**Family Connections Counseling Center, Inc.**

**CAGE – AID Questionnaire**

(for all ages 12+)

Name:  Date: **My Therapist is:**

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

**Questions: YES NO**

1. Have you ever felt that 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?

By e-signing you acknowledge your agreement with the information in this document.