

GAIN-Q

Global Appraisal of Individual Needs - Quick

Administration and Scoring Manual for the GAIN-Q (version 2)

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1. Description of the Instrument

The Global Appraisal of Individual Needs-Quick (GAIN-Q) instrument is a general assessment used to identify various life problems among adolescents and adults in the general population. Designed for use by personnel in diverse settings (e.g., Employee Assistance Programs, Student Assistance Programs, health clinics, juvenile justice, criminal justice, etc.), the instrument is used to a) identify those in need of a longer, more detailed assessment; b) identify those who may benefit from a brief intervention; and c) guide staff to make effective referral and placement decisions. The GAIN-Q is not a diagnostic assessment, but rather an instrument to identify areas in need of further exploration.

The GAIN-Q is a condensed version of the Global Appraisal of Individual Needs-Intake (GAIN-I) (Dennis, Titus, White, Unsicker, & Hodgkins, 2002). The GAIN-I is a full length intake assessment used for diagnosis and placement of individuals coming into substance abuse treatment. The GAIN-I identifies the most common co-occurring problems – both psychiatric and other – though further assessment may be indicated for more severe mental health problems (e.g., schizophrenia), special education, severe illness, and other problems outside the range of the GAIN-I. Unlike the GAIN-Q, the GAIN-I is administered by highly trained and supervised treatment staff.

Currently the GAIN-Q is available in 2 forms: a GAIN-Q “core” instrument and a GAIN-Q “full” instrument. The GAIN-Q core instrument is composed of a series of screening assessments and is organized in ten sections: Background, General Factors, Sources of Stress, Physical Health, Emotional Health, Behavioral Health, Substance-Related Issues, Service Utilization, End, and Case Disposition. The first four sections (Background, General Factors, Sources of Stress, Physical Health) provide background and summative indices of factors that are related to behavioral health problems. The next three sections (Emotional Health, Behavioral Health, Substance-Related Issues) contain the core behavioral health scales. These sections assess both the breadth and prevalence of problems using the clinical symptoms from the central scales of the full GAIN-I instrument. The clinical symptom scales cover behavior during the past year (“past 12 months” on the instrument) and each concludes with an item(s) on the number of days (or times) specific problems have occurred during the past 90 days. The instrument concludes with sections covering the participant’s desire for help and the context of the assessment (End) and a staff-only section to document reasons for referral and recommendations (Case Disposition). **This manual covers only the GAIN-Q core.** Unless otherwise specified, the term “GAIN-Q” as used throughout this manual will refer to the GAIN-Q core.

The “full” form of the GAIN-Q is composed of the GAIN-Q core along with one or a series of additional scales specific to user needs. Currently, the supplemental measure that is included as part of this longer GAIN-Q assessment is the Reasons for Quitting (RFQ) scale. The RFQ is used in the 5 session Motivational Enhancement Therapy/Cognitive Behavioral Therapy-5 (MET/CBT-5) treatment (Sampl & Kadden, 2001) and is needed to create a Personal Feedback Report (PFR). Although this supplement is not covered in-depth in this manual, basic information on the RFQ and PFR, including sample copies using fabricated data, is found in Appendix K and Appendix L, respectively. A second optional section – the Optional Special Study Detail – is used to document data from study-specific assessments a project may be using in the situation where these assessments are not a part of the supplemental measure(s) described above. This last section is purely optional and added as a courtesy for users.

At eleven pages in length, the GAIN-Q is an efficient behavioral health measure. It can be interviewer- or self-administered in 20 to 30 minutes, and both hardcopy and computer-assisted administrations are possible. Most items are written in a “Yes/No” format. As with all self-report instruments, the data gathered should be used as a guide and in collaboration with other available information. If data gathered through the GAIN-Q is at sharp odds with other available information, a more detailed assessment may be called for.

A follow-up version of the GAIN-Q, the GAIN-QM (monitoring), is in Appendix M.

1.1 Developmental History of the GAIN-Q

The GAIN-Q was initially named the GAIN-QS (for Quick Screen). Feedback from users of the GAIN-QS indicated that the instrument was longer and more comprehensive than typical screening measures and even full intake assessments used in the field. To avoid confusion with brief screening measures, the instrument’s name was changed to the GAIN-Q in November, 2002.

An earlier version of the instrument (version 1) was used for development and pilot testing. The updated and expanded version 2 is similar in most respects to its predecessor. Major changes from version 1 to version 2 include: (a) changing from purely “yes/no” items to a mix of “yes/no” and “number of days/times” items; (b) adding two sections – Service Utilization and Case Disposition; (c) separating items on school, work, and violence into their own sections; (d) adding a skip-out item for the Substance-Related Issues section; and (e) adding several new items (days without eating or days vomited, two additional items on suicidal ideation, use of tobacco, more detailed criminal justice system experience, and whether the participant has previous experience with the assessment).

Further development of version 2 of the instrument has continued, often in response to feedback from users in the field. Prior to the final form of the GAIN-Q (as described in this document), beta versions of the updated instrument were circulated (2.0.0, 2.1.0, 2.2.0, 2.3.0, 2.3.1, 2.3.2, 2.4.0, 2.4.3, 2.5.0). Changes that took place from the earlier incarnations of version 2 to the current incarnation include: (a) changing “past 3 months” to “past 90 days”; (b) adding acronyms in the left margin next to pertinent scales and subscales; (c) adding and then removing the “time-span tent” (a resource to define “past 12 months” and “past 3 months”); (d) changing the name of the Attention-Deficit-Hyperactivity Index-6 (ADHDI-6) to the Activity-Inattention Scale-6 (AIS-6); (e) changing the name of the Conduct Disorder-Aggression Index-4 (CDAI-4) to Behavior Problem Scale-4 (BPS-4); (f) clearly distinguishing between summative measures and classical theory measures that compose the GAIN-Q by using the terms “Index” for the summative measures and “Scale” for the measures based on classical measurement theory (see Dennis, Scott, Lennox, Funk, & McDermeit, under review); (g) removing the tobacco use subitem from item SR4 and making it a separate item (SR5) (h) modifying the wording of items BH3a, BH5b; and, as mentioned above, (i) changing the name of the instrument from GAIN-QS to GAIN-Q.

1.2 Organization of the GAIN-Q Manual

The first chapter of the manual contains a walk-through of each GAIN-Q section. Chapter 2 covers instrument administration and includes a segment on special issues in

administering the computer version of the GAIN-Q. Chapter 3 covers scoring and interpretation of the results, and both hand scoring and computer scoring methods are described. Chapter 4 covers the quality assurance process used with the GAIN-Q. The manual concludes with a series of appendices (Appendices A through N) that include materials, samples, and information on how the scales were developed.

A number of terms used throughout the manual need to be mentioned. First, the word “participant” refers to the person whose responses are recorded on the GAIN-Q. The GAIN-Q is used in research, clinical, and community settings, so a participant could also be a client, a student, an employee, or even someone involved with the criminal justice system. To avoid the awkward use of a variety of references, the term “participant” was chosen. Second, the use of gender-specific pronouns (e.g., he, she) are varied throughout the manual to avoid otherwise awkward terminology. Third, the words “assessment”, “questionnaire”, “instrument”, and “measure” are used interchangeably, as are the words “interviewer” and “assessor”.

A copy of the GAIN-Q instrument is in Appendix A at the end of this manual. Bolded text in parentheses (**like this**) or square brackets [**like this**] contains a direction to be followed, either by the interviewer (if the assessment is interviewer-administered) or the participant (if the assessment is self-administered). Also, as on all GAIN instruments, letters to index sub-items do not include the letters “i”, “o”, or “l”.

One question asked often from those administering the GAIN-Q is what to do with items that do not apply to a given participant (e.g., asking job-related items when the participant doesn’t have a job). **If an item appears to not apply to a participant, do not skip the item or leave it blank. Choose “No” for items that do not apply.** If desired, write a note in the margin to document that the item doesn’t appear to apply and why.

1.3 Description of the GAIN-Q Sections

BK. Background. The Background section of the GAIN-Q contains eight items covering basic administrative and demographic information: date and time of the assessment, participant name, gender, race, date of birth, custody status (if under age 18), highest-attained educational level, and the participant’s previous experience with the instrument. The Background section of the GAIN-Q is not scored.

A number of items deserve specific comment.

- Item 5 (“Which race, races or ethnicity best describes you?”) allows the participant to indicate all races and/or ethnicities he identifies with rather than limiting him to one. Each sub-item should be circled “yes” or “no”.
- For item 6b (custody), note that legal guardianship (who makes the participant’s decisions if he is under age 18) should be recorded rather than merely who the participant lives with. In addition, note that the relationship of the adult guardian(s) to the participant (i.e., “mother”, “father”, “grandmother”, etc.) is recorded rather than the name(s).
- For item BK7 (completion of years of higher education), code as follows:
 - 13.....1 year completed (freshman year at college/university, 1 year at community college)
 - 14.....2 years completed (sophomore year at college/university, 2 years at community college – possibly an Associates degree)
 - 15.....3 years completed (junior year at college/university, 2 years at community college and 1 year at college/university)

16.....4 years completed (senior year at college/university, 2 years at community college and 2 years at college/university)

Etc.....

- For item 8a (the participant's estimate of the date he last completed the assessment), sometimes a participant who previously completed the GAIN-Q may not precisely remember the date. If the month of completion needs to be estimated, use the "March-July-October" rule. This requires the participant to narrow down the month to the beginning, middle, or end of the year. That is, if the estimated month is at "the beginning of the year", the month of the assessment is recorded as March ("03"); if "the middle of the year", use July ("07"); and if "the end of the year", use October ("10"). A similar strategy is used for estimating the day of the month – the "5-15-25" rule. Here, the participant needs to narrow down the day of the month to the beginning, middle, or end of the month. If the estimated date is "the beginning of (month X)", the day of the assessment is recorded as "5"; if "the middle of (month X)", the day recorded is "15"; and if the end of a month, the day recorded is "25".

GF. General Factors. The General Factors section is arranged in three multi-part items that cover general risk factors associated with substance use or mental health problems. Item 1 documents the participant's lifetime history of interaction with major systems of care, including treatment for emergency physical health problems, mental health problems, and substance abuse. Also gathered is information on the participant's interaction with the criminal justice system. Item 2 asks for past year (past 12 months) information on a variety of school- and work-related problems, violent behavior, and arrests. Items 1 and 2 are answered on a "yes/no" scale. Item 3 documents the number of days in the past 90 that the participant has experienced several situations at school, work, and home, including living outside of the family home.

The first two items (Item 1, a-d; and Item 2, a-n, for a total of 16 sub-items; see Exhibit 1-1 below) contribute to the General Factors Index (GFI), a summative measure of risk for experiencing substance-related or mental health problems. As a "summative" measure, it is not expected to be internally consistent. In fact, the coefficient alpha most likely would be low. The onus for a summative measure is - in this case - to demonstrate a relationship between GFI total scores and rates of substance use and/or psychological problems (Dennis, Lennox, Ives, & White, under review). The greater the number of risk factors, the more one would expect a substance use and/or mental health problem to emerge or exist. This relationship has indeed been demonstrated in school-based and prevention samples (Markwood, McDermeit, & Godley, 1999). When interpreting the GFI for any given participant, the greater the number of items endorsed (answered "yes"), the higher the risk for substance abuse and/or mental health difficulties.

Several items may not apply to certain individuals. For instance, items 2e-h would not apply to an adolescent who does not have (or never has had) a job. In these cases, the response to the item is "no" (since it doesn't apply and therefore is not a risk factor). Do not skip the items that don't seem to apply or merely indicate it doesn't apply. Circle "no". If there is concern that the GFI will be artificially depressed, make a note of this on the assessment, in the appropriate fields in the computerized version of the GAIN-Q, and/or in the GAIN-Q narrative (the Q-RRS - to be described in Chapter 3).

The GFI is one of three subscales that compose the General Life Problem Index (GLPI). The remaining two subscales that contribute to the GLPI are the Sources of Stress Index (SOSI) and the Health Distress Index (HDI), to be discussed. As with the GFI, the SOSI and HDI are summative measures. The acronyms for the GLPI (the parent scale) and the GFI (the subscale)

are printed on the instrument in the left margin of the General Factors section. The GLPI will be discussed further in Chapter 3. Additional information on the development of the scale and subscale is in Appendix P.

Exhibit 1-1. General Factors Index (GFI) (16 sub-items, one of three subscale scores composing the General Life Problem Index (GLPI))

<u>Subscale Name</u>	<u>Items and Sub-items</u>
General Factors Index (GFI)	Item 1: 4 sub-items on interactions with major systems of care Item 2: 12 sub-items on problems with school, work, violence, and arrests

Having a history of substance abuse treatment and/or arrests is one of the most rudimentary measures of substance use severity. Although having a history does not directly imply a current problem, those with histories are at a much higher risk to reenter treatment. Problems at school or work can often reveal the presence of underlying emotional, behavioral, and/or substance-related problems, while involvement in one or more other “systems” often impacts behavior and/or treatment choices. Recent confinement in a controlled environment may suppress the severity of some symptoms (e.g., substance use) while bringing out others (e.g., traumatic memories).

SS. Sources of Stress. The section on Sources of Stress covers a variety of personal and environmental stressors that may precipitate, exacerbate, or augment a mental health and/or substance use problem. Item 1 covers stressors related to one’s family, friends, classmates, or co-workers. Item 2 covers stress events related to the participant’s environment, including one’s living situation, community, job, and school. Item 3 asks about victimization during the past 12 months, while Item 4 asks about current worries of victimization (Item 4, a-d). The Sources of Stress section is the only substantive section on the GAIN-Q that does not end with item(s) on the number of days during the past 90 days that the participant engaged in certain behaviors.

All items in the Sources of Stress section (Item 1, a-f; Item 2, a-j; Item 3; and Item 4, a-d, for a total of 20 sub-items; see Exhibit 1-2 below) contribute to the Sources of Stress Index (SOSI), a summative measure of the number of stressors that have occurred during the past 12 months or are currently occurring. All items in the SOSI are answered on a “yes/no” scale, and higher scores indicate a higher number of reported stressors with personal, environmental, and victimization roots.

The SOSI is one of three subscales that compose the General Life Problem Index (GLPI). The remaining two subscales that contribute to the GLPI are the General Factors Index (GFI, discussed above) and the Health Distress Index (HDI, to be discussed). The acronyms for the GLPI (the parent scale) and the SOSI (the subscale) are printed on the instrument in the left margin of the Sources of Stress section. The GLPI will be discussed further in Chapter 3. Additional information on the development of the scale and subscale is in Appendix P.

Exhibit 1-2. Sources of Stress Index (SOSI) (20 sub-items, one of three subscale scores composing the General Life Problem Index (GLPI))

<u>Subscale Name</u>	<u>Items and Sub-items</u>
Sources of Stress Index (SOSI)	Item 1: 6 sub-items on stress related to personal issues Item 2: 9 sub-items on stress in the environment Item 3: 1 item on victimization during the past 12 months Item 4: 4 sub-items on current worries of victimization

Many emotional, behavioral, and substance-related problems represent dysfunctional responses to high levels of stress. Problems can take on many forms and may not be directly related to each other, but they can pile-up, combine, and tax the individual's capacity to cope. The collection of items in the Sources of Stress section represents some of the most common stressors that might provoke difficulties in coping.

PH. Physical Health. The Physical Health section collects information on various aspects of a participant's health during the past 12 months. Item 1 asks for the participant's general rating of health during the past 12 months. This rating is qualitative in nature and typically measures how a person feels relative to how she has felt in the past. Thus someone with a chronic history of asthma might rate herself as feeling "excellent" during the past 12 months if her asthma has not been bothering her, even though objectively she is not completely healthy. Item 2 documents limitations in mobility due to health problems during the past 12 months. Item 3 asks about other general health problems and physical symptoms that can be indicative of a major problem. Items 2 and 3 are answered on a "yes/no" scale. The final item (Item 4) is a check on whether health problems are current (documented by the number of days in the past 90 days).

Items 1, 2 (a-c), and 3 (a-g) (for a total of 11 sub-items; see Exhibit 1-3 below) compose the Health Distress Index (HDI), evidenced by the acronym "GLPI/HDI" in the left margin of the Physical Health section. Item 4 (a-c) is not included in the calculation of the HDI. The HDI is one of three subscales that compose the General Life Problem Index (GLPI). The other two subscales that contribute to the GLPI are the General Factors Index (GFI) and the Sources of Stress Index (SOSI), both of which have already been discussed. Like the GFI and SOSI, the HDI is a summative measure.

The HDI is the only subscale on the GAIN-Q that includes a rating (Item 1, on a 0 to 4 scale) as part of the subscale score. All other subscales are composed purely of "yes/no" items. When scoring the HDI section, the value of the rating (e.g., if "4" is circled, the value of the rating is 4) is added into the score. Higher scores on the HDI indicate a higher number of health problems and lower quality of health during the past 12 months. The GLPI will be discussed further in Chapter 3. Additional information on the development of the scale and subscale is in Appendix P.

Exhibit 1-3. Health Distress Index (HDI) (11 sub-items, one of three subscale scores composing the General Life Problem Index (GLPI))

<u>Subscale Name</u>	<u>Items and Sub-items</u>
Health Distress Index (HDI)	Item 1: 1 item on general rating of health Item 2: 3 sub-items on limitations in mobility Item 3: 7 sub-items on health problems and symptoms

Note that the presence of untreated or chronic health problems may be another cause of many of the symptoms in the sections that follow. Adolescents tend to be less reliable reporters of their physical health than are adults because they often do not know what their bodies should feel like.

EH. Emotional Health. The section on Emotional Health focuses on internalizing behavior problems. The first four multi-part items (Item 1, a-e; Item 2, a-e; Item 3, a-c; and Item 4, a-d, for a total of 17 sub-items) compose the Internal Behavior Scale (IBS), a measure of past year signs and symptoms of depression and anxiety. Item 5 (a-b) gathers information on the number of days during the past 90 days the participant has been bothered by internal emotional distress.

The IBS is composed of three subscales: the Depression Symptom Scale-5 (DSS-5), the Suicide Risk Scale-5 (SRS-5), and the Anxiety-Trauma Scale-7 (ATS-7). The SRS-5 measure includes items on both suicide and homicide even though the name of the scale does not reflect homicide. The acronyms for the scale and subscales are printed in the left margin of the Emotional Health section, and the number at the end of each subscale's acronym indicates the number of items in that particular subscale. For example, "IBS/DSS-5" identifies the Internal Behavior Scale's subscale called the Depression Symptom Scale, which has 5 sub-items. (The three IBS subscales contain only a fraction of the items found in parallel subscales on the GAIN-I. Thus, the number at the end of each subscale identifies it as belonging to the GAIN-Q.) Items are posed relative to the participant's behavior during the past 12 months and are answered on a "yes/no" scale. Higher scores indicate a higher number of reported symptoms of internalized distress (somatic complaints, depression, suicidality, anxiety, and traumatic stress). Each subscale of the IBS yields a separate score, and the subscale scores can be combined for an overall measure of internal distress (the IBS). As a measure based on classical measurement theory (in contrast to the summative measures already discussed), alpha reliabilities are computed. The alpha reliabilities on the IBS as well as on each subscale are presented for both adolescent and adult samples in Exhibit 1-4 below. Information on scoring and interpretation is discussed in chapter 3, while further information on the development of the scale and subscales is in Appendix P.

