



Global Appraisal of Individual Needs - Quick (GAIN-Q)

Version [GVER]: 2.6.0

Site ID [XSITE]:..... [][][][][][][][][] Local Site ID [XSITEa]: [][][][][][][][][]
 Staff ID [XSID]: [][][][][][][][][] Part. ID [XPID]: [][][][][][][][][]
 Edit Staff ID [XEDSID]: . [][][][][][][][][] Edit Date [XEDDT]: [][][] / [][][] / 20 [][][]

BK1. What is today's date? [][][] / [][][] / 20 [][][]
Month Day Year

BK2. What time is it? [][][] : [][][] [][][]
(HH:MM) (AM/PM)

BK3. What is your full name?
 a. _____ b. _____ c. _____

(First Name)
(M.I.)
(Last Name)

BK4. What is your gender? **(Select one)**
 Male 1
 Female 2

BK5. Which races, ethnicities, nationalities or tribes best describe you?	<u>Yes</u>	<u>No</u>
a. Alaskan Native	1	0
b. Asian	1	0
c. African American/Black	1	0
d. Caucasian/White	1	0
e. Hispanic, Latino or Chicano	1	0
f. Native American	1	0
g. Native Hawaiian	1	0
h. Pacific Islander	1	0
j. Some other group (Please describe)	1	0
v. _____		

BK6. What is your date of birth? [][][] / [][][] / [][][][][]
Month Day Year

a. How old are you today? [][][] **[IF 18 OR OVER, GO TO BK7]**
Age

b. Who currently has **legal custody** of you? **(Record a relationship, not a name)**

v. _____

BK7. What is the **last** grade or year that you **completed** in school? **[IF 13 OR HIGHER, GO TO BK8]**
Grade

a. Do you have a high school degree or G.E.D. (General Equivalency Diploma)?
Yes No
1 0

BK8. Have you ever completed this questionnaire before? 1 0 **[IF NO, GO TO GF1a]**

a. About when did you last complete it? / /
Month Day Year

GF. General Factors

Please answer the next questions using yes or no.

GLPI/ GFI	GF1. In your lifetime , have you...	<u>Yes</u>	<u>No</u>
	a. been treated 5 or more times in a hospital or emergency room for physical health problems?	1	0
	b. ever received treatment or counseling for a mental, emotional, behavioral or psychological problem?.....	1	0
	c. ever received treatment or counseling for alcohol, marijuana or other drugs?	1	0
	d. been stopped by the police or arrested 5 or more times ?	1	0

[IF NO SCHOOL DURING PAST 12 MONTHS, SELECT NO FOR GF2a-d]

GF2.	During the past 12 months , have you... (Select No for none or not applicable)	<u>Yes</u>	<u>No</u>
	a. gotten bad grades or had your grades drop at school or training?	1	0
	b. been absent 5 or more days from school or training for any reason? .	1	0
	c. skipped or cut school or training just because you didn't want to be there?	1	0
	d. been suspended or expelled from school or training?	1	0

[IF NO WORK DURING PAST 12 MONTHS, SELECT NO FOR GF2e-h]

e.	done badly at work or done worse at work?.....	1	0
f.	been absent 5 or more days from work for any reason?.....	1	0
g.	skipped or cut work because you didn't want to be there?	1	0
h.	been fired, laid off or told not to come in to work?.....	1	0
j.	been attacked by someone else?	1	0
k.	attacked someone else?.....	1	0
m.	been arrested?	1	0
n.	been on probation, parole, or other kinds of court supervision?	1	0

Please answer the next questions using the number of days.

