

**CAGEAID**  
Substance Use Screening

Consumer's Name: \_\_\_\_\_

Consumer Reference Number:

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Completion Date: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Screener Name: \_\_\_\_\_

**Instructions: Ask the consumer the following four questions:**

1. Have you ever felt you should CT down on your drinking or drug using (excluding prescribed medication, drugs given to you by your doctor)? Yes  No
  
2. Have you ever felt ANNOYED (i.e., irritated/aggravated) by a friend, significant other, or an individual in your family criticizing your drinking or drug use (e.g., anyone telling you to cut down or stop drinking and/or using drugs, or anyone telling you that you might have a problem with drinking and/or drug use)?  
Yes  No
  
3. Have you ever felt bad or GUILTY about how much you drink and/or use drugs? Yes  No
  
4. Have you ever had a drink or used drugs first thing in the morning (EYE-OPENER) to get rid of a hangover or to get the day started? Yes  No

**Clinician Over-ride: The interviewer should answer (not ask) the following question:**

5. There is compelling evidence (e.g., history of DUI's, presence of paraphernalia, observed intoxication, etc.) that the consumer has a history of substance-related problems or issues: Yes  No

**ADD THE NUMBER OF "YES" SCORES AND INDICATE THE SCORE HERE: \_\_\_\_\_ (0-5)**