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The CAGE Questionnaire for Detection of Alcoholism
A Remarkably Useful but Simple Tool

SUMMARY OF THE ORIGINAL ARTICLE
Detecting Alcoholism
The CAGE Questionnaire
 John A. Fava, MD
 JAMA. 1984;251(7):1005-1007

Four clinical interview questions, the CAGE questions, have proved useful in helping to make a diagnosis of alcoholism. The questions focus on Cutting down, Annoyed by others, Guilty feelings, and Eye-wagging. The acronym "CAGE" helps the physician to recall the questions.

How these questions were identified and their use in clinical and research studies are described.

See www.jama.com for full text of the original JAMA article.

Commentary by Charles P. O'Brien, MD, PhD

ONE OF THE MOST IMPORTANT ADVANCES IN MEDICINE are deceptively simple. So it is with the CAGE questionnaire published in JAMA 25 years ago.¹ Four simple, easy-to-remember questions have had a major role in detecting alcoholism, a chronic disease that too often remains under the radar.

The 4 simple questions are: "Have you ever:
 (1) felt the need to cut down your drinking,
 (2) felt annoyed by criticism of your drinking,
 (3) had guilty feelings about drinking, and
 (4) taken a morning eye opener?"

The simple mnemonic CAGE makes the 4 questions easy for a busy physician to remember. However, in one study, about half of physicians polled said that they have heard of the CAGE questionnaire, but just 15% could recall all 4 questions.²

Only a small proportion of physicians integrate evaluation for alcoholism and other addictions into their standard work-up. Of the 30% of primary care physicians who report that they regularly screen for substance abuse, 50% use the CAGE questionnaire.³ The CAGE questions are so simple and easy to administer that they can be used in almost any clinical setting to identify patients who require more extensive testing and possible treatment, making the CAGE questionnaire one of the most efficient and effective screening tools. A score

of 2 or 3 indicates a high index of suspicion and a score of 4 is virtually diagnostic for alcoholism.

The CAGE questionnaire was first presented verbally at a meeting in Australia in 1970,⁴ and Fava and Rosen, who directed this tool, were both clinicians who also conducted research. From 1970 to 1984, 17 reports had already been published using the CAGE questionnaire, but it was the JAMA article¹ that called it to wide attention.

The CAGE questionnaire is designed to be a screening instrument rather than a diagnostic instrument. It does not provide information about quantity, frequency, or pattern of drinking. It originated during an era when the official diagnosis of alcoholism was less precise than it became with the publication of Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Revised (DSM-III-R) in 1987.⁵ Other instruments have been developed subsequently such as the Michigan Alcohol Screening Test, which consisted of 24 questions that inquire about drinking behavior or adverse consequences of alcohol drinking,⁶ another is the Alcohol Use Disorders Identification Test, which was designed to be sensitive to signs of hazardous and harmful drinking as well as alcohol dependence.⁷

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Comparison of Substance Abuse Screening Tests

TEST	sensitivity % of true cases identified	specificity % of those without who are negative	Notes
ASBQ Score 12 Score 9 Score 2	28 41 67	97 96 28	Alcohol Use Disorders Identification Test Not administered or interview To identify harmful use Cross-cultural validity Developed by World Health Organization
ASBQ - C Score 3 or more	96	96	Concise version of ASBQ Not administered or interview To identify harmful use Cross-cultural validity
ASBQ - PC Score 2 or more	96	96	For Primary Care settings Not administered or interview Identifies harmful use Cross-cultural validity
Real RASBQ Score of 4 or more	96	96	Shortest form of ASBQ Not administered or interview To detect alcoholism
CAGE All items positive 3 positive items 2 positive items	27 68 81	98 98 98	Simplest for questions Not administered or interview To detect alcoholism No valid scales for differential diagnosis from other

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