GF3. **During the past 90 days**, on how many days...
(Record 0 for none or not applicable)

- a. did you go to any kind of **school or training** program?
Days
- b. did you **miss** school or training for any reason?.....
Days
- c. did you **get in trouble** at school or training for any reason?
Days
- d. did you go to **work**?
Days
- e. did you **miss** work for any reason?.....
Days
- f. did you **get in trouble** at work for any reason?
Days
- g. have you gotten into trouble at home or with your family for any
reason?
Days
- h. were you in foster care or a group home or were a ward of the
state?
Days
- j. have you lived in a place where you were not free to come and go
as you please, such as jail, an inpatient program, or a hospital?
Days

SS. Sources of Stress

Please answer the next questions using yes or no.

GLPI/ SOSI	SS1. During the past 12 months , have you been under stress for any of the following reasons related to your family, friends, classmates or coworkers?	<u>Yes</u>	<u>No</u>
	a. Birth or adoption of a new family member	1	0
	b. Health problem of a family member or close friend	1	0
	c. Major change in relationships (marriage, divorce, separation)	1	0
	d. Death of a family member or close friend	1	0
	e. Fights with boss, teacher, coworkers or classmates	1	0
	f. Other changes or problems in family or primary support groups (Please describe)	1	0
	v. _____		
	SS2. During the past 12 months , have you been under stress because of the following other kinds of demands on you?	<u>Yes</u>	<u>No</u>
	a. Major change in housing or bad housing	1	0
	b. New job, position or school.....	1	0
	c. Hard work or school schedule	1	0
	d. Problems with transportation.....	1	0
	e. Discrimination in community, work, school or transportation.....	1	0
	f. Threat of losing current housing, job, school or transportation.....	1	0
	g. Interruption or loss of housing, job, school or transportation	1	0
	h. Something you saw or that happened to someone close to you (Please describe)	1	0
	v. _____		
	j. Other environment demands on you (Please describe)	1	0
	v. _____		
	SS3. During the past 12 months , were you attacked with a weapon, beaten, sexually abused or emotionally abused?.....	1	0
	SS4. Are you currently worried that someone might...	<u>Yes</u>	<u>No</u>
	a. attack you with a gun, knife, stick, bottle or other weapon?	1	0
	b. hurt you by striking or beating or otherwise physically abusing you?	1	0
	c. pressure or force you to participate in sexual acts against your will?	1	0
	d. abuse you emotionally?	1	0

PH. Physical Health

GLPI/ PH1.
HDI

During the past 12 months, would you say your health in general was...?

(Select one)

- | | |
|-----------------|---|
| Excellent | 0 |
| Very good | 1 |
| Good | 2 |
| Fair..... | 3 |
| Poor..... | 4 |

Please answer the next questions using yes or no.

PH2. **During the past 12 months**, has your health **limited** your ability to do... Yes No

- | | | | |
|---|---|---|---------------------|
| a. vigorous activities like running, lifting heavy objects or active sports? | 1 | 0 | [IF NO, GO TO PH3a] |
| b. moderate activities like moving a table, carrying groceries or light sports? | 1 | 0 | [IF NO, GO TO PH3a] |
| c. light activities like bending, lifting or stooping? | 1 | 0 | |

PH3. **During the past 12 months**, have you... Yes No

- | | | | |
|--|---|---|--|
| a. lost or gained 10 or more pounds when you were not trying to? | 1 | 0 | |
| b. had a lot of physical pain or discomfort? | 1 | 0 | |
| c. been worried about your health or behaviors? | 1 | 0 | |
| d. had health problems that kept you from meeting your responsibilities at work, school or home? | 1 | 0 | |
| e. had lung or breathing problems? | 1 | 0 | |
| f. had pain when you urinated? | 1 | 0 | |
| g. coughed up or urinated blood? | 1 | 0 | |

Please answer the next questions using the number of days.

PH4. **During the past 90 days**, on how many **days**...

- | | | |
|--|------|--|
| a. were you bothered by any health or medical problems? | _ _ | |
| | Days | |
| b. did you have medical problems that kept you from meeting your responsibilities at work, school or home? | _ _ | |
| | Days | |
| c. have you gone without eating or threw up much of what you did eat? | _ _ | |
| | Days | |

EH. Emotional Health

The next questions are about common psychological problems. These problems are considered **significant** 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 cannot go on.

