**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.