One item deserves special mention. Note that the skip-out item in the EH section (i.e., "[IF NO, GO TO 3a.]" is connected with item 2b ("During the past 12 months, have you thought about ending your life or committing suicide?"). The skip-out is NOT connected with items 2a or 2c. If the participant answers "no" to item 2b, then he skips to the first item in the next section since there is no need for him to answer the remaining 3 items in the SRS-5.

Exhibit 1-4. Internal Behavior Scale (IBS) (17 sub-items, alpha Adolescents=.86, Adults=.90)

<u>Subscale Name</u>	<u>Items and Sub-items</u>	<u>Alpha</u>
Depression Symptom Scale-5 (DSS-5 items)	Item 1: 2 sub-items on somatic symptoms; 3 sub-items on depressive symptoms	Adol=.73 Adult=.84
Suicide Risk Scale-5 (SRS-5 items)	Item 2: 5 sub-items on suicidal (and homicidal) plans/attempts	Adol=.54 Adult=.75
Anxiety-Trauma Scale-7 (ATS-7 items)	Item 3: 3 sub-items on symptoms of anxiety Item 4: 4 sub-items on symptoms of traumatic stress	Adol=.82 Adult=.88

Adolescent reports of internal or emotional distress often differ from those reported by parents or others associated with the adolescent. All three sets of symptoms above are closely related and can aggravate each another. Symptoms of depression and suicide risk are often related to use of alcohol or cocaine, while symptoms of anxiety tend to coexist with the misuse of opioids in an attempt at self-medication and/or to ease withdrawal. Internal problems sometimes initially become worse if one is confined or forced to stop using substances. Identification of severe cases is particularly useful because internal problems often respond to medication. Note that in a jail or prison setting there may be a propensity to under-report mental health problems and over-report substance use because there are diversion programs for substance use problems but not for mental health problems.

BH. Behavioral Health. The Behavioral Health section focuses on externalizing behavior problems. The first four multi-part items (Item 1, a-f; Item 2, a-c; Item 3, a-c; and Item 4, a-d, for a total of 16 sub-items) compose the External Behavior Scale (EBS), a measure of past year signs and symptoms of activity and inattention (similar to ADHD), conduct disorder, and criminal behavior. Item 5 (a-f) documents the number of days during the past 90 that the participant has experienced signs and symptoms of externalizing behavior problems, while Item 6 covers charges for crimes during the same time period.

The External Behavior Scale (EBS) is composed of three subscales: the Activity-Inattention Scale (AIS-6), the Behavior Problem Scale-6 (BPS-6), and the General Crime Scale-4 (GCS-4). The acronyms for the scale and subscales are printed in the left margin of the Behavioral Health section, and the number at the end of each subscale's acronym indicates the number of items in that particular subscale. (The number of sub-items in each EBS subscale contains only a fraction of those found in parallel subscales on the GAIN-I. Thus, the number at the end of each subscale identifies it as belonging to the GAIN-Q.) Items are posed relative to the participant's behavior during the past 12 months and are answered on a "yes/no" scale. Higher scores indicate a higher number of reported symptoms of externalized behavior problems (over activity, inattention, conduct disorder, aggressive behavior, and illegal activities). Each subscale of the EBS yields a separate score, and the subscale scores can be combined for an overall measure of external problems. As a measure based on classical measurement theory (in contrast to the summative measures already discussed), alpha reliabilities are computed. Alpha reliabilities on the EBS as well as on each subscale are presented in Exhibit 1-5 below for both adolescent and adult samples. Information on scoring and interpretation is discussed in chapter 3, while further information on the development of the scale and subscales is in Appendix P.

Exhibit 1-5. External Behavior Scale (EBS) (16 sub-items, alpha Adolescents=.83, Adults=.88)

<u>Subscale Name</u>	<u>Items and Sub-items</u>	<u>Alpha</u>
Activity-Inattention Scale-6 (AIS-6 items)	Item 1: 3 sub-items on symptoms of attention-deficit; 3 sub-items on symptoms of hyperactivity	Adol=.77 Adult=.88
Behavior Problem Scale-6 (BPS-6 items)	Item 2: 3 sub-items on symptoms of conduct disorder; Item 3: 3 sub-items on aggressive behavior	Adol=.74 Adult=.78
General Crime Scale-4 (GCS-4 items)	Item 4: 4 sub-items on illegal activities	Adol=.71 Adult=.69

The three sets of behavioral problems are distinct but related, and they quickly compound to make an increasingly more difficult-to-treat individual. Inattentiveness and/or over activity are common in the substance abusing population. Other than a true diagnosis of ADHD, externalizing problems may be caused by a range of other health problems (e.g., petite mal seizures) and/or they can be substance-induced (particularly with marijuana or inhalant use). If there is indeed a diagnosis of ADHD, medications are often effective – but only if they are reliably delivered. Medications can also be helpful with controlling aggressive behavior, but typically to a lesser extent than with other externalizing problems. When ADHD is combined with conduct disorder and/or internal distress, it is typically necessary to combine medication with broader behavioral protocols. Conduct disorder becomes particularly problematic when it is combined with aggression, criminal activity, and/or impulsive hyperactivity.

SR. Substance-Related Issues. The Substance-Related Issues section documents participant-reported problems associated with the use and abuse of and dependence on drugs and alcohol. Participant use of specific substances is also documented. Technically, the Substance-Related Issues section is capable of providing diagnostic information as the items include the indicators of a substance abuse disorder as noted in DSM-IV (American Psychiatric Association, 1994). However, it is important to remember that the GAIN-Q assessment as a whole is not diagnostic and should not be used as such.

The first item (Item 1, without any sub-items) is a skip-out item: “During the past 12 months, have you used any alcohol, marijuana, cocaine, heroin, or other substances?” If the participant answers “yes”, he continues to answer the rest of the items in the Substance-Related Issues section. If the participant answers “no”, the instrument skips to the item on tobacco usage (SR5), followed by the items in the next section, Service Utilization. When scoring the SR section, the skip-out item is **not** included in the score.

There is, however, a situation in which Item 1 may not be asked. If the interviewer has information from a reliable source that the participant has used within the past year (e.g., the participant recently failed a drug screen such as a urine or hair test, the participant was recently caught using, etc.), the interviewer may circle “yes” to item 1 without asking it. While doing so, the interviewer should give an explanation for the action. For instance, “I am aware that you were caught using marijuana the other day, so I am going to mark that you have used alcohol or

other drugs in the past year, okay?” Usually, this action and its explanation will reduce lying about use and the participant typically will go along with it. If the participant insists that he didn’t and hasn’t used in the past year, don’t argue about it. Circle “no” and skip to the Service Utilization section. Be sure to make a note of the interaction in the Case Disposition section under “Additional Comments”.

Three multi-part items (Item 1, a-e; Item 2, a-d; and Item 3, a-g, for a total of 16 sub-items) compose the Substance Problems Scale (SPS), a measure of past year signs, symptoms, and problems associated with substance use. These three items are patterned after the DSM-IV signs and symptoms of a substance use disorder and correspond to the behavioral signs of use, abuse, and dependence.

Items 4 (b-f) and 5 are not part of the SPS, but rather, they document the participant’s actual use of substances (tobacco, alcohol, marijuana, or other drugs) reported in number of days during the last 90 days that the participant lived in the community. The items are phrased in this way (“...last 90 days that you lived in the community...”) to capture drug-related problems while a participant is free to use in the community, that is, while the participant is *not* in a controlled environment. Most of the time, the last 90 days a participant has lived in the community is equivalent to the past 90 consecutive days. However, if a participant has spent any recent time in a controlled environment, the time frame will have to be constructed. For instance, suppose a participant reports on item 3j in the GF section that he was in juvenile detention for 30 of the past 90 days. His responses to items 4 (b-f) and 5 in the SR section may thus be underestimated. For this reason, it is important to clarify and anchor the time period the participant should use for this item. A reminder to reanchor (if necessary) appears immediately before the directions for item 4 (b-f). Directions for anchoring time periods are discussed in Chapter 2, and sample text to use for this purpose is in Appendix C.

The SPS is composed of two subscales: the Substance Use and Abuse Scale-9 (SUAS-9) and the Substance Dependence Scale-7 (SDS-7). Items are posed relative to the participant’s behavior during the past 12 months and are answered on a “yes/no” scale. Higher scores indicate a higher number of reported problems associated with substance use. The two subscales of the SPS yield separate scores and the subscale scores can be combined for an overall measure of substance-related problems. The scale’s and subscales’ acronyms are printed in the left margin of the SR section, and the number at the end of each subscale’s acronym indicates the number of items in that particular subscale. (The number of sub-items included in the two SPS subscales is part of the subscales’ names because each SPS subscale contains response choices (i.e., “Yes”, “No”) that are different from those found in the SPS on the GAIN-I. Thus, the numbers at the end of each subscale identify it as belonging to the GAIN-Q.)

As a measure based on classical measurement theory (in contrast to the summative measures already discussed), alpha reliabilities are computed. Alpha reliabilities on the SPS as well as on the two subscales are presented in Exhibit 1-6 below for both adolescents and adults. Information on scoring and interpretation is discussed in chapter 3, while further information on the development of the scale is in Appendix P.

Exhibit 1-6. Substance Problems Scale (SPS) (16 sub-items, alpha Adolescents=.82, Adults=.82)

<u>Subscale Name</u>	<u>Items and Sub-items</u>	<u>Alpha</u>
Substance Use and Abuse Scale-9 (SUAS-9 items)	Item 1: 5 items on symptoms of substance use Item 2: 4 items on symptoms of substance abuse	Adol=.63 Adult=.67
Substance Dependence Scale-7 (SDS-7 items)	Item 3: 7 items on symptoms of substance dependence	Adol=.75 Adult=.79

“Substance abuse” is a common reason people give for attending treatment or early/brief interventions. While there are some people who can use substances for awhile without any problems, by the time most become regular users (e.g., use at least weekly), they increasingly report at least symptoms of substance abuse. Substance dependence is the core biopsychosocial chronic condition that treatment is primarily designed to address. Intensive outpatient treatment (IOP), residential, and other more intensive forms of treatment are typically for people meeting criteria for dependence (3 or more symptoms endorsed on SDS-7). Intensive outpatient treatment (IOP) is used when there is lack of motivation, resistance to change, or a significant chance of relapse (due to individual or environmental risks), but other medical and psychological problems can be managed with minimal supervision. Residential treatment is used when it is otherwise impossible to manage environmental risk or co-occurring medical and psychological problems.

SU. Service Utilization. This section is unique to version 2 of the GAIN-Q. It contains 5 multi-part items covering the participant’s use of services for physical, psychological, and substance use problems. Items are posed relative to the past 90 days, and the number of days, nights, or times (episodes) of service utilization is recorded. Services covered are use of the emergency room, residential services, outpatient services, and use of medication. Item 5 covers number of days of service from school or student assistance programs, job or employee assistance programs, and spiritual or religious programs.

EN. End. This section of the GAIN-Q contains five items that document characteristics of the assessment administration as well as the participant’s desire (if any) for help. Item 1 documents whether the participant wants help with a variety of problems. For those individuals requesting assistance, a description of their request(s) is written on the three lines (called “verbatim” lines) at the bottom of the item. Note that the presence of three lines does not mean that three separate help topics are sought; the three lines just represent space for the interviewer to record whatever help the participant requests. If the space provided on the hardcopy version of the GAIN-Q is not enough to accommodate the request(s), the interviewer can continue writing on the bottom of the page. The computer-assisted version of the GAIN-Q has a “Notes” field associated with all items, so additional text can be recorded in that field for item EN1. There is essentially no limit on the number of characters entered in any Notes field.

If the GAIN-Q is interviewer-administered, the interviewer can complete items 2 (“Did anyone read these questions to you or help you fill out this form?”) and 4 (“What kind of place best describes where you completed this form?”) without asking the participant for an answer. Item 4 addresses the context of the assessment administration, characteristics of which can often have an effect on the responses. For instance, participants completing an assessment in a

criminal justice setting may be more tempted to misrepresent their responses than those completing assessments in a research office, especially if they suspect their probation officer will have access to the data. Item 2 (“Is English your first language?”) should not be assumed and thus needs to be asked of all participants. When interpreting results from the GAIN-Q, it is suggested that environmental features such as the context of the interview be taken into account.

CD. Case Disposition. The Case Disposition section provides space for recording information on the reasons behind the participant’s initial referral and recommendations for further evaluation or services. The items in this section are not administered to the participant, but rather, they are completed following administration of the GAIN-Q *and in concert with additional information known about the participant*. Depending on the protocol used at a specific assessment site, this page might be completed by a staff member at a student assistance program, a counselor, someone in a supervisory position - in short, by whomever is responsible for documenting the source(s) and reasons for initial referral and making decisions about subsequent recommendations and placements.

Item 1, Referral Sources, provides space to record (in words) who or what organization provided the initial referral. Item 1 (a-e) provides space to record up to five 3-digit codes for these referral sources. These codes are created and defined by each assessment site - there is no master set of referral codes. A sample set of referral codes (along with placement codes as described below) is provided in Appendix B.

Item 2 (a-u) is a list of various difficulties and issues that occur in life. Each one can be further defined by recording text in the verbatim line to the right of each difficulty. Each can also be documented as a “Reason for Referral” or a “Recommendation” by circling “yes” or “no” in the appropriate column. Note that a “random screening” can be a reason for referral but cannot be a recommendation for further evaluation or service.

Item 3, Placement(s), provides space to record (in words) to whom or what service(s) or organization(s) the participant should be referred following completion of the GAIN-Q. Item 3 (a-e) provides space to record up to five 4-digit placement codes. Like the referral codes, the placement codes are created and defined by each assessment site. As noted above, Appendix B contains a sample set of referral and placement codes.

Item 4 provides space for additional comments on the interview process or for any information that should be considered when interpreting results, making decisions, or planning services. In the computer-assisted GAIN-Q, only 40 characters are capable of being entered in the Additional Comments item. However, if comments continue beyond 40 characters, they can be entered in a Notes field associated with that item. All notes entered for any item can be printed on a separate document – that is, they cannot be printed on the hardcopy of the GAIN-Q itself, but on a separate “Notes” page(s). The GAIN-Q Notes page(s) is just another report that can be chosen for printing from the GAIN-Q’s computer-assisted software. Further details about verbatim fields and the Notes page(s) are documented separately (Hodgkins, et al. 2005).

2. Administration Guidelines

The GAIN-Q is designed to be self- or interviewer-administered. In addition, the instrument can be completed using a hardcopy (“paper and pencil”) version or a computer-assisted version. Regardless of the version used – the hardcopy or the computer-assisted – the administration guidelines are the same. The most important difference in administration occurs between a self- and interviewer-administered assessment.

Below are general guidelines for administering the GAIN-Q organized by method of administration – self-administered and interviewer-administered. In addition, because all administrations of the GAIN-Q require anchoring three time periods used on the instrument (i.e., past 12 months, past 90 days, last 90 days the participant lived in the community), instructions for using an assessment calendar are also presented. The language of the guidelines below assumes the GAIN-Q will be completed using a hardcopy. However, the guidelines are easily generalized to the interactive, computerized administration.

Directions for completing the computer-assisted versions of all GAIN instruments (including the GAIN-Q) are documented in the Assessment Building System (ABS) user’s manual (Hodgkins & Dennis, 2002). The ABS is specialized computer software designed for building assessments, entering and exporting data, and generating reports. The ABS also houses all of the computer-assisted GAIN assessments. Information on obtaining the ABS manuals (user and site management; Hodgkins & Dennis, 2002) and software is available by sending an email to ABSSupport@chestnut.org. Consequently, the “how-to”s of completing the GAIN-Q interactively will not be covered in the GAIN-Q manual. Rather, a brief section on issues unique to completing a computer-assisted GAIN-Q will be presented.

2.1 Using the Calendar to Anchor Time Periods

The GAIN-Q assessment calendar is a resource to aid in defining three time periods associated with GAIN-Q items: the past 12 months, the past 90 days, and the last 90 days the participant lived in the community. These time periods are defined by using “personal anchors”, that is, specific events that have happened in the participant’s life approximately 12 months, 90 days ago, and during the most recent 90 days in the community, that can be used to demarcate these time periods in a more concrete, clear way. The calendar and basic directions for its use are identical to those found on the longer versions of GAIN instruments, including the GAIN-I and the GAIN-M90. However, rather than being incorporated into the GAIN-Q instrument, the calendar and directions are in a separate document. As old calendars expire, they can be replaced by new calendars that are available for download from the GAIN-Q page of the Chestnut research institute’s website (www.chestnut.org/LI/gain/GAIN_Q/index.html). A set of directions for introducing the calendar and defining the time periods for the past 12 months, the past 90 days, and the last 90 days the participant lived in the community is in Appendix C.

The time period “the last 90 days that you lived in the community” is not defined prior to the assessment session as is the case with the past 12 months and the past 90 days. Rather, it is introduced immediately before item SR4 and is used for items SR4 and SR5. The goal of these items is to get a sense of the participant’s typical use of drugs and alcohol, that is, use that is not restricted by being in a controlled environment (e.g., jail, hospital, or other place where one is not free to come and go as desired). If a participant has been in a controlled environment during the last 90 days, he could not report a valid estimate of typical use.

The interviewer will know from the participant's answer to item GF3j whether or not he has spent time in a controlled environment during the past 90 days (i.e., "During the past 90 days, on how many days 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 hospital?"). If the participant has not been in a controlled environment during the past 90 days, there is no need to identify a personal anchor for the last 90 days the participant was in the community since the two time periods are equivalent. When introducing this set of items to a participant who reports no recent time in a controlled environment, confirm that there has been no time (i.e., check that the participant didn't fail to remember any time in a controlled environment) and proceed with the items using "past 90 days" as the reference period. For instance, "You said way back at the beginning that during the past 90 days you have not been in a jail, hospital, or other place where you could not use alcohol, marijuana, or other drugs, is that correct?" If that is still the case, then proceed with "For the next set of questions, please answer for the past 90 days", using the personal event to define the time period. Text for handling this situation is in Appendix C.

If the participant has indeed spent time in a controlled environment during the past 90 days (i.e., at least 1 day reported in item GF3j), reanchoring may be necessary. The rule for defining "last 90 days in the community" on the GAIN-Q is the same as that used with the GAIN-I and GAIN-M90 instruments: *a participant can spend up to 12 days in a controlled environment without having to reanchor*. So for instance, suppose out of the past 90 days, the participant has spent a total of 4 days in a controlled environment – 2 days during the past month and 2 days the month before. There would be no need to reanchor, so the interviewer would use the definition of "past 90 days" that was obtained at the beginning of the interview.

