

Client ID#: \_\_\_\_\_ Date: \_\_\_\_\_

### The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

	YES	NO
1. Have you felt 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 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 (eye-opener)?		

### Brief Michigan Alcohol Screening Test (b-MAST)

Carefully read each statement and decide if your answer is "Yes" or "No". Then check the appropriate box beside the question.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

	YES	NO
1. Do you feel that you are a normal drinker?		
2. Do friends or relatives think you are a normal drinker?		
3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
4. Have you ever lost friends or girlfriends/boyfriends because of your drinking?		
5. Have you ever gotten into trouble at work because of your drinking?		
6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?		
7. Have you ever had delirium tremens (DTs), severe shaking, after heavy drinking?		
8. Have you ever gone to anyone for help about your drinking?		
9. Have you ever been in a hospital because of drinking?		
10. Have you ever been arrested for drunken driving, or driving after drinking?		