Please answer the next questions using yes or no.

IBS/ DSS-5	EH1.	During the past 12 months , have you had significant problems with...	<u>Yes</u>	<u>No</u>	
		a. headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells?	1	0	
		b. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	1	0	
		c. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	1	0	
		d. having no energy or losing interest or pleasure in work, school, friends, sex, or other things you cared about?	1	0	
		e. remembering, concentrating, making decisions, or having your mind go blank?	1	0	
IBS/ SRS-5	EH2.	During the past 12 months , have you...	<u>Yes</u>	<u>No</u>	
		a. thought about killing or hurting someone else?.....	1	0	
		b. thought about ending your life or committing suicide?.....	1	0	[IF NO, GO TO EH3a]
		c. had a plan to commit suicide?	1	0	
		d. gotten a gun, pills or other things to carry out your plan?.....	1	0	
		e. attempted to commit suicide?.....	1	0	
IBS/ ATS-7	EH3.	During the past 12 months , have you had significant problems with...	<u>Yes</u>	<u>No</u>	
		a. feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	1	0	
		b. having to repeat an action over and over, or having thoughts that kept running over in your mind?	1	0	
		c. trembling, having your heart race or feeling so restless that you could not sit still?.....	1	0	
	EH4.	During the past 12 months , have the following situations happened to you?	<u>Yes</u>	<u>No</u>	
		a. When something reminded you of the past, you became very distressed and upset.	1	0	
		b. You used alcohol or other drugs to help yourself sleep or forget about things that happened in the past	1	0	
		c. You had a hard time expressing your feelings, even to the people you cared about.....	1	0	
		d. You felt guilty about things that happened because you felt like you should have done something to prevent them.	1	0	

Please answer the next questions using the number of days.

EH5. **During the past 90 days**, on how many days were you...

a. bothered by any nerve, mental, or psychological problems?
Days

b. disturbed by memories of things from the past that you did, saw or
had happen to you?
Days

BH. Behavioral Health

Please answer the next questions using yes or no.

EBS/ AIS-6	BH1.	During the past 12 months, have you done the following things two or more times?	<u>Yes</u>	<u>No</u>
	a.	Had a hard time paying attention at school, work or home.....	1	0
	b.	Had a hard time listening to instructions at school, work or home.	1	0
	c.	Had a hard time staying organized or getting everything done.	1	0
	d.	Been unable to stay in a seat or where you were supposed to stay.	1	0
	e.	Gotten in trouble for being too loud when you were playing or relaxing.	1	0
	f.	Had a hard time waiting for your turn.	1	0
EBS/ BPS-6	BH2.	During the past 12 months, have you done the following things two or more times?	<u>Yes</u>	<u>No</u>
	a.	Been a bully or threatened other people.	1	0
	b.	Lied or conned to get things you wanted or to avoid having to do something.	1	0
	c.	Stayed out at night later than your parent or partner wanted.....	1	0
	BH3.	During the past 12 months, have you had a disagreement in which you did the following things?	<u>Yes</u>	<u>No</u>
	a.	Insulted, swore or cursed at someone.....	1	0
	b.	Pushed, grabbed or shoved someone.....	1	0
	c.	Kicked, bit or hit someone.....	1	0
EBS/ GCS-4	BH4.	During the past 12 months, have you...	<u>Yes</u>	<u>No</u>
	a.	purposely damaged or destroyed property that did not belong to you?....	1	0
	b.	other than from a store, taken money or property that didn't belong to you?	1	0
	c.	hit someone or gotten into a physical fight?.....	1	0
	d.	sold, distributed or helped to make illegal drugs?	1	0

Please answer the next questions using the number of days or times.

