Do not write, stamp, punch holes or affix a sticker in this area.

CAGE-AID

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

	PLEASI	E PRINT F	ATIENT	'S LAS	STNAN	1E							
Marking Instructions													
Please use a # 2 pencil	PLEASI	PRINT	ATIENT	'S FIR	ST NAN	ΛE		PATIE	NT'S I	DATE	OF B	IRTH	
Fill in the complete oval as shown													
										_			

	Yes	No
1. Have you ever felt you ought to cut down on your drinking or drug use?		
2. Have people annoyed you by criticizing your drinking or drug use?	0	0
3. Have you ever felt bad or guilty about your drinking or drug use?	0	0
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)?	0	0