



CAGE-AID Questionnaire

Patient Name _____ Date of Visit _____

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

Questions:	YES	NO
1. Have you ever felt that 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 ever 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?	[]	[]

Scoring

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

Psychometric Properties

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

(Brown 1995)

Source: AMDG Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain (2010 Update)