- BH5. During the past 90 days, on how many days did you...**
- a. have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?
Days
 - b. have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way? ...
Days
 - c. do things that might get you in trouble or be against the law besides using (alcohol or) drugs?
Days
 - d. spend time on probation or parole?
Days
 - e. spend time under electronic monitoring or house arrest?
Days
 - f. spend time in jail or detention?
Days
- BH6. During the past 90 days, how many times did you get arrested and charged with a crime?.....**
Times

SR. Substance-Related Issues

Please answer the next questions using yes or no.

		<u>Yes</u>	<u>No</u>	
SPS/ SUAS-9	SR1. During the past 12 months , have you used any alcohol, marijuana, cocaine, heroin, or other drugs?.....	1	0	[IF NO, GO TO SR5]
	SR1. During the past 12 months...	<u>Yes</u>	<u>No</u>	
	a. have you tried to hide that you were using alcohol, marijuana or other drugs?	1	0	
	b. have your parents, family, partner, coworkers, classmates or friends complained about your alcohol, marijuana or other drug use?.....	1	0	
	c. have you used alcohol, marijuana or other drugs weekly or more often?	1	0	
	d. has alcohol, marijuana or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	1	0	
	e. has alcohol, marijuana or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems?.....	1	0	
	SR2. During the past 12 months...	<u>Yes</u>	<u>No</u>	
	a. have you kept using alcohol, marijuana or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school or home?	1	0	
	b. have you used alcohol, marijuana or other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt?.....	1	0	
	c. has alcohol, marijuana or other drug use caused you to have repeated problems with the law?	1	0	
	d. have you kept using alcohol, marijuana or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	1	0	

SPS/ SDS-7	SR3. During the past 12 months...	<u>Yes</u>	<u>No</u>
	a. have you needed more alcohol, marijuana or other drugs to get the same high or found that the same amount did not get you as high as it used to?	1	0
	b. have you had withdrawal problems from alcohol, marijuana or other drugs like shaky hands, throwing up or having trouble sitting still or sleeping, or have you used any alcohol, marijuana or other drugs to stop being sick or avoid withdrawal problems?	1	0
	c. have you used alcohol, marijuana or other drugs in larger amounts, more often or for a longer time than you meant to?	1	0
	d. have you been unable to cut down or stop using alcohol, marijuana or other drugs?	1	0
	e. have you spent a lot of time either getting alcohol, marijuana or other drugs, using alcohol, marijuana or other drugs, or feeling the effects of alcohol, marijuana or other drugs (high, sick)?	1	0
	f. has alcohol, marijuana or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	1	0
	g. have you kept using alcohol, marijuana or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?	1	0

[IF GF3j<13, GO TO SR4]

To help you remember the time period for the next set of questions, let's get out the calendar and mark the last 90 days that you lived in the community, outside of a jail, hospital, or other place where you could not use alcohol, marijuana or other drugs.

Do you recall anything that was going on about (DATE 90 DAYS BEFORE PARTICIPANT ENTERED CONTROLLED ENVIRONMENT)?

Record anchor: v. _____

When we talk about things happening to you during the past 90 days, we are talking about things that happened since about (PRE-CONTROLLED ENVIRONMENT ANCHOR)

(PROBE FOR SPECIFIC EVENT. IF UNABLE TO RECALL: Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS BEFORE PARTICIPANT ENTERED CONTROLLED ENVIRONMENT)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school, or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

For the next set of questions, please answer for the **last 90 days that you lived in the community**. Do not count days when you were living in a jail, hospital, or other place where you could **not** use alcohol, marijuana or other drugs.

Please answer the next questions using the number of days.

SR4. **During the last 90 days that you lived in the community**, on how many **days** did you...

- b. drink beer, wine, or any kind of alcohol?
Days
- c. get drunk or have 5 or more drinks at one time?
Days
- d. use any kind of marijuana, blunts or hashish?
Days
- e. use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug?
Days

(What did you use?) v. _____

- f. go without using any alcohol, marijuana or other drugs?.....
Days

SR5. **During the last 90 days that you lived in the community**, on how many **days** did you smoke or use any kind of tobacco?
Days

Now we're going to go back to the original 90-day and 12-month timeframes for the rest of the interview.

