18 to 49: an opportunity for prevention. Preventive Medicine. 1998;27:101-110.