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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) ____/____/_____

The following questions are about common psychological, behavioral, and personal 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 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), "1 or more years ago" (1), or "Never" (0).	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 during the day? 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 reminded 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

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(Continued) 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 1 No 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: IDSscr: ____ EDScr: ____ SDScr: ____ CVScr: ____ TDScr: ____
13. Referral: MH____ SA ____ ANG ____ Other ____ 14. Referral Code: _____
15. Referral comments:

v1. _____

v2. _____

v3. _____

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