RQ. Reasons for Quitting*For Staff Use Only***[IF SR1=0, SELECT NO]**Yes NoRQ0. Do you want to enter additional RFQ information? 1 0 **[IF NO, GO TO SU1a]**

Following are some reasons that some people give for wanting to quit using alcohol or other drugs (including marijuana, cocaine, heroin, and other drugs you may have mentioned).

Please respond to the following statements using yes or no. Please use "no" for any that do not apply to you.

RFQ/ PMS	RQ1ab. You want to quit using alcohol and other drugs at this time...	<u>Yes</u>	<u>No</u>
	1. so that you will be able to think more clearly.....	1	0
	2. because you will like yourself better if you quit.	1	0
	3. because your memory will improve.	1	0
	4. so that you can get more things done during the day.	1	0
	5. because you want to have more energy.	1	0
	6. because you are concerned that using alcohol or other drugs will shorten your life.....	1	0
	7. so that your hair and clothes won't smell.....	1	0
	8. so that you can feel in control of your life.....	1	0
	9. because you have noticed that alcohol or other drug use is hurting your health.	1	0
	10. so that you won't burn holes in clothes or furniture.	1	0
	11. because you are concerned that you will have health problems if you don't quit.	1	0
	12. because alcohol or other drug use does not fit with your image.	1	0
	13. to prove to yourself that you're not addicted.	1	0
	14. because alcohol or other drug use is becoming less cool or socially acceptable.	1	0
	15. because you won't have to leave social functions or other people's houses to drink, smoke or use.....	1	0
	16. because you have known other people with health problems that were caused by alcohol or other drug use.....	1	0
	17. to show yourself that you can quit if you really want to.	1	0
	18. because you want to save the money that you spend on alcohol or other drug use.	1	0
	19. for spiritual or religious reasons.	1	0
	20. because you want to do better in life.	1	0

RQ1ac. You want to quit using alcohol and other drugs at this time...	<u>Yes</u>	<u>No</u>
1. so that you can get a lot of praise from people you are close to.....	1	0
2. because people you are close to will be upset with you if you don't quit.....	1	0
3. because you don't want to embarrass your family.....	1	0
4. because your parents, girlfriend, boyfriend or other person you are close to will stop nagging you if you quit.....	1	0
5. because someone has told you to quit or else.....	1	0
6. because you will receive a special gift if you quit.....	1	0
7. because there is an alcohol or other drug testing policy in detention, probation, parole or school.....	1	0
8. because of legal problems related to your alcohol or other drug use.	1	0
9. because you want to get a job.....	1	0
10. to keep a job.....	1	0
11. because (you are/your partner is) pregnant.....	1	0
12. because you have children.....	1	0
13. to get your children back.....	1	0

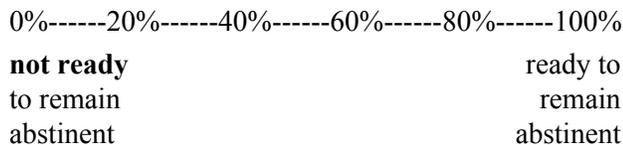
RQ1ad. What is your main or most important reason for wanting to quit now? (Do not ask "Any others")

v1. _____

RQ1b. Have you quit yet?	<u>Yes</u>	<u>No</u>	
	1	0	[IF NO, GO TO RQ1b2]

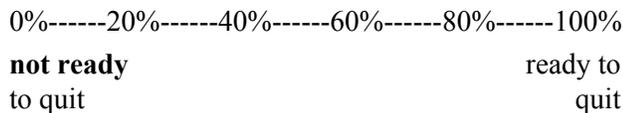
Answering anywhere from 0% for "not ready at all" to 100% for "entirely ready"...

