

The CAGE and CAGE-AID Questionnaires

Item	Text
1.	Have you ever felt you ought to cut down on your drinking <i>or drug use</i> ?
2.	Have people annoyed you by criticizing your drinking <i>or drug use</i> ?
3.	Have you ever felt bad or guilty about your drinking <i>or drug use</i> ?
4.	Have you ever had a drink <i>or used drugs</i> first thing in the morning to steady your nerves or to get rid of a hangover?

Note. The plain text shows the CAGE questions. The italicized text was added to produce the CAGE-AID. For this study, the CAGE-AID was preceded by the following instruction: "When thinking about drug use, include illegal drug use and the use of prescription drugs other than as prescribed."

Table from "The prevalence and detection of substance use disorder among inpatients ages 18 to 49: An opportunity for prevention" by Brown RL, Leonard T, Saunders LA, Papasouliotis O. Preventive Medicine, Volume 27, pages 101-110, copyright 1998, Elsevier Science (USA), reproduced with permission from the publisher.

The CAGE and CAGE-AID Questions

The original CAGE questions appear in plain type. The CAGE questions Adapted to Include Drugs (CAGE-AID) are the original CAGE questions modified by the *italicized text*.

The CAGE or CAGE-AID should be preceded by these two questions:

1. Do you drink alcohol?
2. Have you ever experimented with drugs?

If the patient has experimented with drugs, ask the CAGE-AID questions. If the patient only drinks alcohol, ask the CAGE questions.

CAGE and CAGE-AID Questions

1. In the last three months, have you felt you should cut down or stop drinking or *using drugs*?
Yes No
2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or *using drugs*?
Yes No
3. In the last three months, have you felt guilty or bad about how much you drink *or use drugs*?
Yes No
4. In the last three months, have you been waking up wanting to have an alcoholic drink or *use drugs*?
Yes No

Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem.

Binding margin – do not write

MENTAL HEALTH

Date completed: ___ / ___ / _____

K6+

Provider: _____

Provider ID:
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Please use gummed label if available

Patient or Client Identifier: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Surname:	
Other names:	
Date of Birth: ____/____/_____	Sex: Male <input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂
Address:	

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

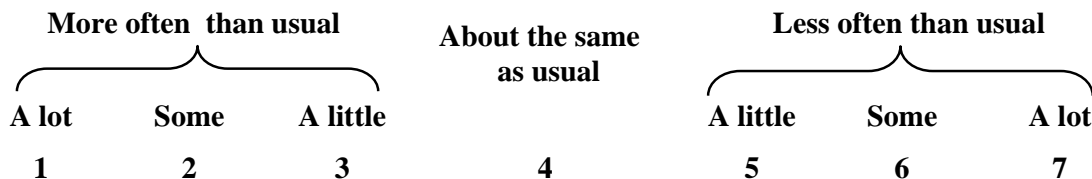
Q1. During the past 30 days, about how often did you feel ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...nervous?	1	2	3	4	5
b. ...hopeless?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

MENTAL HEALTH

K6+ SELF-REPORT MEASURE (1 of 2)

Please turn over the page to continue

Q2. The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur More often in the past 30 days than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, circle response option “4.”)



The next few questions are about how these feelings may have affected you in the past 30 days. You need not answer these questions if you answered “None of the time” to **all** of the six questions about your feelings.

Q3. During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

_____ (Number of days)

Q4. **Not counting the days you reported in response to Q3,** how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

_____ (Number of days)

Q5. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

_____ (Number of times)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
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Q6. During the past 30 days, how often have physical health problems been the main cause of these feelings?

1	2	3	4	5
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K6+ SELF-REPORT MEASURE (1 of 2)

Thank you for completing this questionnaire.

SITE
Month Completed:
Staffperson:

Client Name		Project STEP ID	GPRA ID	Client Status (choose one)		
Last	First			Dropped out / left program early?	Still active in program?	Successfully completed program?

SITE
Month Completed:
Staffperson:

Client Name		GPRA Tracking				
Last	First	Date Initial GPRA Completed	6-month Follow-up GPRA Due Date	6-month Follow-up GPRA Completed	30-day Post Follow-up/DC GPRA Due Date	30-day Post Follow-up/DC GPRA Completed

SITE
Month Completed:
Staffperson:

Client Name		Sub Abuse Case Management /Counseling					LCS Services					
Last	First	# of Case Management 1:1s	# of Sub Abuse Counseling 1:1s	# of Sub Abuse groups			C & T	Care & Support	VOICES/ VOCES	Safety Counts	3S	Other (list)
											0	0
											0	0
											0	0
											0	0
											0	0
											0	0
											0	0
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SITE

Month Completed:

Staffperson:

Client Name		External Referrals - please list name of agency referred to					
Last	First	MH/Sub Ab	C & T	Care & Support	VOICES / VOCES	Safety Counts	Other Referrals (list agencies and describe services)
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
		0	0	0	0		
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		0	0	0	0		
		0	0	0	0		