

GAIN – Short Screener (GAIN-SS)

Version [GVER]: GAIN-SS 2.0.3

What is your name? a. _____ b. _____ c. _____
(First Name) (M.I.) (Last Name)

What is today's date? (MM/DD/YYYY) _____ / _____ / _____

<p>The following questions are about common psychological, behavioral, and personal problems. These problems are considered <u>significant</u> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1or more years ago" (1), or "Never" (0).</p>	Past Month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0

- IDScr 1. When was the last time that you had significant problems ...
- a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?..... 3 2 1 0
 - b. with sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep? 3 2 1 0
 - c. with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?..... 3 2 1 0
 - d. with becoming very distressed and upset when something reminds you of the past?..... 3 2 1 0
 - e. with thinking about ending your life or committing suicide?..... 3 2 1 0

- EDScr 2. When was the last time that you did the following things two or more times?
- a. Lied or conned to get things you wanted or to avoid having to do something?..... 3 2 1 0
 - b. Had a hard time paying attention at school, work, or home?..... 3 2 1 0
 - c. Had a hard time listening to instructions at school, work, or home?..... 3 2 1 0
 - d. Were a bully or threatened other people?..... 3 2 1 0
 - e. Started physical fights with other people?..... 3 2 1 0

- SDScr 3. When was the last time that...
- a. you used alcohol or other drugs weekly or more often?..... 3 2 1 0
 - b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?..... 3 2 1 0
 - c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?..... 3 2 1 0
 - d. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?3 2 1 0
 - e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?..... 3 2 1 0

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).	Past Month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0

CVScr 4. When was the last time that you....

- | | | | | |
|--|---|---|---|---|
| a. had a disagreement in which you pushed, grabbed, or shoved someone? | 3 | 2 | 1 | 0 |
| b. took something from a store without paying for it?..... | 3 | 2 | 1 | 0 |
| c. sold, distributed, or helped to make illegal drugs?..... | 3 | 2 | 1 | 0 |
| d. drove a vehicle while under the influence of alcohol or illegal drugs?..... | 3 | 2 | 1 | 0 |
| e. purposely damaged or destroyed property that did not belong to you?..... | 3 | 2 | 1 | 0 |

5. Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with? (If yes, please describe below)..... Yes No
 1 0

v1. _____
 v2. _____
 v3. _____

6. What is your gender: (If other, please describe below)..... 1-Male 2-Female 99-Other

v1. _____

7. How old are you today? years

For Staff Use Only	
8. Site ID: _____	Site Name v. _____
9. Staff ID: _____	Staff Name v. _____
10. Client ID: _____	Comment v. _____
11. Mode: 1) Administered by staff 2) Administered by other 3) Self-administered	
12. Number of 2s and 3s: IDScr: _____ EDScr: _____ SDScr: _____ CVScr: _____ TDSr: _____	
13. Referral: MH SA ANG Other: _____ 14. Referral Code: _____	
15. Referral comments: v1. _____ v2. _____ v3. _____	

This instrument is copyright ©2005-2008 Chestnut Health Systems. Use of this measure is permitted for anyone who holds a GAIN license or is requesting a new one. For more information on the GAIN-SS or licensing, please see <http://www.chestnut.org/li/gain>, e-mail GAINSupport@chestnut.org, or contact Joan Unsicker at (309) 451-7806 or junsicker@chestnut.org.