What happens if the participant has spent more than 12 of the past 90 days in a controlled environment? Reanchoring will need to take place. The rule of thumb is to get 90 *consecutive* days that the participant was in the community. So for example, if the participant was in detention for 25 of the past 90 days and 45 of the past 180 days (i.e., an additional 20 days in the months 4, 5, and 6 prior to the interview), anchoring would have to occur in a time frame that is *prior to* the past 180 days. In the example case, suppose the participant was in the community for 90 consecutive days 8 to 11 months ago. So, the anchors would be defined using events that happened 8 months ago and 11 months ago.

Now suppose that in order to get 90 consecutive days in the community, one would have to go back more than a year. This is possible in the case of adolescents who have gone in and out of a controlled environment over extended periods of time. Having to go back more than a year to get 90 consecutive days risks getting valid data – that time period may go back to a time when the adolescent used at different rates or even before the adolescent even used substances. To handle this situation, it is better to work with the participant to identify 90 days in the community that are not necessarily consecutive. Since the goal is to get data reflecting typical use in the community, it is better to identify chunks of more recent time in the community than have to estimate that same data by going back more than a year. Appendix C contains text for anchoring this time period. Note that if reanchoring takes place, you will have to remind the participant to revert to the original time periods (past 12 months, past 90 days) when answering the remaining time-anchored items on the GAIN-Q.

If the GAIN-Q has been used prior to this data, note that the definition of "last 90 days in the community" is different than that previously defined for the GAIN-Q. The decision was made to change the definition in order to make it consistent with that used on the GAIN-I and GAIN-M90 instruments.

2.2 Guidelines for an Interviewer-Administered Assessment

When collecting data from adolescents, interviewer administration is recommended. When assessing adults, interviewer administration is recommended if literacy skills are limited, English is not the first language, or upper-body mobility impairments (or some other condition(s)) make writing difficult. Self-administration of the computerized GAIN-Q is not recommended for either adolescents or adults.

Although there is no formal literacy check built into the GAIN-Q, knowledge about the participant should be used to help determine whether self- or interviewer-administration would be ideal. Sometimes people with limited literacy skills feel embarrassed to admit their difficulty with reading and/or writing. If either administration style is acceptable to use for a given research project or agency, asking the participant his preference for completing the assessment allows him to choose interviewer-administration without embarrassment about limited literacy skills – “Would you prefer to complete this on your own or have me read the items to you and record your answers?” Even adults with moderate and strong literacy skills may choose to have an interviewer complete the measure with them, so the choice can be posed to all participants if the site protocol allows.

2.2.1 **Before the Session**

- **Complete the documentation** – At the top of the front cover of the instrument, complete the first two rows (a total of four fields) with the appropriate ID numbers. These ID numbers are defined ahead of time by each site or agency using the GAIN-Q. The four ID numbers document the site’s ID, the local site’s IDs, the ID of the staff member overseeing the administration of the GAIN-Q, and the participant’s ID number. These fields should be completed before the participant begins the assessment. The final two fields – Edit Staff ID and Edit Date – are for recording the ID number of the staff member who reviews the completed instrument prior to data entry and the date of this “field edit”. These data fields are completed *after* the assessment session is over. A document with a sample collection of ID numbers - titled “Site-Specific Appendix” - is available in the GAIN training manual (Dennis, Titus, White, Hodgkins, & Unsicker, 2002) or from Chestnut Health Systems’ research institute website (www.chestnut.org/li). If these ID numbers are not entered in the computerized version of the ABS (as defined at the beginning of this section of the manual), it will not prevent the creation of the various reports. Finally, a number of items are candidates for completion by the interviewer ahead of time. These are listed in section 2.2.2.
- **Secure a space** - Secure a quiet, private, well-lit, temperature-controlled room with a table and two chairs for the interviewer and participant.
- **Have materials on hand** – The interviewer will need a copy of the GAIN-Q completed as above and a black pen to record the participant’s answers. Interviewers should not use pencils or colored pens as these are typically used during the data editing process. A copy of the GAIN-Q calendar and directions for anchoring time periods will also be needed.

2.2.2 During the Session

- **Introduce the assessment and go over directions** – Once the participant arrives and initial chat time is completed, introduce the instrument and explain the directions. These directions are also summarized in Appendix D, “Introducing the GAIN-Q (v. 2) to a Participant”. The directions’ details can easily be adapted to conform to specific site needs (e.g., purpose of assessment, confidentiality and mandates for reporting abuse, audience, etc.).
 - i) **Purpose**– Explain the purpose of the GAIN-Q. This will vary by site and agency. For example, “The purpose of the assessment is to collect information on how you have been doing in a few areas of your life and to see if you could benefit from other interventions.”
 - ii) **Content** – Tell the participant what the instrument is about. For example, “The items on this questionnaire are about you, your health, and your experiences with school, work, the legal system, and drugs and alcohol.”
 - iii) **Confidentiality** – Explain the confidentiality protections and restrictions on the information the participant will provide. This also will vary by site and agency. For example, “The information you provide is confidential and will be used only to assess whether you would benefit from other sources of help.”
 - iv) **Marking the assessment** – Explain how the session will proceed and how items will be recorded. For example, “I will read the items to you and record your answers right here on the questionnaire, by either circling an answer or writing in what you say. I am going to encourage you to answer all the items, and sometimes if you’re not sure of the answer, I’ll encourage you to take your best guess.” The black pen should be used to mark the assessment.
 - v) **“Don’t Know” and “Refuse”** – Explain the conventions around the use of “don’t know” and “refuse”. Regarding “don’t know”, if a participant really doesn’t know how to answer an item, write “DK” in the margin next to the item. If a participant refuses to answer an item, write “RF” in the margin next to the item. For example, “If you really don’t know an answer, it’s okay to say ‘I don’t know’. And if there are some questions you don’t want to answer, you are free to ‘refuse’, although I will encourage you to try to answer all of them.”
 - vi) **Time periods** – Tell the participant that many of the items will ask him to report his behaviors during a specific time period. For instance, an item might ask about behavior during *the past 12 months, the past 90 days, currently*, or in your *lifetime*. Then, using the GAIN-Q calendar and directions for its use, work with the participant to anchor the two main time periods (past 12 months, past 90 days) with specific events to help him recall behaviors. It is not necessary to anchor the time period “last 90 days you lived in the community” at this time.
 - vii) **Time involved** – Tell the participant that the assessment should take about 20 to 30 minutes to complete.

- viii) “Any questions?” – Before beginning, ask if the participant has any questions, then answer them.
- **Use good interviewer skills** – Throughout the administration of the instrument, follow the guidelines below to help in the attainment of reliable, valid data.
 - i) Use appropriate voice inflection and articulation.
 - ii) Read the contents of the instrument at an appropriate pace and volume.
 - iii) Document all participant responses completely and accurately.
 - iv) Complete all sections and all items.
 - v) Refrain from changing, adding, or deleting words from items or changing the order of words. Sometimes these alterations can change the meaning of an item.
 - vi) Introduce response choices for the participant (e.g. “This section’s items will be answered by using either “Yes” or “No””).
 - vii) In multi-part items that refer back to the same time period stem, repeat the stem occasionally to remind the participant about the time period in question.
 - viii) Do not lead the participant to answer in a particular way. It is okay to define words the participant is having a hard time with or to give examples. However, if an example is offered, the interviewer should then repeat the original item to assure the participant’s answer is in response to the item rather than to the example.
 - ix) If the participant offers an ambiguous response, clarify it with the participant before coding (e.g., in response to an answer of “sometimes”, respond with “So would that be ‘Yes’ or ‘No’?”).
 - x) Pay attention to the participant’s answers and respond appropriately to misunderstandings and inconsistencies.
- **Change answers appropriately** – Sometimes after the interviewer records an answer, the participant may decide to change her mind. For projects overseen by Chestnut Health Systems, in this situation the interviewer crosses out the old answer, circles the participant’s new answer, and writes his own initials and date next to the change. Since it is possible that the completed assessment will eventually have additional clarifying marks on it (e.g., as the result of a field edit, a quality assurance check, or for data entry), the name-date convention documents who made a change and when the change was made in case further explanation is necessary.
- **Complete a few documentation items without asking the participant** – The following items are candidates for completion by the interviewer and – depending on a site’s protocol - may not need to be asked of the participant:
 - i) BK. Background, item 1 – Date instrument was completed
 - ii) BK. Background, item 2 – Time instrument was started
 - iii) BK. Background, item 3 – Name of participant
 - iv) BK. Background, item 4 – Gender of participant
 - v) EN. End, item 2 – Did anyone read these questions to you...?
 - vi) EN. End, item 4 – Place where instrument was completed
 - viii) EN. End, item 5 – Time instrument was completed

2.2.3 After the Session

- **Field edit the completed instrument** - Review the instrument for any skipped items and do what you can to get responses. It is easier to get answers before the participant leaves rather than trying to track him down after the fact. Also, if the interviewer wrote any notes in the margins during the administration, they should be checked for legibility. An initial field edit should be performed by an interviewer. Some sites may prefer they be completed by someone else.

2.3 Guidelines for a Self-Administered Assessment

Self-administration is a possibility for adult participants whose literacy level is on at least a high school level. Although there is no formal literacy check built into the GAIN-Q, knowledge about the participant should be used to help determine whether self-administration would be a possibility. Participants whose first language is not English, who have difficulty reading or understanding written English, or whose upper-body mobility impairment (or some other condition(s)) would make writing difficult would not be good candidates for self-administration.

2.3.1 Before the Session

- **Complete the documentation** – At the top of the front cover of the instrument, complete the first two rows (a total of four fields) with the appropriate ID numbers. These ID numbers are defined ahead of time by each site or agency using the GAIN-Q. The four ID numbers document the site’s ID, the local site’s IDs, the ID of the staff member overseeing the administration of the GAIN-Q, and the participant’s ID number. These fields should be completed before the participant begins the assessment. The final two fields – Edit Staff ID and Edit Date – are for recording the ID number of the staff member who reviews the completed instrument prior to data entry and the date of this “field edit”. These data fields are completed *after* the assessment session is over. A document with a sample collection of ID numbers - titled “Site-Specific Appendix” - is available in the GAIN training manual (Dennis, Titus, White, Hodgkins, & Unsicker, 2002) or from Chestnut Health Systems’ research institute website (www.chestnut.org/li). If these ID numbers are not entered in the computerized version of the ABS, it will not prevent the creation of the various reports.
- **Secure a space** - Secure a quiet, private, well-lit, temperature-controlled room with a table and chair for the participant to complete the instrument.
- **Have materials on hand** – You will obviously need a copy of the GAIN-Q completed as above. Also, have a black pen for the participant to complete the measure. Do not use pencils or colored pens as these are typically used during the data editing process. A copy of the GAIN-Q calendar and directions for anchoring time periods will also be needed.

2.3.2 During the Session

- **Introduce the assessment and go over directions** - The summary of the directions in Appendix D can easily be adapted for self-administration.

- i) Purpose– Explain the purpose of the GAIN-Q. This will vary by site and agency. For example, “The purpose of the assessment is to collect information on how you have been doing in a few areas of your life and to see if you could benefit from other interventions.”
- ii) Content – Tell the participant what the instrument is about. For example, “The items on this questionnaire are about you, your health, and your experiences with school, work, the legal system, and drugs and alcohol.”
- iii) Confidentiality – Explain the confidentiality protections and restrictions on the information the participant will provide. This also will vary by site and agency. For example, “The information you provide is confidential and will be used only to assess whether you would benefit from other sources of help.”
- iv) Marking the assessment – Explain how the participant will proceed and complete the items. For example, “Read each item and mark the answer that fits you the best. If you have a hard time answering an item, try and choose the answer that is closest to your own feelings or experiences.” The black pen should be used to mark the assessment.
- v) “Don’t Know” and “Refuse” – Explain the conventions around the use of “don’t know” and “refuse”. Regarding “don’t know”, if a participant really doesn’t know how to answer an item, she should write “DK” in the margin next to the item. If a participant refuses to answer an item, she should write “RF” in the margin next to the item.
- vi) How to change an answer – Show the participant how to change an answer. If after circling an answer the participant decides to change her mind, she should cross out the old answer, circle the new one, and write her initials and date next to the change.
- vii) Time involved – Tell the participant that the assessment should take about 20 to 30 minutes to complete.
- viii) What to do when done – Let the participant know how to return the completed form to you.
- **Walk through the instrument** – Illustrate the points below by showing the participant specific items and sections.
 - i) Responses – Show the participant that many of the items are answered by circling a “yes” or “no”. Additionally, some of the items ask the participant to write the number of days/nights/times she engaged in certain behaviors or to write out her answer in words.
 - ii) Case Disposition section – Show the participant the Case Disposition section, explaining that she does not have to complete that page since it is for staff documentation.
 - iii) Time periods – Tell the participant that many of the items will ask him to report his behaviors during a specific time period. For instance, an item might ask about behavior during *the past 12 months, the past 90 days, currently, or in your lifetime*. Point out a few items to the participant to orient her to the time periods. Then, using the GAIN-Q calendar and directions for its use, work with the participant to anchor the two main time periods (past 12 months, past 90 days) with specific events to help him

recall behaviors. Once these two time periods are anchored, show the participant items SR4 and SR5 and their unique time period (“During the last 90 days that you lived in the community...”). If necessary (i.e., if in response to your inquiry the participant has indeed been in a controlled environment in the past 90 days), use the calendar again to anchor the time period “last 90 days that you lived in the community”, stressing that this particular time period should be used ONLY for items SR4 and SR5.

- **“Any questions?”** – Before letting the participant begin, ask if she has any questions, then answer them.
- **Be a good proctor** – Let the participant know where she can reach you for any questions that may arise. Check in on the participant at least once during the completion of the instrument.

2.3.3 After the Session

- **Field edit the completed instrument** - Review the instrument for any skipped items and do what you can to get responses. It is easier to get answers before the participant leaves rather than trying to track her down after the fact. Also, if the interviewer wrote any notes in the margins during the administration, they should be checked for legibility. An initial field edit should be performed by an interviewer. Some sites may prefer any or all field edits be completed by someone else.
- **Document missing information** – For any missing information (e.g., the participant has left and is not reachable), write “DK” in the margin next to the blank item.

2.4 Additional Guidelines for a Computer-Assisted Administration

Most of the guidelines above are easily generalized to the computer-assisted administration of the GAIN-Q. There are, however, a few guidelines that require either adaptation or creation of a new guideline in order to make them relevant.

- **Interviewer-administered only** - It is strongly suggested that the computer-assisted version of the GAIN-Q be solely interviewer-administered. Using the ABS requires thorough training and practice and is not something that can be mastered during the time it takes to complete an assessment. Having a participant complete the computerized GAIN-Q puts the validity of the data (and perhaps the computer) at risk.
- **Interviewer proficiency** - As mentioned previously, all of the GAIN computer-assisted assessments are housed in the ABS. In order to access and administer any of the computer-assisted assessments, an interviewer needs to be proficient in the mechanical aspects of the ABS. Training, practice, and supervision in the ABS are essential to the quality of an assessment administration. If an interviewer is not comfortable or competent with the computer-assisted assessment, not only will it show, but the interview will take much longer than would ordinarily be needed. Most importantly, the data will be at risk. A comprehensive ABS proficiency checklist with required skills for both interviewers and local ABS administrators is in the ABS manuals (Hodgkins & Dennis, 2002). Before attempting a computer-assisted GAIN-Q, it is essential that interviewers are proficient in all checklist items.

- **Materials** – Obviously a black pen won't be needed, though the GAIN-Q calendar and directions for its use will still be needed. And, of course, a computer in good working order with the ABS software correctly installed is a must. ☺ If using a laptop computer for the administration, an electrical outlet will be needed if the battery is low or in danger of dying. In addition, a hardcopy of the GAIN-Q should be on hand in case the computer freezes or some other technical misfortune should occur.
- **“Don't Know” and “Refuse”** – For the hardcopy administration, a “don't know” response is coded DK, and a “refuse” response is coded RF. In the computer-assisted version, there are three ways to code these responses. “Don't Know” can be coded by entering “DK”, -8, or by pressing the F8 function key. For “refuse”, one can enter “RF”, -7, or press the F7 function key.
- **Changing a response** – Changing a response on the hardcopy version requires the interviewer to cross out the initial response, record the correct response, and initial and date the change. When using the computer-assisted GAIN-Q, the method for changing a response depends on whether the change happens during the assessment or after the assessment has been marked as “complete”. During the assessment, any response can be changed by moving to the item in question and retyping the response. If the assessment has already been marked as “complete”, any subsequent change is automatically recorded in a computer log. Although the exact nature of the change is not recorded, the fact that a change took place is recorded. So for instance, if a “yes” is changed to a “no” on item GF2a, the log will note that for item GF2a, a change was made after the file was marked as complete. The log will also note the ID number of the person making the change as well as the date and time of the change.

3. Scoring and Interpretation

As previously discussed, the purpose of the GAIN-Q is multi-focal: a) to identify adolescents and adults in need of referral for a more detailed behavioral assessment on substance use and/or mental health issues; b) to identify individuals who may benefit from a brief substance use and/or mental health intervention; and c) to guide staff in making effective referral and placement decisions. Four scales and their subscales will play major roles in addressing these functions.

This section will address how to score the GAIN-Q scales and subscales and how to use this information to decide who should be referred and for what reason.

The scoring and interpretation of the GAIN-Q scales and subscales can be done in three ways. First, the scales and subscales can be hand scored. Using a conversion key, the participant's raw scores are transformed to percents (percent of symptoms) and interpreted by consulting a table of values that maps onto three levels of urgency: No/Minimal (0% to 24%), Moderate (25% to 74%), and High (75% to 100%). The three levels (or interpretative categories) indicate how urgently each scale and subscale area should be addressed. Finally, using the percents, a profile can be plotted by hand.

Second, the scales and subscales can be scored with the aid of a Microsoft Excel file. The participant's raw scores are simply entered into an Excel worksheet and the software computes the percents, assigns one of the three levels of urgency, and plots a profile of the participant's percents. An additional feature of this scoring method is that the data entered and computed is stored in an Excel worksheet. This "database" can be used for computing statistics in Excel, or the data could be read directly into some statistical software packages.

Third, the scales and subscales can also be scored and interpreted by the ABS software. This option is available for computer-assisted assessments and for those assessments whose raw data is entered into the computer using the ABS data entry mode. Data from a participant's GAIN-Q is read into a series of reports: a) A *scoring report* that includes the raw scores and percents as well as the level of urgency for each scale and subscale (identical to that created by the hand scoring and Excel methods); b) a *profile*, also identical to that generated by the hand and Excel scoring methods; and a *GAIN-Q Recommendation and Referral Summary (Q-RRS)*, a narrative report of the participant's behaviors and the level of urgency associated with each scale and subscale area. A database of the GAIN-Q data entered and computed is also created in the ABS.

