



HHUNY
HEALTH HOMES OF UPSTATE NEW YORK
Empowering you. Expanding possibilities.

CAGE- AID

Member Name

Member NSID or CIN

Care Management Agency

Completed By

Date Started

Date Completed

Assessment Date _____ Completed By _____

Please select "Yes", "No" or "Member prefers not to address" for each question

1. Have you felt you ought to cut down on your drinking or drug use?
 - Yes
 - No
 - Member prefers not to address

2. Have people annoyed you by criticizing your drinking or drug use?
 - Yes
 - No
 - Member prefers not to address

3. Have you felt bad or guilty about your drinking or drug use?
 - Yes
 - No
 - Member prefers not to address

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)?
 - Yes
 - No
 - Member prefers not to address