

CAGE-AID Questionnaire

| Patient Information |
|-------------------------------|
| Name: |
| Age: |
| Gender: |
| Date of Interview/Assessment: |

| 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 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 (eye-opener)? | <input type="checkbox"/> | <input type="checkbox"/> |

Scoring:

Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes" answers, with a higher score being an indication of alcohol problems. A total score of two or greater is considered clinically significant. The normal cutoff for the CAGE is two positive answers, however, it is recommended that the primary care clinicians lower the threshold to one positive answer to cover a wider range and identify more patients who may have substance abuse disorders.

References:

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