Regardless of scoring method, the four scales in need of scoring are the General Life Problem Index (GLPI), the Internal Behavior Scale (IBS), the External Behavior Scale (EBS), and the Substance Problem Scale (SPS). As described in chapter 1 of this manual ("Description of the Instrument"), all scales are composed of a number of subscales. The scale names and their subscales are listed in Exhibit 3-1.

Exhibit 3-1. Scorable Scales and Subscales on the GAIN-Q*

General Life Problem Index

- General Factors Index
- Sources of Stress Index
- Health Distress Index

External Behavior Scale

- Activity-Inattention Scale-6
- Behavior Problem Scale-6
- General Crime Scale-4

Internal Behavior Scale

- Depression Symptom Scale-5
- Suicide Risk Scale-5
- Anxiety-Trauma Scale-7

Substance Problem Scale

- Substance Use and Abuse Scale-9
 - Substance Dependence Scale-7
-

* The Total Symptom Severity Scale (TSSS) is composed of all major scales (i.e., GLPI, IBS, EBS, and SPS).

There is one more scale that has not yet been discussed. It is the Total Symptom Severity Scale (TSSS), a 99 item measure whose subscales are the set of major scales (GLPI, IBS, EBS, and SPS). That is, the TSSS includes all items on the GAIN-Q. Psychometric data on the TSSS is in Appendix P.

As mentioned above, scoring the GAIN-Q involves converting raw scores into percents representing the *percent of symptoms* endorsed by the participant. As more and more GAIN-Q data are made available, future versions of the scoring system will allow for the creation of normed scores. Under this scenario, a participant's raw scores will be compared with those of a relevant norm group allowing for the assignment of relevant percent scores and/or T scores. The normed scores will index the *percent of individuals* in the norm group scoring at or below a participant's raw scores.

A sample completed GAIN-Q is included in Appendix E. This fabricated case ("Jessica") will be used throughout this chapter to illustrate the various scoring options.

3.1 Hand Scoring the GAIN-Q Scales

Materials needed to hand score version 2 of the GAIN-Q are in Appendix F at the end of this manual. The three pages (a scoring worksheet, a key, and a profile) can be photocopied for use. These scoring resources also reside in an Adobe Acrobat file called "GAIN-Q V2.5 Hand Interpretive Profile", which is available for download at www.chestnut.org/LI/gain/GAIN_Q/index.html. Each page is described below using the sample case. The hand scored materials completed from the sample case (Jessica) are in Appendix G.

Scoring worksheet. The scoring worksheet is identified by the bolded phrase "GAIN-Q Hand Scoring Sheet" in the upper left quadrant of the sheet. Items to be completed are indicated by blank lines. Thus, at the top of the sheet, the person scoring the instrument would fill in the Site ID, Staff ID, Assessment Date, Local Site ID, Participant ID, and the Report (Today's) Date. Most of these items can be copied from the documentation box (the header) on the top of the front page of a completed GAIN-Q. The Assessment Date is copied from item 1 on the front page of the GAIN-Q, and the Report Date is today's date.

For each GAIN-Q *subscale* (GFI, SSI, HDI, DSS-5, SRS-5, ATS-7, AIS-6, BPS-6, GCS-4, SUAS-9, and SDS-7), the scorer simply counts up the number of "yes" responses and enters these *subscale* totals in the appropriate blank lines under "Symptoms". Using the fabricated

case, Jessica gave 9 “yes” responses on the GFI. The value “9” is written under the column title “Symptoms” on the line for the GFI subscale. Note that the column labeled “Calculation” contains the formulas – with item numbers – to use when calculating scores.

When calculating the score for the HDI, note that this subscale has only 11 *items* used in the scoring, not 14. This discrepancy is due to the rating value used in the calculation of the HDI. The values for responses to item PH1 are on a scale from 0 to 4. The highest score possible on item PH1 is 4, which when added to the highest possible number of “yes” responses (10), results in a total of 14. The HDI is the only subscale that has a rating scale value as part of the score; all other subscales are composed purely of “yes/no” items.

In the Substance-Related Issues section (section SR), note that item SR1 (“During the past 12 months, have you used alcohol, marijuana, cocaine, heroine, or other substances?”) is a skip-out item. **When computing the score for the SUAS-9, do not count the answer to item SR1 in the total.** Using the Jessica example, Jessica answered “yes” to item SR1. When computing her score on the first subscale (SUAS-9), the total number of “yes” responses is 6, not 7. **If the “yes” response to item SR1 is counted, Jessica’s total score on the SUAS-9 is 7 and is not correct. Counting a “yes” response to item SR1 is a common scoring error and will lead to an invalid subscale (SUAS-9), scale (SPS), and total scale (TSSS) score. Be very careful not to fall prey to this common error.**

Once scores are recorded for each subscale, the subscale scores are then summed, creating a total score for each scale. Continuing the example above, Jessica’s scores on the GFI, SOSI, and HDI are 9, 11, and 1, respectively. Thus, her total score on the GLPI is 21.

Once all scale scores have been computed, the Total Symptom Severity Scale can be calculated by adding the scale scores (i.e., GLPI + IBS + EBS + SPS). The highest score possible on the TSSS is 99.

So far, all the scores that have been created by counting the number of “yes” responses (including the addition of the rating scale value) are called “raw scores”.

Conversion Key. To convert the raw scores to percents (percent of endorsed symptoms), the scorer uses the “key” to look up the percent that matches each raw score. This document is identified by the bolded phrase “GAIN-Q Key – Raw Scores to Percents” at the top left of the table. No information is recorded on this form. It is used purely for looking up percents. The percent that matches each raw score for each scale and subscale is located in the table and recorded on the scoring worksheet under the column heading “%”.

For the TSSS and the GLPI, some raw scores are not recorded in the key. This is because the ranges of raw score values for those scales (i.e., 0 to 99 on the TSSS and 0 to 50 on the GLPI) are too wide to fit on one standard 8 ½ by 11 inch sheet of paper. **If a given raw score is not in the key table, round the raw score to the nearest raw score and use that corresponding percent.**

Continuing the Jessica example, the percent matching her raw score of 9 on the GFI is 56%, so 56% would be recorded on the scoring sheet for that subscale under the heading “%”. On the GLPI, a raw score of 21 is not in the table. In this case, one would round to the nearest raw score (in this example, 22) and record the percent matching that raw score. So for Jessica’s raw score of 21, a percent of 44% would be recorded. For her total score of 52 on the TSSS, her raw score of 52 would round to 50, and a percent of 51% would be recorded.

Because of the periodic need to round raw scores on the TSSS and GLPI, the converted percents on the key will not always match percents computed by ratios. For instance, for a raw score of 23 on the TSSS, converting to a percent requires using the nearest raw score in the table,

which is 24. This raw score converts to 24%. Had a true ratio been computed (i.e., 23 divided by 99), the result would have been 23%. However, this slight variation in recorded percents will not affect the interpretation of scores, as will be explained in the section on Excel scoring.

Assignment of urgency levels. The ranges that correspond to each interpretive category are: No/Minimal (0% to 24%), Moderate (25% to 74%), and High (75% to 100%). On the scoring worksheet, the column headed “Urgency” is for recording the category of need for each scale and subscale. For instance, Jessica’s percent for the HDI subscale is 7, so for this, she has a No/Minimal level of urgency. Her percent for the IBS scale is 59, so her urgency level related to internalizing disorders is Moderate. On the AIS-6 subscale, her percent of 100 converts to a High urgency level.

Note that on the conversion key, the shaded area represents the range of Moderate scores. The unshaded area to the left of the shaded area represents the range of No/Minimal scores, and the unshaded area to the right of the shaded area represents the range of High scores.

Hand Scored Profile. This template allows an individual’s profile to be created by hand. The “profile” is merely a succinct, pictorial depiction of the individual’s results. The scorer starts by filling in the Participant ID number and the Report Date at the top of the form. For each scale, subscale, and the total score (whose acronyms are listed along the bottom of the plot area), the scorer simply plots the participant’s percents. Note that the first scale listed along the bottom of the graph is the TSSS. Following that, each grouping along the bottom of the profile starts with a main scale (i.e., the GLPI, IBS, EBS, and SPS) followed by its subscales. Space is provided in each scale and subscale acronym at the bottom of the profile for recording the raw scores.

The profile plot area is divided into quartiles (25%-50%-75%-100%) with the Moderate category (the largest area) indicated by a heavy line at the top and bottom of the range and a dotted line at 50%. The profile area is further broken down by increments of 5%. The urgency levels are printed along the right side of the profile. After plotting the percents, the scorer “connects the dots” and draws lines between the plotted percents for each scale and its subscales. The profiles permit a visual depiction of where the participant falls within any of the interpretive categories. This is especially helpful when interpreting scores falling within the “Moderate” category of urgency since that category’s range is so wide and a participant with a “low moderate” urgency level (25% to 49%) may look very different from a participant with a “high moderate” (50% to 74%) urgency level. Using the Jessica example, it’s very clear that she has severe external (“acting out”) behavioral difficulties. Her internalizing symptoms are elevated for depression and anxiety, she clearly has difficulties with substance use, and these problems are accompanied by an elevated number of general risk factors and stressors. Although the profile is not diagnostic, it allows for a quick and clear scan of the constellation of difficulties going on in a participant’s life, largely during the past 12 months.

3.2 Using the Microsoft Excel Scoring Materials

Another scoring option is to use the scoring materials in a Microsoft Excel file called “GAIN-Q V2.5 XXX Interpretive Profile”. The file can be downloaded from the GAIN-Q page housed on Chestnut Health Systems’ research institute website (www.chestnut.org/LI/gain/GAIN_Q/index.html). The Microsoft Excel file contains three worksheets: two programmed worksheets that create scoring sheets and profiles from raw data

entered into the file, and a third worksheet that stores the entered data in a database. Copies of the scoring sheet and profile using Jessica's data are in Appendix H.

The "XXX" in the name of the Excel scoring file is merely a placeholder for a site or project to customize the name of their file. For instance, for a project named "Strengthening Adolescents for the Future" located in Minneapolis, the file name might be changed to "GAIN-Q V2.5_SAF_Mpls Interpretive Profile".

During GAIN-Q trainings, a second Excel file is used to demonstrate Excel-based scoring. This file is called "GAIN-Q V2.5 Training Interpretive File", and it too can be downloaded from the GAIN-Q page housed on Chestnut's research institute website (www.chestnut.org/LI/gain/GAIN_Q/index.html). The file is identical to the "XXX" file described above except that it already contains several previously entered cases (as seen in the file's database sheet). This Excel file is used purely for demonstration and practice purposes. When training staff, use this file rather than the site's "official" scoring program, which should be reserved only for entering and scoring a project's GAIN-Q instruments.

When opening the Excel scoring worksheet, you will be asked whether it is safe to enable a set of macros that are embedded in the worksheet. Choose the "Enable Macros" response. If the macros are not enabled, the worksheet will lock up and you will not be able to enter any data.

Scoring worksheet. This worksheet is identified by the phrase "GAIN-Q Score Sheet (Fill in Light Green Areas)" in the upper left corner of the worksheet. It is identical in content to the hand scored worksheet. The primary difference is the presence of shaded areas throughout the worksheet. These areas mark the places where data is entered. Shaded areas are either green or yellow. The green areas represent fields that are entered for each scored case. Areas shaded yellow are also entered for each case but they will "remember" their contents from the previous case. For instance, the values entered into the "Site ID" and "Local Site ID" fields will carry over from the previously entered case, though they can be changed by entering new values. The "Report (Today's) Date" field will automatically be filled in with the current date, but this also can be changed and the newly entered date will carry over to the next case. All other areas of the worksheet are locked and thus cannot be changed.

The scorer enters the documentation information at the top of the worksheet as well as the raw scores (the number of "yes" responses) for each subscale. The Excel file uses these values to calculate the main scale scores (GLPI, IBS, EBS, SPS) and the total GAIN-Q score (TSSS). It also generates the percents and assigns the urgency levels. The worksheet has built-in range checks, so if data outside the range of possible values is entered, the program will generate an error message.

The percents generated from the Excel scoring method will be precise, while the percents generated from the hand scored method can at times be slightly inaccurate. This is because when hand scoring, there is sometimes a need to round raw scores to the nearest raw scores (i.e., for the GLPI and TSSS) and then use the corresponding percent. However, the hand scoring key has been constructed in such a way that – even if rounding occurs and resulting percents for the two scoring methods are slightly different - the urgency levels assigned by the hand scoring method will not differ from those assigned by the Excel scoring method. The invariance of assigned urgency levels for the two scoring methods is accomplished by providing a greater range of raw scores around the urgency level cut-off scores.

An additional feature of the Excel scoring worksheet concerns the green shaded area in the top right quadrant. The "button" says "Click Here to Save Data and Clear Form (or press Ctrl-Shift-S)". Data entered into the scoring sheet is cleared for the next case by clicking on the

button (or by pressing Ctrl-Shift-S). (This button is referred to as the “Save and Clear” button in the rest of this manual.) The data is also automatically written to and saved in a database located in the third tab of the Excel file called “Saved Data”.

The scoring sheets and/or profiles can be printed and/or saved in a computer file using a participant’s confidential identifier to index the case. Note that if the scoring sheet is printed, the “Save and Clear” button will not show; it shows only when entering data.

Profile. The Excel file reads the data that was entered into the scoring worksheet and creates a profile, also filling in the raw scores as numerators in the ratios across the bottom of the profile. As mentioned above, the scoring sheets and/or profiles can be printed and/or saved in a computer file using a participant’s confidential identifier to index the case.

Database. Data entered in the scoring sheet is automatically saved to the accompanying database under the “Saved Data” tab. This allows the data to be exported for analyses (see Hodgkins & Dennis, 2002, for information on exporting data).

The top row of data in the database always holds data on the current case. When the scoring sheet is blank, this row will contain all zeros (with the exception of data that is carried over from a previous case). When data has been entered into the scoring sheet, the top row of data in the database will contain that case’s data. When the “Save and Clear” button is pressed, the case’s data is moved to the second row in the database and a row of zeros will once again occupy the top row. If the “Save and Clear” button is hit repeatedly, rows of zeros will repeatedly be written to and saved in the database.

The top row of data also contains the Excel formulas for creating the database. For this reason it is imperative that the **top row** of data not be deleted and not be included in a sorting procedure. If either of these two events should occur, the database feature will no longer be usable.

Because data from the scoring sheet is written into the database, the database worksheet cannot be locked like the other Excel worksheets. If multiple users will be interacting with the Excel scoring files, it may be a good idea to “Hide” the database worksheet (in Excel “Format-Sheet-Hide”) so as to avert unintended changes to the data.

If the database created in the Excel file is to be used in analyses, quality assurance checks need to be completed. This is because during the scoring process, it is very easy to inadvertently enter multiple rows of zeros or perhaps enter a case more than once. Thus after exporting the data, those in charge of cleaning the data should look for and delete rows of zeros and duplicate cases before analyzing the data.

Advantages of Excel-based scoring. This scoring option takes far less time than scoring the GAIN-Q by hand. In addition, the completed score sheet and profile can be printed if hard copies are needed and/or can be saved in a computer file. Using the Excel scoring method also automatically enters the data into a database. This data can then be read into statistical software for analyses. In short, this scoring method achieves both scoring and data entry all in one.

3.3 Using ABS to Score the GAIN-Q

Using the ABS for scoring the GAIN-Q is available only when data is entered into the ABS. This is accomplished either by doing a computer-assisted assessment or by entering GAIN-Q data directly into the ABS using the data entry mode.

Three GAIN-Q reports can be generated by the ABS. They are a) a scoring sheet and b) a profile, both of which are identical to those produced by hand and by the Excel program; and c)

a GAIN-Q Recommendation and Referral Summary. The scoring sheet and profile have already been explained so their description will not be repeated here. The GAIN-Q Recommendation and Referral Summary is unique to the ABS and will thus be the focus.

GAIN-Q Recommendation and Referral Summary (Q-RRS). The Q-RRS is a narrative review of the participant's GAIN-Q results. No scores are reported on the Q-RRS. Rather, the ABS pulls data from the GAIN-Q and creates a behavioral, interpretive description of the results in complete English sentences. The user can choose whether to use the participant's name or initials throughout the body of the narrative. A sample copy of this report using Jessica's data is in Appendix I.

The body of the Q-RRS almost entirely mirrors the body of the GAIN-Q assessment. Identifying information is printed across the top of the report, including the participant's name or initials and date of birth, the ID number of the interviewer ("evaluator"), and the date of administration. The Background section reports the participant's initials, age, gender, first language, grade completed, referral source and reasons for referral, the participant's desire (or lack thereof) for help, the location of the assessment session, and whether or not the participant completed the assessment by herself. If the participant is a minor, legal custody is also reported.

The rest of the narrative is arranged by major scale (with the exception on one scale explained below), with each scale name used as a heading for its section. Results for each subscale appear under the heading of the associated scale.

Each scale section begins with an overall appraisal of that scale's results. For instance, "J.L. reported problems in the High range of the External Behavior Scale, suggesting the need for additional assessment and/or services". If the scale's results are unremarkable, a sentence to that effect is printed.

If the overall appraisal is of concern, a general subscale appraisal followed by detailed behavioral results are presented next. This amounts to printing the list of items endorsed by the participant. For example, "On the General Crime Scale, J.L. scored in the High range. For instance, J.L. reported during the past year she: purposely damaged or destroyed property that did not belong to her; other than from a store, took money or property that didn't belong to her; hit someone or got into a physical fight."

For scales that end with items about behavior during the past 90 days, the endorsed behaviors are then reported in the Q-RRS. In Jessica's case, past 90 days results for the External Behavior Scale are as follows: "J.L. reported that during the past 90 days she has had problems paying attention, controlling her behavior or breaking rules she was supposed to follow 90 day(s); had an argument with someone else in which she swore (cursed), threw something, or threatened, pushed or hit someone 45 day(s); done things that might be against the law (besides using drugs) 90 day(s); spent time on probation or parole 10 day(s); been arrested, booked and charged with a crime 1 time(s)."

Data from items endorsed in the Service Utilization (SU) section of the GAIN-Q are not reported in a separate section of the Q-RRS, but rather, they are woven into the report in the most logical places. For instance, information from item SU4a (number of days in the past 90 the participant took medication for health problems) is reported in the General Life Problems section of the Q-RRS as part of the Health Distress Index text.

The final section of the Q-RRS summarizes information pulled from the Case Disposition (CD) section of the GAIN-Q. Issues recommended for further assessment are listed, followed by the recommended placements. Information recorded in the Additional Comments (AC) section of the GAIN-Q appears last.

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The final section of the Q-RRS summarizes information pulled from the Case Disposition (CD) section of the GAIN-Q. Issues recommended for further assessment are listed, followed by the recommended placements. Information recorded in the Additional Comments (AC) section of the GAIN-Q appears last.

