

# CAGE-AID Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

When thinking about drug use, include illegal drug use and the use of prescription drug other than prescribed.

<b>Questions:</b>	<b>YES</b>	<b>NO</b>
1. Have you ever felt that 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 <b>to steady your nerves or to get rid of a hangover?</b>	<input type="checkbox"/>	<input type="checkbox"/>

## Scoring

Regard one or more positive responses to the CAGE-AID as a positive screen.

## Psychometric Properties

The CAGE-AID exhibited:	<b>Sensitivity</b>	<b>Specificity</b>
One or more <b>Yes</b> responses	0.79	0.77
Two or more <b>Yes</b> responses	0.70	0.85

(Brown 1995)