

CAGE-AID Questionnaire

Please answer the following questions about your experience with alcohol and drug use over the last 12 months. When considering drug use, include marijuana and the use of prescription and over-the-counter medications other than as prescribed.

If you answer yes to any of the questions, help and support will be provided in order to provide the best care to you and your baby.

Questions:	Yes	No
1. Have you ever felt you ought to cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>