Although it would be rare, if no additional information is available to aid in a referral or recommendation decision, the GAIN-Q scores could be used alone. However, it would be very important to enter a note in the “Additional Comments” section of the Case Disposition Form (the CD section on the GAIN-Q) or otherwise flag the assessment so it is clear that a referral and/or recommendation was based solely on GAIN-Q scores.

Each site using only GAIN-Q scores for making important decisions needs to define the criteria for making a score-based referral or recommendation. For instance, one possible scenario is if a participant endorses at least 75% of the symptoms on any single scale or subscale, he would be referred for a more detailed assessment. Another way to say this would be if the participant scores in the “High” range on any scale or subscale, he would be referred. Depending on which scale or scales the participant scores high on, a brief intervention might be suggested.

Using the fabricated case, Jessica clearly has severe difficulties with externalizing behavior. Her overall EBS score is in the High range, and two of the three subscales (BPS-6 and GCS-4) also fall within the High range. Her score on the third EBS subscale, the AIS-6, falls within the high end of the Moderate range. Additional subscale scores fall within the high end of Moderate (e.g., ATS-7, SUAS-9) and add further strength for a referral. Viewed as a whole, this profile indicates a definite referral for a more detailed assessment. Each site or organization may have different guidelines for referral when the data from the GAIN-Q is the only available information, so the guideline cited above is only one option.

Because the urgency categories are directly related to the percent of symptoms endorsed - and the percent of symptoms endorsed is directly related to the number of items on each scale and subscale – scores based on a shorter subscale will more easily reach a higher urgency level than will scores from longer scales. This problem is inherent in the scales and subscales and is another reason why normed scores will be a great improvement over the present scoring system.

4. Quality Assurance and the GAIN-Q

4.1 What Does QA Mean?

Quality assurance (QA) for assessment administration is an iterative process that consists of (1) the monitoring of an interviewer's skills at administering an assessment protocol and (2) the provision of evaluative feedback. Once the interviewer's skills reach a *predetermined level of competence*, the interviewer is certified in the assessment administration. QA can also continue post-certification to monitor ongoing adherence to protocol.

There is no single “correct” way to set up a quality assurance program. In our own projects, we have developed a “two-tiered model” for certification and protocol monitoring:

- A national GAIN trainer oversees the certification of a local site’s trainer – this would be the person who will be responsible for training their own site’s GAIN interviewers (e.g., a Research Coordinator, Field Coordinator, Clinical Supervisor, etc.);
- Once certified in GAIN administration and training, the local site trainer oversees the certification and ongoing quality assurance monitoring of the local site’s GAIN interviewers.

This same basic model is used for certification on all of the GAIN instruments and is described in more detail in chapter 4 of the GAIN manual (Dennis, Titus, White, Unsicker, & Hodgkins, 2002). The remainder of this chapter integrates the features of the two-tiered model into the text.

4.2 How Does the QA Process Work Under the Two-tiered Model?

Attaining certification in GAIN-Q administration requires that the interviewer (and initially, the site’s local trainer) develops a skill set that meets the criteria for competence. This set of criteria is nearly identical to that used for certification on the longer GAIN-I. The primary difference is related to the tailoring of criteria to each instrument. The GAIN-Q is a much shorter instrument than the GAIN-I; so too, the list of QA criteria for the GAIN-Q is much shorter than that for its parent assessment. The specific features that guide the evaluation of the quality of a GAIN-Q administration are listed in the GAIN-Q Summary Sheet of QA Feedback in Appendix N and are defined below in section 4.3.

Once certified in GAIN-Q administration, the interviewer can conduct assessments. However, certification in providing QA feedback (called certification at the “Local Trainer” level in the main GAIN manual) is necessary only for local staff responsible for interviewer training. To attain it, the local site trainer trains her staff in GAIN-Q administration and provides QA feedback while being monitored by a national GAIN trainer (or certified QA reviewer). Once the quality of QA feedback is satisfactory, the local site trainer is certified as a “Local Trainer” and is free to provide QA feedback to her staff on her own.

4.2.1 Initiating the QA Process

After the interviewer is *trained* and *practiced* in administering the GAIN-Q, it is time to start the QA process. *Protocol monitoring* can be done via direct observation (e.g., the site training supervisor observes the interviewer administering an assessment) or with the use of audio or videotapes. *Feedback* can be given orally or in writing. Although the basic QA model is just a “monitoring – feedback” loop, there are several variations on how this loop can be crafted; there is no “typical” QA process.

The point about being *trained* and *practiced* before initiating the QA process is not insignificant. Too often interviewers attempt to start the QA process (i.e., attempt certification in assessment administration) before they have had sufficient training and practice. This results in a longer, drawn-out QA process. It is suggested that, as part of training, the interviewer observes several assessment administrations before doing several practice runs on his/her own. Once familiar and comfortable with the instrument, the QA process should begin.

Below are two sample ways to enact the QA process. Depending on circumstances (e.g., incoming experience and skill of interviewers, resources available for QA, etc.), one model (or some variation) may be more appropriate for use than another.

4.2.2 Sample QA Model #1 – Audiotaped Monitoring & Written Feedback

This model is useful when the staff conducting QA reviews (referred to as the “QA reviewer” throughout sections 4.2.2 and 4.2.3) is not located at the same facility as the interviewer (such as when staff at Chestnut Health Systems oversee QA for distant project sites). It also works well with interviewers who may be negatively influenced by live monitoring as well as with staff new to assessment administration who may benefit from detailed documentation of feedback.

- 1) Once trained and practiced, the interviewer tapes the administration of an assessment from start to finish.
- 2) The interviewer submits the tape and a hard copy of the assessment documentation to the QA reviewer.
- 3) The QA reviewer reviews the taped administration and documentation using a predetermined set of specific criteria. These criteria are used to base judgments of quality.
- 4) The QA reviewer prepares specific, behavioral, evaluative feedback for the interviewer on the quality of the assessment. Feedback should conform to the predetermined set of criteria.
- 5) Based on the quality of the interview, the interviewer may be "pending" or "certified" in the assessment administration. If "pending", the steps above are repeated (taping - evaluation - feedback) until the assessment is of sufficient quality to merit certification. After each QA tape review, the interviewer incorporates the QA reviewer’s feedback into the next taped assessment.
- 6) Once certified, the interviewer provides tapes on a "maintenance schedule" - perhaps taping one to two assessments per month for review and feedback by the QA reviewer. (At this point in the process, either oral or written feedback works well.) This is done to prevent the deterioration of assessment skills or "interviewer drift". One variation is to have interviewers tape *all* of their assessments and then the QA reviewer randomly chooses one to two each month for review and feedback. This process encourages interviewers to maintain quality assessment administrations through a psychological phenomena known as “reactivity” (i.e., one is on one’s “best behavior” when aware of being monitored).

4.2.3 Sample QA Model #2 – Live Monitoring & Oral Feedback

This model is useful when the QA reviewer is not located at the same facility as the interviewer (such as when overseeing QA for distant project sites). It also works well with interviewers who have experience with assessment administration since the amount of feedback may not be as substantial or detailed.

- 1) Once trained and practiced, the interviewer conducts an assessment while the QA reviewer observes. The QA reviewer should be seated at a distance and mainly in sight of the interviewer, not the participant; it is the interviewer who is being observed.
- 2) During the assessment administration, the QA reviewer records on a blank copy of the assessment a) the participant's answers, and b) notes on the quality of the administration, following the predetermined criteria for conducting a quality assessment. Notes on the quality of the assessment could also be recorded directly on a sheet that lists the QA criteria, which will make feedback easier and more organized. The QA reviewer should refrain from interjecting comments during the assessment administration.
- 3) At the completion of the assessment, the QA reviewer provides specific, behavioral, evaluative oral feedback to the interviewer on the quality of the assessment. Feedback should conform to the predetermined set of criteria.
- 4) The interviewer then submits the hard copy of the assessment to the QA reviewer, who will (either at that time or later) review it against the copy he/she recorded. This is a check on the accuracy of documentation. The QA reviewer provides the interviewer with oral feedback on the quality of the documentation (again, using a predetermined set of specific criteria).
- 5) Based on the quality of the assessment administration and documentation, the interviewer may be "pending" or "certified". If "pending", the steps above are repeated (observing - evaluation - feedback) until the assessment is of sufficient quality to merit certification. After each QA review, the interviewer incorporates the QA reviewer's feedback into the next administration.
- 6) Once certified, the QA reviewer should continue to observe the interviewer's assessment administration - perhaps one to two times per month. As before, this is done to prevent the deterioration of assessment skills or "interviewer drift".

4.3 QA Criteria for Evaluating Administration Competence

The specific criteria for gaining competence in GAIN-Q administration are arranged into four categories: Documentation, Instructions, Items, and Engagement. They are also listed in the GAIN-Q Summary Sheet of QA Feedback in Appendix N.

4.3.1 Documentation

The Documentation criteria encompass the recording of participant responses, identifiers, and administrative information.

- Identifiers - Check that all fields in the first column are completed.
- Documentation of participant answers - As you listen to the tape and go through the hard copy of the assessment, check the following points:

- all items administered are documented correctly (*any miscodes should be corrected on the hard copy and in the data base*). The use of “DK” and “RF” are covered in chapter 2 of this manual.
- all responses are legible, including responses that require circling an answer as well as those that require written text;
- errors are documented appropriately (i.e., the incorrect answer is crossed out, the correct answer is clearly indicated and circled, and the initials of the person making the change and the date of the change are recorded).
- CD page – If the site is using the Case Disposition page, check that it is completed.

4.3.2 Instructions

The Instructions criteria include the explanations, directions, and transitional statements provided to the participant.

- Introduction of instrument - Check that the instrument is introduced clearly and completely. Points to cover in the introduction are in chapter 2 and Appendix D. We recommend that GAIN-Q administrators cover all points (i.e., purpose, content, confidentiality, marking the assessment, “don’t know” and “refuse”, time periods, time involved, and questions), though sites are free to add points and edit the text in order to better fit their population.
- Anchoring time periods - There are 3 time periods to anchor on the GAIN-Q: the past 12 months, the past 90 days, and the last 90 days the participant lived in the community. Check that all are clearly defined and take place at the appropriate time in the assessment. Appendix C contains sample text for anchoring the past 12 months and past 90 days, which is done at the start of the assessment. This text is identical to that found in the GAIN-I. Sample text for anchoring the last 90 days the participant lived in the community is also in Appendix C. This time period is defined right before item SR4. Once the interviewer completes items SR4 and SR5, he should remind the participant to return to the original time anchors (past 12 months, past 90 days). The interviewer should try to anchor time periods with positive or neutral events. Paraphrasing is okay as long as all time periods are defined as clearly as possible. Calendars for anchoring time periods are available in GAIN training materials or from Chestnut Health Systems’ website (www.chestnut.org/LI/GAIN/index.html). The use of 2 to 3 calendars (or possibly more) is needed to clearly define the 3 time periods.
- Use of transitional statements – There are 2 transitional statements on the GAIN-Q: one introduces the Emotional Health section and the other introduces item 4 in the Substance-Related Issues section. Interviewers should include these statements during administration. Also, it is helpful to let the participant know when moving to a new section of the instrument (e.g., “These questions are about your physical health”).
- Defining and repeating response choices – Prior to starting a scale or section, the interviewer should introduce the response choices for the participant (e.g., “This section’s items will be answered “Yes” or “No”) and repeat the choices in concert with the stem/time period from time to time if necessary (e.g., “Yes or No...during the past 12 months...”).

- Handling of participant questions about instructions - Sometimes participants may not understand the instructions or introductory comments for a scale (e.g., may not understand the meaning of a word, may constantly ask for repetition of instructions). Examples and definitions offered should be accurate and non-leading, and interviewers should remain patient in their re-explanations.

4.3.3 Items

The Items criteria include the delivery and clarification of the items on the assessment.

- Accurate following of item order and skips - Check that items are delivered in the same order as on the assessment and the 3 skips are followed correctly.
- General following of word order - It is very easy to change the meaning of an item when the wording is changed (i.e., words are added, left out, or otherwise changed). Minor changes in wording are okay as long as they don't change the meaning of an item. However, this is a slippery slope and it is suggested that items are delivered as they are written.
- Use of stems and time periods – Items are introduced with a stem containing a time period. Occasionally, the interviewer should repeat the time periods when a long list of sub-items is included in the scale (e.g., item EH1). In addition, periodic use of the anchors (i.e., personal events that were used to define the specific time periods) should be offered.
- Clarification of participant responses - Sometimes participants will offer a response that is unclear or outside the set of defined response choices. For example, in response to a "yes/no" item, the participant may respond "Sometimes". In situations like this, it's important that the interviewer clarifies the response with the participant *without offering an answer*. Saying "Would that be 'yes' or 'no'?" or "So should I put 'yes' or 'no'?" are two possible ways for the interviewer to respond. Note that the interviewer is clarifying by *offering several options* (yes or no) rather than *proposing only one option* (yes). It would be incorrect to offer to the participant "So do you want to go with 'yes'?" or to assume that the participant meant "yes" and just circle that without asking for clarification. *The responses need to come from the participant, not the interviewer*. It typically only takes a few requests for clarification until the participant routinely responds within the set of available answers. As a second example, suppose in response to the item "During the past 90 days, on how many days did you...?", the participant says "About half the days". If the interviewer responds with "45 days?" he is asking for clarification, but his clarification also falls on the line of suggesting an answer. Better clarifying responses would be "So how many days would that be?" or "So how many days should I put?". *If options are presented, present several rather than focusing on only one* (e.g., "So would that be, what, 30, 35, 40, 45, 50 days? What should I put?") As a final example, when giving qualitative, open-ended answers, sometimes participants will offer sketchy responses. The interviewer should follow-up with the participant, clarifying responses in order to get one that clearly answers the question. The interviewer may understand what the participant meant, but someone else coming along to code qualitative answers may have no idea what was meant if only a few cryptic notes that don't appear to answer the question are recorded.

- Handling of participant-initiated questions about items - As with the directions, sometimes participants do not understand the meaning of a word in an item or the meaning of an item altogether. In these situations, the interviewer should offer clear, accurate definitions or examples that *do not lead* the participant to answer in a particular way.

4.3.4 Engagement

The Engagement criteria cover the quality of the interaction between the interviewer and the participant.

- Flow of the interview – This feature has to do with pacing. Is the interaction choppy, out of synchrony, or paced too fast for the participant? Or does it flow smoothly at a comfortable pace?
- Voice articulation and inflection - Pronunciation of words should be clear. In addition, inflection of words and phrases is necessary as it provides meaning and helps with understanding, possibly positively influencing validity. Monotonic delivery is strongly discouraged.
- Use of encouraging or motivational statements – Although the GAIN-Q is not a long assessment, it is possible that it is only one of several assessments the participant will be completing on the same day. For many reasons, it's not unusual for participants to show behavioral signs of fatigue (yawning, fidgeting, sighing, decreased voice tone, etc.) during an assessment session. It helps when the interviewer offers encouragement (e.g., “You’re really hanging in there well”, “There are only 2 sections left and then we will be finished”, etc.).
- Sensitivity to participant's needs - This is related to the above. How well does the interviewer appear to "read" and respond to the participant's needs? Interviewers should periodically "check in" with the participant. Participants may need breaks for the bathroom, for snacks, to shoot a few hoops, etc. These should be offered when they are clearly called for.
- Rapport - How comfortably do the interviewer and participant appear to interact with each other?

4.4 Rating the Quality of a GAIN-Q Administration

At the end of each of the four main sections of the GAIN-Q QA rating sheet in Appendix N, a five-point rating scale (Excellent, Sufficient, Minor Problems, Problems, Not Applicable) is defined to help assign a summary rating of the quality of the administration in that section. The rating categories are qualitative in nature, so assigning a rating ultimately boils down to the informed judgment of the QA reviewer. The definitions of the rating categories in Exhibit 4-1 are used to help assign summary ratings.

Exhibit 4-1. Rating Scales for Quality Assurance Reviews

Documentation

Summary Rating

- Excellent:* Use of legible selective notes to facilitate later review by clinicians and/or researchers
- Sufficient:* Everything is completed accurately and clearly
- Minor Problems:* Some missing or incorrect items or minor problems in documentation
- Problems:* Major sections not done or not done correctly
- Not Applicable*

Instructions

Summary Rating

- Excellent:* Interviewer's instructions are individualized and used to better engage the respondent, particularly on anchoring events in time
- Sufficient:* Everything is completed and instructions are not incorrect
- Minor Problems:* Some missing or incorrect items or minor problems in instructions
- Problems:* Major sections not done or not done correctly
- Not Applicable*

Items

Summary Rating

- Excellent:* Interviewer repeats items and time periods, defines terms, or does other things to proactively increase the validity of the responses
- Sufficient:* Absence of problems impacting validity
- Minor Problems:* Some changes in meaning, missing words, or changes in time periods
- Problems:* Repeated difficulties that introduce missing data or problems with validity
- Not Applicable*

Engagement

Summary Rating

- Excellent:* Interviewer engages participant and manages well, thereby increasing validity and making it less burdensome on the participant
- Sufficient:* Non-problematic, acceptable rapport; potentially slightly monotonic
- Minor Problems:* Ignoring inattentiveness/misunderstandings/inconsistencies, not offering encouragement where needed, too fast
- Problems:* Arguing with participant, ignoring participant's questions or emotional state
- Not Applicable*
-

In general, “Problems” are training issues, such as when an interviewer doesn’t know how to correctly complete the anchoring of time periods on the calendar. “Minor Problems” are small technical errors that are easily cleared up with an interviewer, such as when an interviewer

changes a few words or misses a skip-out item. “Sufficient” means the delivery is accurate and clear -- nothing is technically in error and validity is not harmed. “Excellent” is going above and beyond, such as when an interviewer uses the personal anchors often to define the time periods or provides documentation for the researchers or therapists to help them understand the participant’s answers or anything unusual about the assessment session.

4.4.1 Certification in GAIN-Q Administration

In order to be “certified”, an interviewer should attain a rating of “Sufficient” or better in all sections. This *usually* happens within two rated tapes/observations.

Sometimes an interviewer will do a fantastic job with an assessment, but technically there will be a few minor errors (e.g., skipped a few Case Disposition ratings, awkwardly paraphrased a transitional statement, etc.). It seems senseless to have the interviewer and QA supervisor go through another round of QA just for a few things that may be easily remedied. If this happens, point out the few minor errors to the interviewer and provide additional clarification. The QA supervisor may wish to check only those items on the next assessment hard copy or review the next tape (or conduct another observation), listening mainly for those aspects that need to be remedied.

4.4.2 What’s the Bottom Line?

Given the qualitative nature of the ratings, it helps to have a bottom line. A helpful guideline is this: Do *you* believe the quality of the interviewer's administration maintains or adds to the validity of the data?

4.5 How Do You Prepare QA Feedback?

Regardless of the form of feedback (i.e., oral or written), the QA criteria and summary sheet should be used to guide and document interviewers’ feedback. If feedback is written, a computerized version of the summary sheet is available. This allows the QA reviewer to type in feedback under each section.