RQ1b1. How ready are you **right now** to remain abstinent from (not use) alcohol, marijuana, cocaine, heroin and other drugs? **[GO TO SU1a]**



Answering anywhere from 0% for "not ready at all" to 100% for "entirely ready"...

RQ1b2. How ready are you **right now** to stop using alcohol, marijuana, cocaine, heroin and other drugs? **[GO TO SU1a]**



SU. Service Utilization

Please answer the next questions using the number of times, nights or days. **(Record 0 for none or not applicable)**

- SU1. **During the past 90 days**, how many **times** did you go to an **emergency room** for...
- a. physical health problems?
Times
- b. mental, emotional, behavioral or psychological problems?
Times
- c. alcohol or drug use problems?
Times
- SU2. **During the past 90 days**, how many **nights** did you stay in a **residential**, inpatient, or hospital program for...
- a. physical health problems?
Nights
- b. mental, emotional, behavioral or psychological problems?
Nights
- c. alcohol or drug use problems?
Nights
- SU3. **During the past 90 days**, how many **times** did you go to an **outpatient** program, clinic or counselor for...
- a. physical health problems?
Times
- b. mental, emotional, behavioral or psychological problems?
Times
- c. alcohol or drug use problems?
Times
- SU4. **During the past 90 days**, on how many **days** did you take medication for...
- a. physical health problems?
Days
- b. mental, emotional, behavioral or psychological problems?
Days
- c. alcohol or drug use problems?
Days

SU5. **During the past 90 days**, on how many **days** did you see a counselor or other professional about your health, emotional, behavioral, alcohol or drug problems at a...

- a. school or student assistance program?.....
Days
- b. job or employee assistance program?
Days
- c. spiritual program or religious organization?
Days

EN. End

	<u>Yes</u>	<u>No</u>
EN1. Do you want any help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems? (Please describe)	1	0
v1. _____		

	<u>Yes</u>	<u>No</u>
EN2. Is English your first language?	1	0
a. (If no, what is?) _____		

Thank you! Please return this form to the person who gave it to you.

For Staff Use Only

	<u>Yes</u>	<u>No</u>
EN2. Did the participant self-administer this form?	1	0
EN4. What kind of place best describes where this form was completed? (Select one)		
Home	1	
School or training program	2	
Employment or work setting.....	3	
Prison, jail or detention	4	
Probation, parole, or other non-controlled correctional setting	5	
Treatment or intake unit.....	6	
Research office.....	7	
EN5. What time did the participant finish this form? (Please also select AM or PM)		
<input type="text"/> : <input type="text"/> 1-AM 2-PM Time (HH:MM)		

<i>CD. Case Disposition - For Staff Use Only</i>				
CD1. Referral Source(s) v. _____				
a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
CD2. Issues		1. Reasons for Referral		2. Recommendations
		Yes	No	Yes No
a.	Random screening	1	0	
b.	General concern (v. _____)	1	0	1 0
c.	Family problems (v. _____)	1	0	1 0
d.	Peer or partner problems (v. _____)	1	0	1 0
e.	Grief or other emotional crisis (v. _____)	1	0	1 0
f.	Spiritual issues (v. _____)	1	0	1 0
g.	Race/ethnicity/gender identity issues (v. _____)	1	0	1 0
h.	Teenage parenting issues (v. _____)	1	0	1 0
j.	Environmental problems (v. _____)	1	0	1 0
k.	School problems (v. _____)	1	0	1 0
m.	Physical health problems (v. _____)	1	0	1 0
n.	Emotional problems (v. _____)	1	0	1 0
p.	Behavioral or conduct problems (v. _____)	1	0	1 0
q.	Gang or illegal activity (v. _____)	1	0	1 0
r.	Substance use (v. _____)	1	0	1 0
s.	Noncompliance (v. _____)	1	0	1 0
t.	Continuing care/support (v. _____)	1	0	1 0
u.	Other (v. _____)	1	0	1 0
CD3. Placement(s) v. _____				
a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
CD4. Additional Comments:				