The CAGE-AID questionnaire was developed to indicate whether someone may have a problem with alcohol or drugs, including prescription drugs. The questionnaire takes less than a minute to administer.

CAGE is an acronym of the questionnaire’s four questions, and AID stands for Adapted to Include Drugs.

**The CAGE-AID Questionnaire:**

- **C:** Have you ever felt you needed to **CUT** down on your drinking (or drug use)?
- **A:** Have people **ANNOYED** you by criticizing your drinking (or drug use)?
- **G:** Have you ever felt **GUILTY** about drinking (or drug use)?
- **E:** 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)?

**WHO:** The CAGE-AID questionnaire is not intended for a specific population. It is meant to identify patients who may need treatment.

**WHY:** Unhealthy alcohol and drug use are among the most common causes of preventable death, and often go undetected in medical settings. Since denial is common among people struggling with alcohol and drug use, the CAGE-AID questionnaire focuses on the behavioral effects of drinking and drug use, rather than the number of drinks or drugs used per day.

**WHEN:** The questionnaire should be completed as part of the medical history. It refers to the whole life of the patient, not any specific time frame. Since questions do not discriminate between active and inactive drinking (or drug use), more specific questions about frequency and quantity should be asked.

**NEXT STEPS:**

The CAGE-AID is a self-report questionnaire. Each yes answer increases the possibility of an alcohol or substance use disorder. Two or more yes answers are considered clinically significant and mean further assessment is warranted. If that happens:

- Ask **CLARIFYING QUESTIONS** about date of last use, frequency, quantity (with alcohol, illustrate the definition of a standard drink¹) and impact on daily functioning;
- Provide **PERSONALIZED FEEDBACK** of assessment and state your concern;
- Ask questions to determine the level of **READINESS FOR CHANGE** (Examples: Do you think your alcohol or drug use is a problem? What do you like about your drinking or drug use? Have you ever tried to quit? If so, what was it like, what helped/what did not help? If you quit or cut down, how might your life be different? What would be the hardest part of making this change?);
- Determine **LEVEL OF TREATMENT** needed based on assessment and patient readiness (e.g., inpatient detox, outpatient treatment or resources to local support groups); and
- Discuss options and **MAKE A PLAN**. Use empathy and exhibit confidence that you believe that the patient can make the change. Reiterate that return to use will not impact your relationship with the patient.

**ADDITIONAL RESOURCES**


The contents of this material is derived from the Substance Abuse and Mental Health Services Administration and modified by TMF Health Quality Institute, the Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. This content does not necessarily reflect CMS policy. 11SOW-QINQIO-G1-18-45 Published 1/2019