4.5.1 Completing the Feedback Sheet

- Complete the “Identifiers” section at the top of the sheet. Even if feedback is oral, this should be completed in writing as it documents the feedback session.
- Complete the four main sections. To guide oral feedback, the QA supervisor should write brief notes under the appropriate sections of the summary sheet. These notes can be completed during the observed assessment or during an audiotape review.
- Add any additional comments in the “Other” section. This is a good place for feedback that doesn’t seem to fit anywhere else, for overall comments, or for a brief summary of things needing improvement in order to reach certification.
- Provide an overall rating on certification status.

4.5.2 Guidelines for Preparing Feedback

- **Feedback contains both things done well and things to improve.**
It’s important to give a balanced assessment of the interview, reinforcing those things that are done well and offering examples and options for those things that need work.
- **Feedback should be specific and behavioral.**

Describe what happened (or needs to happen) in behavioral terms, including quoting actual dialogue if it helps to communicate a point. If improvement is needed, provide examples of how the situation could be handled. If the interviewer did a good job with something, describe how or why it was good. *Just saying “great job” or “needs work” throughout the feedback sheet/session does not provide the interviewer with useful information.*

Sample QA feedback for the interviewer who conducted the Jessica interview is in Appendix).

4.6 What are Some Common Difficulties?

The most popular errors in GAIN-Q administration are listed in Exhibit 4-2.

Exhibit 4-2. Popular Errors in GAIN Administration and Documentation

- 1) Documentation
 - a) Miscodes – e.g. the participant answers “yes” but the interviewer circles no”
 - b) Not documenting errors or changes in responses
 - c) Not completing the CD page
 - 2) Instructions
 - a) Parts of the Introduction (e.g., purpose, confidentiality, time periods) are left out
 - b) Using a negative event to anchor time periods
 - 3) Items
 - a) A skip is not followed
 - b) Words in items are changed/left out/added such that the meaning of the item is changed
 - c) Stems and time periods are not periodically repeated for longer items
 - d) Failure of the interviewer to clarify ambiguous responses
 - e) Leading or offering responses to the participant
 - f) Not pointing out obvious inconsistencies
 - 4) Engagement
 - a) Pacing the interview too fast (and talking too fast)
 - b) Failing to offer breaks or encouragement when they are clearly needed
-

4.6.1 Problem Items

Information on problem items is found in the GAIN-Q “**Frequently Asked Questions**” (FAQ) document. This document lists questions and answers about GAIN-Q administration that have come up over time. The document is periodically updated and is available on the GAIN-Q page of Chestnut’s research institute website:

http://www.chestnut.org/LI/gain/GAIN_Q/index.html.

4.7 How Will You Do QA for Your Project?

This is a rhetorical question. Perhaps “Will you even do QA for your project?” is more accurate. Although it is up to your project leaders or funders whether quality assurance of assessment administrations will take place, we strongly recommend it, both for initial

certification of interviewers as well as for ongoing protocol monitoring. Interviewers vary widely both in terms of their prior experience and their interactive styles. For instance, some interviewers may be totally new to conducting assessments, some may have experience interviewing adults but not adolescents, and even seasoned interviewers may have picked up less-than-optimal interviewing habits or their skills may have deteriorated over time. Given the quality of an assessment administration can affect the validity of the data, we are strong believers in setting up an ongoing quality assurance program as part of interviewer training. The ongoing growth of the FAQ document alone indicates that questions and difficulties with GAIN-Q administration are common, so having a program in place to support the quality of assessment administration is important.

Some projects are mandated to undergo QA reviews and certification of research staff, and in some cases continued funding is contingent on timely completion of the process. If Chestnut Health Systems is overseeing the QA process for a project, the two-tiered model and the specific QA criteria summarized in this chapter are used. Note that for projects in which the GAIN-I is being used, certification on the administration of the GAIN-I subsumes certification on the GAIN-Q -- so additional certification on the GAIN-Q is not necessary.

5. List of Appendices

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Appendix A: GAIN-Q Instrument

GAIN-Quick (GAIN-Q)

Version [GVER]: GQ02.05.00 CORE

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

BK. Background

1. What is the date you are starting this form? (MM/DD/YYYY)

2. What time is it? (Please also circle AM or PM.): 1-AM 2-PM
H H M M

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

4. What is your gender? (Circle one.) Male 1
 Female 2

5. Which race, races or ethnicity best describes you?
 (Circle Yes or No for each.)

	<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	1	0

(Please describe. v. _____)

6. What is your date of birth?
 (MM/DD/YYYY)

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

b. Who has custody of you? (Record a relationship, not a name.)
 v. _____

7. What is the highest grade of education you have completed? **[IF 13 OR HIGHER, GO TO BK8.]**
Grade

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

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

a. About when did you last complete it?
 (MM/DD/YYYY)

GF. General Factors

GLPI/ GFI	1. <u>In your lifetime</u> , have you . . .	<u>Yes</u>	<u>No</u>
	a. been treated <u>5 or more times</u> in a hospital or emergency room for physical health problems?.....	1	0
	b. <u>ever</u> received treatment or counseling for a mental, emotional, behavioral or psychological problem?.....	1	0
	c. <u>ever</u> received treatment or counseling for alcohol, marijuana or other drugs?.....	1	0
	d. been stopped by the police or arrested <u>5 or more times</u> ?.....	1	0
	2. <u>During the past 12 months</u> , have you . . .		
	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
	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
	3. <u>During the past 90 days</u> , on how many <u>days</u> . . .		
	(Use "0" for None or Not Applicable.)		<u>Days</u>
	a. did you go to any kind of <u>school or training</u> program?.....		
	b. did you <u>miss</u> school or training for any reason?.....		
	c. did you <u>get in trouble</u> at school or training for any reason?.....		
	d. did you go to <u>work</u> ?.....		
	e. did you <u>miss</u> work for any reason?.....		
	f. did you <u>get in trouble</u> at work for any reason?.....		
	g. have you gotten into trouble at home or with your family for any reason?.....		
	h. were you in foster care, a group home or a ward of the state?.....		
	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 hospital?.....		

SS. Sources of Stress

GLPI/ SOSI	1.	<p><u>During the past 12 months</u>, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?</p>	<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 or co-workers/classmates.....	1	0
	f.	Other changes or problems in primary support groups.....	1	0
		(Please describe. v. _____)		
	2.	<p><u>During the past 12 months</u>, have you been under stress because of the following other kinds of demands on you?</p>		
	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....	1	0
		(Please describe. v. _____)		
	j.	Other environmental demands on you.....	1	0
		(Please describe. v. _____)		
	3.	<p><u>During the past 12 months</u>, were you attacked with a weapon, beaten, sexually abused or emotionally abused?.....</p>	1	0
	4.	<p>Are you <u>currently worried</u> that someone might...</p>		
	a.	<u>attack</u> you with a gun, knife, stick, bottle, or other weapon?.....	1	0
	b.	<u>hurt you by striking or beating</u> or otherwise physically abusing you?.....	1	0
	c.	pressure or <u>force you to participate in sexual acts</u> against your will?.....	1	0
	d.	<u>abuse you emotionally</u> ?.....	1	0

PH. Physical Health

GLPI/
HDI

1. During the past 12 months, would you say your health in general was...?
(Circle one.)

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

2. During the past 12 months, has your health limited your ability to do...?

	<u>Yes</u>	<u>No</u>
a. vigorous activities like running, lifting heavy objects or active sports?.....	1	0
b. moderate activities like moving a table, carrying groceries or light sports?.....	1	0
c. light activities like bending, lifting or stooping?.....	1	0

3. During the past 12 months, have you...

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

4. During the past 90 days, on how many days...

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

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 they make you feel like you cannot go on.

- | | | |
|---------------|---|---------------------------|
| IBS/
DSS-5 | 1. <u>During the past 12 months</u> , have you had <u>significant</u> 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 and losing interest 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 | 2. <u>During the past 12 months</u> , have you. . . | |
| | a. thought about killing or hurting someone else?..... | 1 0 |
| | b. thought about ending your life or committing suicide?..... | 1 0 |
| | 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 |
| | | [IF NO, GO TO 3a.] |
| IBS/
ATS-7 | 3. <u>During the past 12 months</u> , have you had <u>significant</u> problems with. . . | |
| | a. feeling very anxious, nervous, tense, fearful, 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 |
| | 4. <u>During the past 12 months</u> , have the following situations happened to you? | |
| | a. When something reminded you of the past, you became very distressed and upset. | 1 0 |
| | b. Sometimes 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 |
| | 5. <u>During the past 90 days</u> , on how many <u>days</u> were you... <u>Days</u> | |
| | a. bothered by any nerve, mental, or psychological problems?..... | |
| | b. disturbed by memories of things from the past that you did, saw or had happen to you?..... | |

BH. Behavioral Health

EBS/ AIS-6	1. <u>During the past 12 months</u> , have you done the following things <u>two or more times?</u>	<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	2. <u>During the past 12 months</u> , have you done the following things <u>two or more times?</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
	3. <u>During the past 12 months</u> , have you had a disagreement in which <u>you</u> did the following things?		
	a. Insulted or swore (cursed) at someone.....	1	0
	b. Pushed, grabbed, or shoved someone.....	1	0
	c. Kicked, bit, or hit someone.....	1	0
EBS/ GCS-4	4. <u>During the past 12 months</u> , have you. . .		
	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
	5. <u>During the past 90 days</u> , on how many <u>days</u> did you. . . (Use "0" for None or Not Applicable.)		<u>Days</u>
	a. have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?		
	b. have an argument with someone else in which you swore (cursed), threw something, or threatened, pushed or hit someone?		
	c. do things that might get you in trouble or be against the law besides using (alcohol or) drugs?.....		
	d. spend time on probation or parole?.....		
	e. spend time under electronic monitoring or house arrest?		
	f. spend time in jail or detention?		
	6. <u>During the past 90 days</u> , how many <u>times</u> did you get arrested, booked and charged with a crime? (Use "0" for None.)		Times

SR. Substance-Related Issues

	<u>Yes</u>	<u>No</u>	
SPS/ SUAS-9			
1.			
	1	0	[IF NO, GO TO SU1.]
1a.	1	0	
b.	1	0	
c.	1	0	
d.	1	0	
e.	1	0	
2.			
a.	1	0	
b.	1	0	
c.	1	0	
d.	1	0	
3.			
a.	1	0	
b.	1	0	
c.	1	0	
d.	1	0	
e.	1	0	
f.	1	0	
g.	1	0	
SPS/ SDS-7			

(If there were days in a controlled environment, use the calendar to identify personal anchors for the last 90 days in the community.)

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.

4. During the last 90 days that you lived in the community, on how many days did you. . . (Use "0" for None.) Days
- | | |
|--|--|
| b. drink beer, wine, or any kind of alcohol? | |
| c. get drunk or have 5 or more drinks at one time? | |
| d. smoke or use any kind of marijuana, blunts or hashish? | |
| e. use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug?
(What did you use? v. _____) | |
| f. go <u>without using any</u> alcohol, marijuana, or other drugs? | |
5. During the last 90 days that you lived in the community, on how many days did you smoke or use any kind of tobacco?..... | |

SU. Service Utilization
(Please use "0" for None or Not Applicable.)

1. During the past 90 days, how many times did you go to an emergency room for. . . Times
- | | | |
|----|--|--|
| a. | physical health problems? | |
| b. | mental, emotional, behavioral or psychological problems? | |
| c. | alcohol or drug use problems? | |
2. During the past 90 days, on how many nights did you stay in a residential, inpatient, or hospital program for. . . Nights
- | | | |
|----|--|--|
| a. | physical health problems? | |
| b. | mental, emotional, behavioral or psychological problems? | |
| c. | alcohol or drug use problems? | |
3. During the past 90 days, how many times did you go to an outpatient program, clinic or counselor for. . . Times
- | | | |
|----|--|--|
| a. | physical health problems? | |
| b. | mental, emotional, behavioral or psychological problems? | |
| c. | alcohol or drug use problems? | |
4. During the past 90 days, on how many days did you take medication for. . . Days
- | | | |
|----|--|--|
| a. | physical health problems? | |
| b. | mental, emotional, behavioral or psychological problems? | |
| c. | alcohol or drug use problems? | |
5. 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. . . Days
- | | | |
|----|--|--|
| a. | school or student assistance program? | |
| b. | job or employee assistance program? | |
| c. | spiritual program or religious organization? | |

EN. End

1. Do you want help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems?..... Yes No
 1 0

(If Yes, please describe below.)

v1. _____
 v2. _____
 v3. _____

Yes No

2. Did anyone read these questions to you or help you fill out this form? 1 0

3. Is English your first language? 1 0

a. **(If No, what is? v. _____)**

4. What kind of place best describes where you completed this form?

(Circle 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
- Other **(Please describe. v. _____)** 99

5. What time is it? **(Please also circle AM or PM.)**:.....

		:		
H	H		M	M

 1-AM 2-PM

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

(For further information on this form see www.chestnut.org/li/gain/gain_q.)

CD. Case Disposition - For Staff Use Only

1. Referral Source(s) v. _____

a. [] [] [] [] b. [] [] [] [] c. [] [] [] [] d. [] [] [] [] e. [] [] [] []

2. 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 crises (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

3. Placement(s) v. _____

a. [] [] [] [] [] b. [] [] [] [] [] c. [] [] [] [] [] d. [] [] [] [] [] e. [] [] [] [] []

4. Additional Comments:

Appendix B: Sample Referral and Placement Codes

CD1 Referral Source Codes (3 digit codes) 100	CD3 Placement Codes (4 digit codes) 1000
Family, Friends, Self, and Faith Community	Family, Friends, Self, and Faith Community
101 Self 102 Mother 103 Father 104 Brother 105 Sister 106 Grandparent 107 Aunt 108 Uncle 109 Other family 110 Peer(s) 111 Priest/Minister 112 Other individual (specify v. _____) 199 Other (specify v. _____)	1001 No recommendation 1111 Priest/Minister counseling 1199 Other (specify v. _____)
School 200	School 2000
201 Teacher 202 Guidance counselor 203 Counselor/School psychologist 204 Interventionist/SAP 205 Principal 206 Dean/Vice principal 207 School nurse 208 Other individual (specify v. _____) 209 Outreach or prevention program 210 Other school program (specify v. _____) 299 Other (specify v. _____)	2202 School guidance counselor services 2204 Student assistance program/Early Intervention 2205 Principal 2206 Dean/Vice principal 2007 Tutoring 2008 Peer helper/mentor program 2009 Special education 2010 Alternative education 2299 Other (specify v. _____)

CD1 Referral Source Codes (3 digit codes)	CD3 Placement Codes (4 digit codes)
<p style="text-align: center;">Work 300</p>	<p style="text-align: center;">Work 3000</p>
<p>301 Supervisor at work 302 Other individual (specify v. _____) 303 Employer 304 Other work-related agency (specify v. ____) 399 Other (specify v. _____)</p>	<p>3001 Career counseling 3399 Other (specify v. _____)</p>
<p style="text-align: center;">Welfare/Social Service Agencies 400</p>	<p style="text-align: center;">Welfare/Social Service Agencies 4000</p>
<p>401 Social worker 402 Public aid worker 403 Other individual (specify v. _____) 404 Other social service agency (specify v. _____) 499 Other (specify v. _____)</p>	<p>4401 Child protective services 4402 Public Aid 4499 Other (specify v. _____)</p>
<p style="text-align: center;">Legal 500</p>	<p style="text-align: center;">Legal 5000</p>
<p>501 Lawyer 502 Probation officer 503 Parole officer 504 Police officer 505 Judge 506 Other individual (specify v. _____) 507 Police department 508 Juvenile detention center 509 County jail 510 Department of Corrections 511 Other juvenile justice agency (specify v. _____) 599 Other (specify v. _____)</p>	<p>5501 Legal assistance 5502 Probation department 5503 Parole department 5507 Police department 5005 Correctional institution 5006 Other juvenile justice agency (specify v. _____) 5599 Other (specify v. _____)</p>

CD1 Referral Source Codes (3 digit codes)	CD3 Placement Codes (4 digit codes)
Health Care 600	Health Care 6000
601 Physician/Nurse 602 Other individual (specify v. _____) 603 CHS case management 604 Alcohol/drug abuse program 605 Crisis team 606 Behavioral health provider 607 Other health care provider (specify v. _____) 699 Other (specify v. _____)	6601 Physical health - school nurse 6602 Physical health inpatient 6603 Physical health emergency room 6604 Physical health outpatient 6605 Further assessment/intake unit 6603 CHS case management screening 6607 Outreach/case management unit 6608 Aftercare/case management unit 6609 Brief intervention 6605 Crisis team/counseling 6610 Outpatient (1-8 hours per week) 6611 Outpatient methadone treatment 6612 Intensive outpatient (9-14 hours per week) 6613 Partial hospitalization (15-34 hours per week) 6614 Full day outpatient (35+ hours per week) 6615 Full day outpatient w/ work release (15+ hrs/wk + work release time) 6616 Halfway houses 6617 Group homes 6618 Short term inpatient/residential (30 or less days) 6619 Moderate term inpatient/residential (31-90 days) 6620 Long term inpatient/residential (greater than 90 days) 6621 Social detoxification 6622 Medical detoxification 6623 Other intensive inpatient (specify v. _____) 6624 Mental health - school counselor/psychologist services 6625 Mental health inpatient 6626 Mental health emergency room 6627 Mental health outpatient 6699 Other (specify v. _____)

CD1 Referral Source Codes (3 digit codes)	CD3 Placement Codes (4 digit codes)
<p style="text-align: center;">Other 700</p>	<p style="text-align: center;">Other 7000</p>
<p>701 Other individual (specify v. _____) 702 Other agency (specify v. _____) 798 Unspecified/Unknown 799 Other (specify v. _____)</p>	<p>7798 Unspecified/unknown 7799 Other (specify v. _____)</p>

Appendix C: GAIN-Q Directions for Calendar Use and Sample Calendar

Using the Calendar to Define the Past 90 Days and the Past 12 Months

Several questions will ask you about things that have happened during the past 12 months or past 90 days. To help you remember these time periods, please look at the calendar.

Define “the past 90 days”

- ★ First, let’s find today’s date and circle it.
- ★ Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)? (PROBE FOR SPECIFIC EVENT - SEE BELOW IF PROBLEMS - RECORD ANCHOR ON CALENDAR).
- ★ When we talk about things happening to you during “the past 90 days”, we are talking about things that have happened since about (NAME OF EVENT THAT HAPPENED 90 DAYS AGO).

Define “the past 12 months”

- ★ Now, let’s go back to a year ago and circle that date.
- ★ Do you recall anything that was going on (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT - SEE BELOW IF PROBLEMS - RECORD ANCHOR ON CALENDAR).
- ★ When we talk about things happening to you during “the past 12 months”, we are talking about things that have happened since about (NAME OF EVENT THAT HAPPENED 12 MONTHS AGO).

