**Alcohol and Drug Screening Questionnaire**

**CAGE-AID Questions**

1. In the last three months, have you felt you should cut down or stop drinking or *using drugs?*

Yes or No

2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?

Yes or No

3. In the last three months, have you felt guilty or bad about how much you drink or use drugs?

Yes or No

4. In the last 3 months, have you been waking up wanting to have an alcoholic drink or use drugs?

Yes or No