If unable to recall events:

- ★ *Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS/12 MONTHS AGO)?*
- ★ *Where were you living then? With whom? Who were you hanging out with?*
- ★ *Did anything change in terms of where you were living or who you were living or hanging out with?*
- ★ *Were you in treatment, holding a job, attending school, in jail or otherwise involved with the law?*
- ★ *Did anything change related to treatment, your job, your school, your stay in jail, or your legal situation?*

Using the Calendar to Define the Last 90 Days in the Community (Items SR4 & SR5)

If there **has been NO time** in a controlled environment during the past 90 days... (item GF3j=0)

- Confirm that there has been no time in a controlled environment.

“You said way back at the beginning that during the past 90 days you have not been in a jail, hospital, or other place where you could not use alcohol, marijuana, or other drugs, right?”

- If this is still the case, proceed with the items using “past 90 days” as the reference period.

“For the next set of questions, please answer for the past 90 days.”

If there **has been time** in a controlled environment during the past 90 days... (item GF3j>0)...

- If the number of days spent in a controlled environment is 12 or fewer, proceed as above. Basically, up to 12 out of the past 90 days in a controlled environment is treated the same as being in the community for all of the 90 days.
- If the number of days spent in a controlled environment is greater than 12, use another calendar to identify and anchor the time period covering the last 90 *consecutive* days in the community.

“For this next set of items, we will need to define another time period. This time we’re going to define the last 90 days you lived in the community. This would not count any time you may have spent living in a jail, hospital, or other place where you could not use alcohol, marijuana, or other drugs. Let’s look at another calendar to help us.”

- “Let’s find today’s date again and circle it.”
- “When was the last time (if ever) you lived in a jail, hospital, or other place where you could not use?”

- Cross those days out on the calendar. Moving backward in time on the calendar, repeat the process of identifying days spent in a controlled environment until there is at least 90 consecutive days’ (13 weeks’) worth of time in the community.
- If identifying 90 consecutive days in the community brings the participant’s timeline back more than a year, estimates of recent typical use based on this timeline will not be accurate. In this case, use another calendar to identify the most recent 90 *non-consecutive* days spent in the community and continue as above.

January 2004 - December 2005

January 2004 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </tbody> </table>	S	M	T	W	T	F	S					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	February 2004 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29							March 2004 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																	
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Appendix D: Introducing the GAIN-Q (v. 2) to a Participant

(Interviewer-Administered)

- 1) Purpose– Explain the purpose of the screener. This will vary by site and organization. For example, “The purpose of the assessment is to collect information on how you have been doing in a few areas of your life and to see if you could benefit from other interventions.”
- 2) Content – Tell the participant what the instrument is about. For example, “The items on this questionnaire are about you, your health, and your experiences with school, work, the legal system, and drugs and alcohol.”
- 3) Confidentiality – Explain the confidentiality protections and restrictions on the information the participant will provide. This also will vary by site and organization. For example, “The information you provide is confidential and will be used only to assess whether you would benefit from other sources of help.”
- 4) Marking the assessment – Explain how the session will proceed and how items will be recorded. For example, “I will read the items to you and record your answers right here on the questionnaire (computer), by either circling (typing) an answer or writing (typing) what you say. I am going to encourage you to answer all the items, and sometimes if you’re not sure of the answer, I’ll encourage you to take your best guess.” If a hard copy is being used, a black pen is recommended to mark the assessment.
- 5) “Don’t Know” and “Refuse” – Explain the conventions around the use of “don’t know” and “refuse”. Regarding “don’t know”, if a participant really doesn’t know how to answer an item, you would write “DK” in the margin next to the item (or enter the code for DK for that item). If a participant refuses to answer an item, you would write “RF” in the margin next to the item (or enter the code for RF for that item). For example, “If you really don’t know an answer, it’s okay to say ‘I don’t know’. And if there are some questions you don’t want to answer, you are free to ‘refuse’, although I will encourage you to try to answer all of them.”
- 6) Time periods – Tell the participant that many of the items will ask him to report his behaviors during a specific time period. For instance, an item might ask about behavior during *the past 12 months*, *the past 90 days*, *currently*, or in your *lifetime*. Then, using the GAIN-Q calendar and directions for its use, work with the participant to anchor the time periods with specific events to help him recall behaviors. Refer to the GAIN-Q manual or the handout “Using the Calendar to Define Time Periods” for guidelines.
- 7) Time involved – Tell the participant that the assessment should take about 20 to 30 minutes to complete.
- 8) “Any questions?” – Before beginning, ask if the participant has any questions, then answer them.

GF. General Factors

GLPI/ GFI	1.	<u>In your lifetime</u> , have you . . .	<u>Yes</u>	<u>No</u>
	a.	been treated <u>5 or more times</u> in a hospital or emergency room for physical health problems?	1	0
	b.	<u>ever</u> received treatment or counseling for a mental, emotional, behavioral or psychological problem?	1	0
	c.	<u>ever</u> received treatment or counseling for alcohol, marijuana or other drugs?	1	0
	d.	been stopped by the police or arrested <u>5 or more times</u> ?	1	0
	2.	<u>During the past 12 months</u> , have you . . .		
	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
	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
	3.	<u>During the past 90 days</u> , on how many <u>days</u> . . . (Use "0" for None or Not Applicable.)		<u>Days</u>
	a.	did you go to any kind of <u>school or training</u> program?	7	0
	b.	did you <u>miss</u> school or training for any reason?	2	0
	c.	did you <u>get in trouble</u> at school or training for any reason?	5	
	d.	did you go to <u>work</u> ?	1	0
	e.	did you <u>miss</u> work for any reason?	1	0
	f.	did you <u>get in trouble</u> at work for any reason?	1	0
	g.	have you gotten into trouble at home or with your family for any reason?	6	0
	h.	were you in foster care, a group home or a ward of the state?	1	0
	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 hospital?	1	0

SS. Sources of Stress

GLPI/
SOSI

1. During the past 12 months, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?
- | | <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 or co-workers/classmates | 1 | 0 |
| f. Other changes or problems in primary support groups | 1 | 0 |
| (Please describe. v. <u>Mom's boyfriend moved in</u>) | | |
2. During the past 12 months, have you been under stress because of the following other kinds of demands on you?
- | | | |
|---|---|---|
| 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 | 1 | 0 |
| (Please describe. v. <u>friend pushed down stairs</u>) | | |
| j. Other environmental demands on you | 1 | 0 |
| (Please describe. v. _____) | | |
3. During the past 12 months, were you attacked with a weapon, beaten, sexually abused or emotionally abused?
- | | | |
|--|---|---|
| | 1 | 0 |
|--|---|---|
4. Are you currently worried that someone might . . .
- | | | |
|--|---|---|
| a. <u>attack</u> you with a gun, knife, stick, bottle, or other weapon? | 1 | 0 |
| b. <u>hurt you by striking or beating</u> or otherwise physically abusing you? | 1 | 0 |
| c. <u>pressure or force you to participate in sexual acts</u> against your will? | 1 | 0 |
| d. <u>abuse you emotionally</u> ? | 1 | 0 |

PH. Physical Health

GLPI/
HDI

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

(Circle one.)

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

2. 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
- b. moderate activities like moving a table, carrying groceries or light sports?..... 1 0
- c. light activities like bending, lifting or stooping?..... 1 0

3. During the past 12 months, have you. . .

- 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

4. During the past 90 days, on how many days . . .

Days

- a. were you bothered by any health or medical problems?..... | 0 |
- b. did you have medical problems that kept you from meeting your responsibilities at work, school or home?..... | 0 |
- c. have you gone without eating (or threw up much of what you did eat?)..... | 0 |

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 they make you feel like you cannot go on.

IBS/
DSS-5

1. During the past 12 months, have you had significant problems with. . . **Yes** **No**
- | | | |
|--|---|---|
| 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 and losing interest 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

2. During the past 12 months, have you. . .
- | | | |
|--|---|---|
| a. thought about killing or hurting someone else? | 1 | 0 |
| b. thought about ending your life or committing suicide? | 1 | 0 |
| 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 |
- [IF NO, GO TO 3a.]

IBS/
ATS-7

3. During the past 12 months, have you had significant problems with. . .
- | | | |
|---|---|---|
| a. feeling very anxious, nervous, tense, fearful, 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 |
4. During the past 12 months, have the following situations happened to you?
- | | | |
|--|---|---|
| a. When something reminded you of the past, you became very distressed and upset. | 1 | 0 |
| b. Sometimes 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 |
5. During the past 90 days, on how many days were you...
- | | <u>Days</u> | |
|--|-------------|---|
| a. bothered by any nerve, mental, or psychological problems? | 3 | 0 |
| b. disturbed by memories of things from the past that you did, saw or had happen to you? | 9 | 0 |

BH. Behavioral Health

EBS/
AIS-6

1. During the past 12 months, have you done the following things two or more times?
- | | Yes | No |
|--|-----|-----|
| 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

2. During the past 12 months, have you done the following things two or more times?
- | | | |
|--|-----|---|
| 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 |

3. During the past 12 months, have you had a disagreement in which you did the following things?
- | | | |
|---|-----|---|
| a. Insulted or swore (cursed) at someone..... | (1) | 0 |
| b. Pushed, grabbed, or shoved someone..... | (1) | 0 |
| c. Kicked, bit, or hit someone..... | (1) | 0 |

EBS/
GCS-4

4. During the past 12 months, have you. . .
- | | | |
|---|-----|----------------------------|
| a. purposely damaged or destroyed property that did not belong to you?..... | (1) | 0 JCTB 12-19-02 |
| 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) |

5. During the past 90 days, on how many days did you. . .
(Use "0" for None or Not Applicable.)
- | | Days |
|--|------|
| a. have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?..... | 90 |
| b. have an argument with someone else in which you swore (cursed), threw something, or threatened, pushed or hit someone?..... | 45 |
| c. do things that might get you in trouble or be against the law besides using (alcohol or) drugs?..... | 90 |
| d. spend time on probation or parole?..... | 10 |
| e. spend time under electronic monitoring or house arrest?..... | 0 |
| f. spend time in jail or detention?..... | 0 |

6. During the past 90 days, how many times did you get arrested, booked and charged with a crime? (Use "0" for None.)
- | | | |
|--|---|-------|
| | 1 | Times |
|--|---|-------|

SR. Substance-Related Issues

		Yes	No	
SPS/ SUAS-9	1. <u>During the past 12 months</u> , have you used any alcohol, marijuana, cocaine, heroin, or other substances?	(1)	0	[IF NO, GO TO SU1.]
	<u>During the past 12 months</u> . .			
	1a. have you tried to hide that you were using alcohol, marijuana or other drugs?	(1)	0	
	b. have your parents, family, partner, co-workers, classmates or friends complained about your alcohol, marijuana or other drug use?	(1)	0	
	c. have you used alcohol, marijuana or other drugs weekly?	(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)	
	2. <u>During the past 12 months</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 after you knew it could get you into fights or other kinds of legal trouble?	(1)	0	
SPS/ SDS-7	3. <u>During the past 12 months</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 shaking hands, throwing up, 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 them, or feeling the effects of them (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)	

GAIN-Q

(If there were days in a controlled environment, use the calendar to identify personal anchors for the last 90 days in the community.)

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.

4. During the last 90 days that you lived in the community, on how many days did you. . . (Use "0" for None.) Days
- | | | |
|----|---|-------|
| b. | drink beer, wine, or any kind of alcohol? | 6 0 |
| c. | get drunk or have 5 or more drinks at one time? | 2 6 |
| d. | smoke or use any kind of marijuana, blunts or hashish? | 4 0 |
| e. | use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug?
(What did you use? v. _____) | 0 |
| f. | go <u>without using any</u> alcohol, marijuana, or other drugs? | 1 0 |
5. During the last 90 days that you lived in the community, on how many days did you smoke or use any kind of tobacco?
- | | | |
|--|--|-------|
| | | 9 0 |
|--|--|-------|

SU. Service Utilization
(Please use "0" for None or Not Applicable.)

- | | | | | | |
|----|---|---|--|--|---|
| 1. | <u>During the past 90 days</u> , how many <u>times</u> did you go to an emergency room for. . . | <u>Times</u> | | | |
| | a. physical health problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | b. mental, emotional, behavioral or psychological problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | c. alcohol or drug use problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| 2. | <u>During the past 90 days</u> , on how many <u>nights</u> did you stay in a residential, inpatient, or hospital program for . . . | <u>Nights</u> | | | |
| | a. physical health problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | b. mental, emotional, behavioral or psychological problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | c. alcohol or drug use problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| 3. | <u>During the past 90 days</u> , how many <u>times</u> did you go to an outpatient program, clinic or counselor for. . . | <u>Times</u> | | | |
| | a. physical health problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | b. mental, emotional, behavioral or psychological problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | c. alcohol or drug use problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| 4. | <u>During the past 90 days</u> , on how many <u>days</u> did you take medication for. . . | <u>Days</u> | | | |
| | a. physical health problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | b. mental, emotional, behavioral or psychological problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | c. alcohol or drug use problems? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| 5. | <u>During the past 90 days</u> , on how many <u>days</u> did you see a counselor or other professional about your health, emotional, behavioral, alcohol or drug problems at a. . . | <u>Days</u> | | | |
| | a. school or student assistance program? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">5</td></tr></table> | | | 5 |
| | | 5 | | | |
| | b. job or employee assistance program? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |
| | c. spiritual program or religious organization? | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;">0</td></tr></table> | | | 0 |
| | | 0 | | | |

EN. End

1. Do you want help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems? Yes No
1 0

(If Yes, please describe below.)

- v1. I want to be able to talk w/ my mom
 v2. w/ getting into a fight; I don't want
 v3. to get in trouble w/ the law anymore

Yes No

2. Did anyone read these questions to you or help you fill out this form? 1 0

3. Is English your first language? 1 0

a. (If No, what is? v. _____)

4. What kind of place best describes where you completed this form?

(Circle 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
 Other (Please describe. v. _____) 99

5. What time is it? (Please also circle AM or PM.): 9 | 46 1-AM 2-PM
H H M M

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

(For further information on this form see www.chestnut.org/li/gain/gain_q.)

CD. Case Disposition - For Staff Use Only

1. Referral Source(s) v. Mr. Johnson (principal); Mr. Carr (P.O.)
 a. 205 b. 502 c. d. e.

2. Issues	1. Reasons for Referral		2. Recommendations	
	Yes	No	Yes	No
a. Random screening	1	<input type="radio"/>		
b. General concern (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
c. Family problems (v. <u>bad family situation; poor relationship w/ Mom</u>)	1	<input type="radio"/>	<input checked="" type="radio"/>	0
d. Peer or partner problems (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
e. Grief or other emotional crises (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
f. Spiritual issues (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
g. Race/ethnicity/gender identity issues (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
h. Teenage parenting issues (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
j. Environmental problems (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
k. School problems (v. <u>poor grades, absence, fight w/ teachers & students</u>)	<input checked="" type="radio"/>	0	<input checked="" type="radio"/>	0
m. Physical health problems (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
n. Emotional problems (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
p. Behavioral or conduct problems (v. <u>aggressive behavior, cutting school</u>)	<input checked="" type="radio"/>	0	<input checked="" type="radio"/>	0
q. Gang or illegal activity (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
r. Substance use (v. <u>recently caught using; high at school</u>)	<input checked="" type="radio"/>	0	<input checked="" type="radio"/>	0
s. Noncompliance (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
t. Continuing care/support (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>
u. Other (v. _____)	1	<input type="radio"/>	1	<input type="radio"/>

3. Placement(s) v. recommend family counseling; assessment by
 a. 60217 b. 60214 c. 22104 d. 20107 e.

4. Additional Comments:
Jessica talked a lot about her negative relationship w/ her mother.
school psychologist, SAP group and/or individual; & tutoring;
Jessica is in diversion program - if non-compliant w/ recommendation further JJ steps will be taken.

Appendix F: GAIN-Q Hand Scoring Materials

GAIN-Q 2.5 Interpretative Profile

GAIN-Q Hand Scoring Sheet

Scale/Sub-Scale Name	N Items	Calculation	Symptoms	%	Urgency
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Site ID: _____ Staff ID: _____ Assessment Date: ____/____/____ </div> <div style="width: 30%;"> Local Site ID: _____ Participant ID: _____ Report (Today's) Date: ____/____/____ </div> </div>					
Total Symptom Severity Scale (TSSS)	99	Sum of GLPI, IBS, EBS, & SPS	_____	_____	_____
General Life Problem Index (GLPI)	50	Sum of next three rows	_____	_____	_____
General Factors Index (GFI)	16	P2, Sum of GF1a-d & GF2a-n	_____	_____	_____
Sources of Stress Index (SOSI)	20	P3, Sum of SS1a-f, SS2a-j, SS3, & SS4a-d	_____	_____	_____
Health Distress Index (HDI)	14	P4, Sum of PH1, PH2a-c, & PH3a-g	_____	_____	_____
Internal Behavior Scale (IBS)	17	Sum of next three rows	_____	_____	_____
Depression Symptom Scale-5 (DSS-5)	5	P5, Sum of EH1a-e	_____	_____	_____
Suicide Risk Scale-5 (SRS-5)	5	P5, Sum of EH2a-e	_____	_____	_____
Anxiety-Trauma Scale-7 (ATS-7)	7	P5, Sum of EH3a-c & EH4a-d	_____	_____	_____
External Behavior Scale (EBS)	16	Sum of next three rows	_____	_____	_____
Activity-Inattention Scale-6 (AIS-6)	6	P6, Sum of BH1a-f	_____	_____	_____
Behavior Problem Scale-6 (BPS-6)	6	P6, Sum of BH2a-c & BH3a-c	_____	_____	_____
General Crime Scale-4 (GCS-4)	4	P6, Sum of BH4a-d	_____	_____	_____
Substance Problem Scale (SPS)	16	Sum of next two rows	_____	_____	_____
Substance Use and Abuse Scale-9 (SUAS-9)	9	P7, Sum of SR1a-e & SR2a-d	_____	_____	_____
Substance Dependence Scale-7 (SDS-7)	7	P7, Sum of SR3a-g	_____	_____	_____

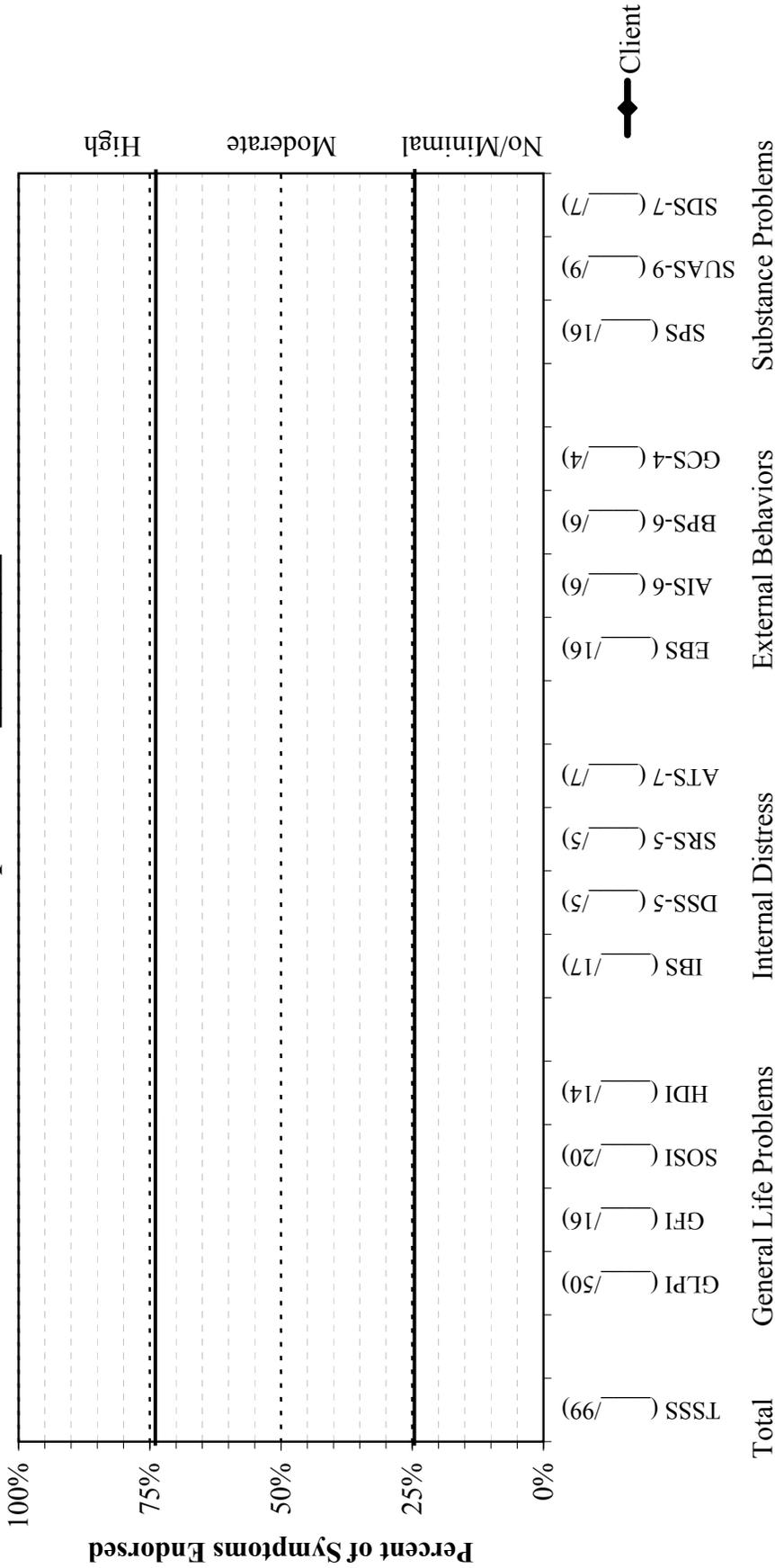
GAIN-Q 2.5 Interpretative Profile

GAIN-Q Key - Raw Scores to Percents	Number of Symptoms Endorsed (Moderate range shaded; to the left is No/Minimal, to the right is High range)																																																					
	Scale/Sub-Scale (No-Min./Moderate/High range)	Max	0	5	10	15	20	24	25	30	35	40	45	50	55	60	65	70	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100								
Total Symptom Severity Scale (TSSS) (0-24/25-73/74-99)	Max	99	0%	5%	10%	15%	20%	24%	25%	30%	35%	40%	45%	51%	56%	61%	66%	71%	74%	75%	76%	77%	78%	79%	80%	81%	82%	83%	84%	85%	86%	87%	88%	89%	90%	91%	92%	93%	94%	95%	96%	97%	98%	99%	100%									
Number of Symptoms Endorsed (Moderate range shaded; to the left is No/Minimal, to the right is High range)			0	3	6	9	12	13	16	19	22	25	28	31	34	37	41	44	47	50																																		
General Life Problem Index (GLPI) (0-12/13-37/38-50)	Max	50	0%	6%	12%	18%	24%	26%	32%	38%	44%	50%	56%	62%	68%	74%	82%	88%	94%	100%																																		
Number of Symptoms Endorsed (Moderate range shaded; to the left is No/Minimal, to the right is High range)			0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																															
General Factors Index (GFI) (0-3/4-11/12-16)	Max	16	0%	6%	13%	19%	25%	31%	38%	44%	50%	56%	63%	69%	75%	81%	88%	94%	100%																																			
Sources of Stress Index (SOSI) (0-4/5-14/15-20)	Max	20	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%																															
Health Distress Index (HDI) (0-3/4-10/11-14)	Max	14	0%	7%	14%	21%	29%	36%	43%	50%	57%	64%	71%	79%	86%	93%	100%																																					
Internal Behavior Scale (IBS) (0-4/5-12/13-17)	Max	17	0%	6%	12%	18%	24%	29%	35%	41%	47%	53%	59%	65%	71%	76%	82%	88%	94%	100%																																		
Depression Symptom Scale-5 (DSS-5) (0-1/2-3/4-5)	Max	5	0%	20%	40%	60%	80%	100%																																														
Suicide Risk Scale-5 (SRS-5) (0-1/2-3/4-5)	Max	5	0%	20%	40%	60%	80%	100%																																														
Anxiety-Trauma Scale-7 (ATS-7) (0-1/2-5/6-7)	Max	7	0%	14%	29%	43%	57%	71%	86%	100%																																												
External Behavior Scale (EBS) (0-3/4-11/12-16)	Max	16	0%	6%	13%	19%	25%	31%	38%	44%	50%	56%	63%	69%	75%	81%	88%	94%	100%																																			
Activity-Inattention Scale-6 (AIS-6) (0-1/2-4/5-6)	Max	6	0%	17%	33%	50%	67%	83%	100%																																													
Behavior Problem Scale-6 (BPS-6) (0-1/2-4/5-6)	Max	6	0%	17%	33%	50%	67%	83%	100%																																													
General Crime Scale-4 (GCS-4) (0/1-2/3-4)	Max	4	0%	25%	50%	75%	100%																																															
Substance Problem Scale (SPS) (0-3/4-11/12-16)	Max	16	0%	6%	13%	19%	25%	31%	38%	44%	50%	56%	63%	69%	75%	81%	88%	94%	100%																																			
Substance Use and Abuse Scale-9 (SUAS-9) (0-3/4-6/7-9)	Max	9	0%	11%	22%	33%	44%	56%	67%	78%	89%	100%																																										
Substance Dependence Scale-7 (SDS-7) (0-1/2-5/6-7)	Max	7	0%	14%	29%	43%	57%	71%	86%	100%																																												

GAIN-Q 2.5 Interpretative Profile

Participant ID: _____

Report Date: ____/____/____



Scales abbreviations are Total Symptom Severity Scale (TSSS), General Life Problem Index (GLPI), General Factors Index (GFI), Sources of Stress Index (SOSI), Health Distress Index (HDI), Internal Behavior Scale (IBS), Depression Symptom Scale-5 (DSS-5), Suicide Risk Scale-5 (SRS-5), Anxiety-Trauma Scale-7 (ATS-7), External Behavior Scale (EBS), Activity-Inattention Scale-6 (AIS-6), Behavior Problem Scale-6 (BPS-6), General Crime Scale-4 (GCS-4), Substance Problem Scale (SPS), Substance Use and Abuse Scale-9 (SUAS-9), and Substance Dependence Scale-7 (SDS-7). Following the scales' abbreviations are ratios (in parentheses) for the number of symptoms endorsed / number of symptoms possible.

Appendix G: GAIN-Q Hand Scored Materials on Sample Case - Jessica

GAIN-Q 2.5 Interpretative Profile

GAIN-Q Hand Scoring Sheet

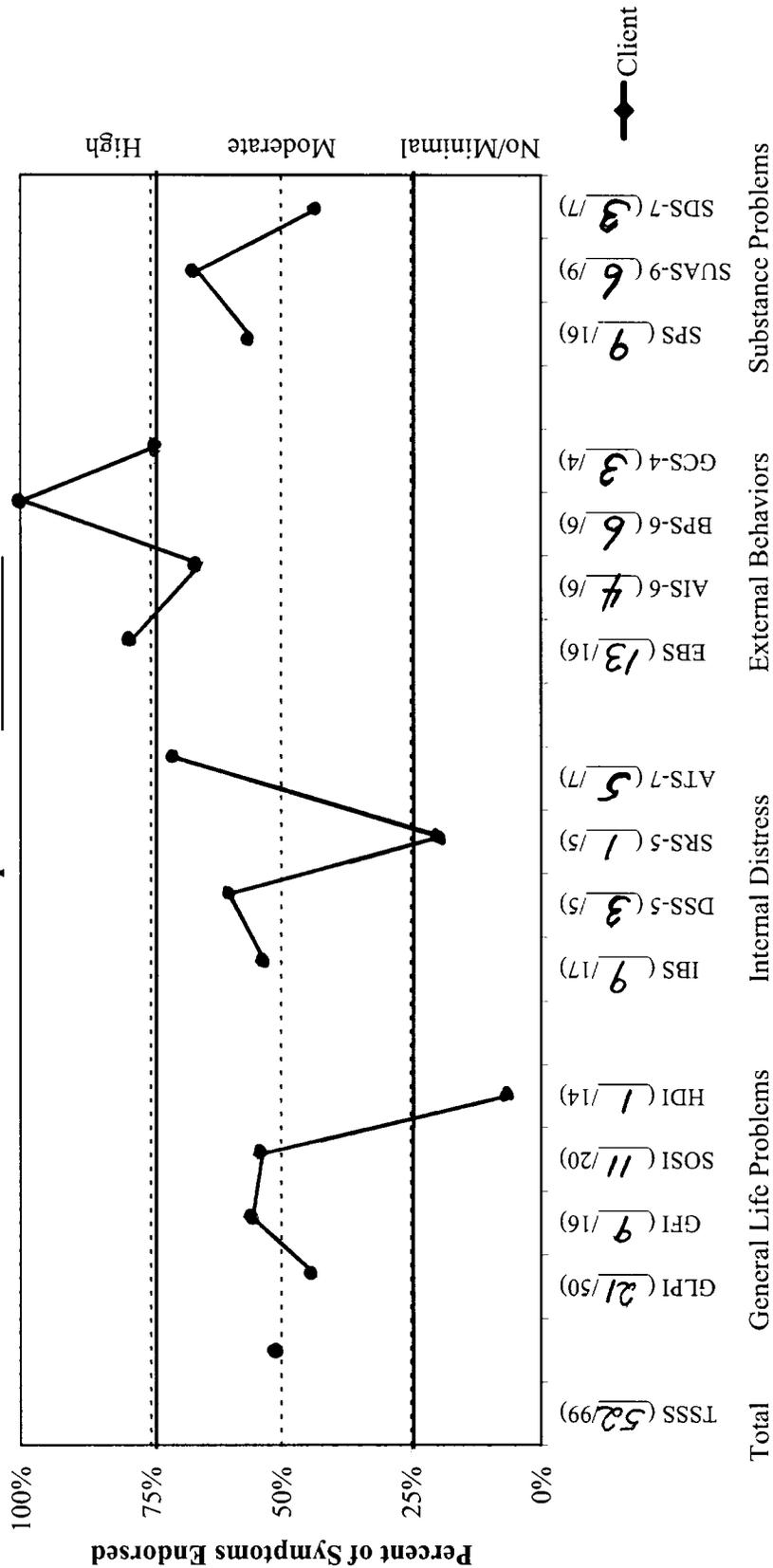
Site ID: 1000 Local Site ID: 100
 Staff ID: 520 Participant ID: 55125
 Assessment Date: 12/19/2002 Report (Today's) Date: 12/20/2002

Scale/Sub-Scale Name	N Items	Calculation	Symptoms	%	Urgency
Total Symptom Severity Scale (TSSS)	99	Sum of GLPI, IBS, EBS, & SPS	52	51%	Moderate
General Life Problem Index (GLPI)	50	Sum of next three rows	21	44%	Moderate
General Factors Index (GFI)	16	P2, Sum of GF1a-d & GF2a-n	9	56%	Moderate
Sources of Stress Index (SOSI)	20	P3, Sum of SS1a-f, SS2a-j, SS3, & SS4a-d	11	55%	Moderate
Health Distress Index (HDI)	14	P4, Sum of PH1, PH2a-c, & PH3a-g	1	7%	No/Minimal
Internal Behavior Scale (IBS)	17	Sum of next three rows	9	53%	Moderate
Depression Symptom Scale-5 (DSS-5)	5	P5, Sum of EH1a-e	3	60%	Moderate
Suicide Risk Scale-5 (SRS-5)	5	P5, Sum of EH2a-e	1	20%	No/Minimal
Anxiety-Trauma Scale-7 (ATS-7)	7	P5, Sum of EH3a-c & EH4a-d	5	71%	Moderate
External Behavior Scale (EBS)	16	Sum of next three rows	13	81%	High
Activity-Inattention Scale-6 (AIS-6)	6	P6, Sum of BH1a-f	4	67%	Moderate
Behavior Problem Scale-6 (BPS-6)	6	P6, Sum of BH2a-c & BH3a-c	6	100%	High
General Crime Scale-4 (GCS-4)	4	P6, Sum of BH4a-d	3	75%	High
Substance Problem Scale (SPS)	16	Sum of next two rows	9	56%	Moderate
Substance Use and Abuse Scale-9 (SUAS-9)	9	P7, Sum of SR1a-e & SR2a-d	6	67%	Moderate
Substance Dependence Scale-7 (SDS-7)	7	P7, Sum of SR3a-g	3	43%	Moderate

GAIN-Q 2.5 Interpretative Profile

Participant ID: 55/25

Report Date: 12/20/2003



Scales abbreviations are Total Symptom Severity Scale (TSSS), General Life Problem Index (GLPI), General Factors Index (GFI), Sources of Stress Index (SOSI), Health Distress Index (HDI), Internal Behavior Scale (IBS), Depression Symptom Scale-5 (DSS-5), Suicide Risk Scale-5 (SRS-5), Anxiety-Trauma Scale-7 (ATS-7), External Behavior Scale (EBS), Activity-Inattention Scale-6 (AIS-6), Behavior Problem Scale-6 (BPS-6), General Crime Scale-4 (GCS-4), Substance Problem Scale (SPS), Substance Use and Abuse Scale-9 (SUAS-9), and Substance Dependence Scale-7 (SDS-7). Following the scales' abbreviations are ratios (in parentheses) for the number of symptoms endorsed / number of symptoms possible.

Appendix H: GAIN-Q Microsoft Excel Scoring Materials on Sample Case - Jessica

GAIN-Q Score Sheet (Fill in Light Green Areas)

[Click Here to Save Data and Clear Form \(or press CTRL+Shift+S\)](#)

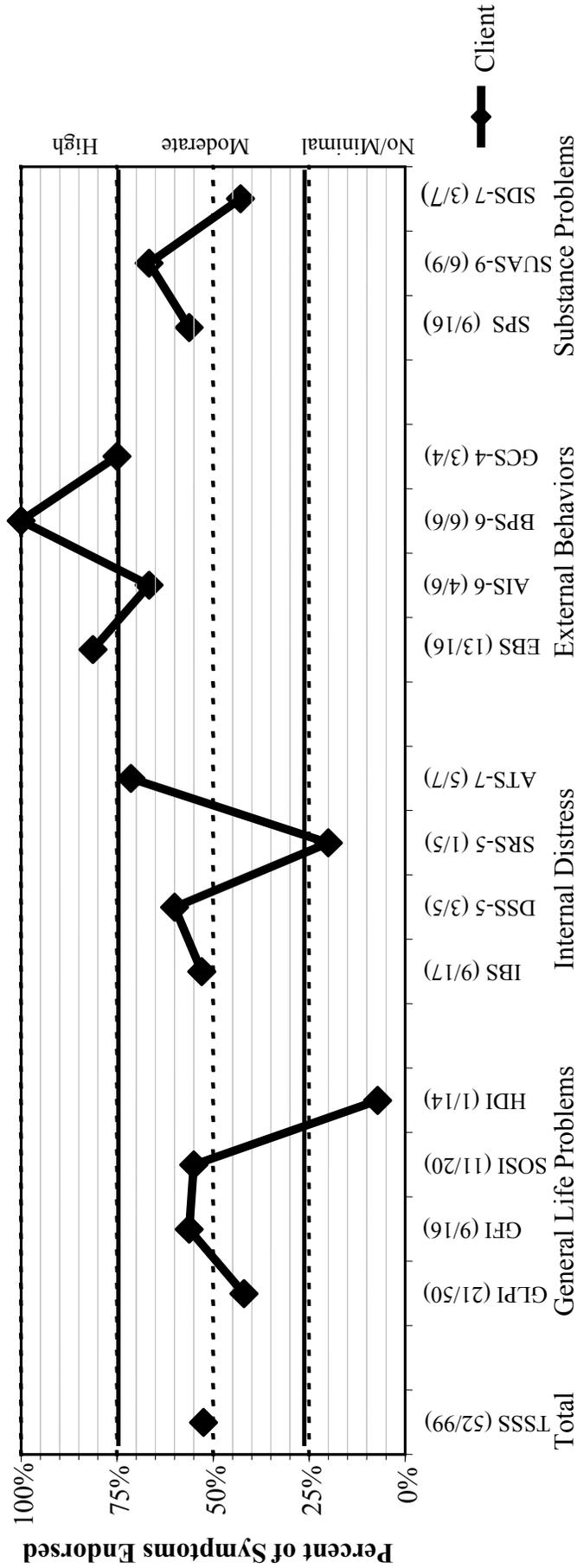
Site ID: 1000
Staff ID: 520
Assessment Date: 12/19/02

Local Site ID: 100
Participant ID: 55125
Report (Today's) Date: 12/20/02

Scale/Sub-Scale Name	N Items	Calculation	Symptoms	%	Urgency
Total Symptom Severity Scale (TSSS)	99	Sum of GLPI, IBS, EBS, & SPS	52	53%	Moderate
General Life Problem Index (GLPI)	50	Sum of next three rows	21	42%	Moderate
General Factors Index (GFI)	16	P2, Sum of GF1a-d & GF2a-n	9	56%	Moderate
Sources of Stress Index (SOSI)	20	P3, Sum of SS1a-f, SS2a-j, SS3, & SS4a-g	11	55%	Moderate
Health Distress Index (HDI)	14	P4, Sum of PH1, PH2a-c, & PH3a-g	1	7%	No/Minimal
Internal Behavior Scale (IBS)	17	Sum of next three rows	9	53%	Moderate
Depression Symptom Scale-5 (DSS-5)	5	P5, Sum of EH1a-e	3	60%	Moderate
Suicide Risk Scale-5 (SRS-5)	5	P5, Sum of EH2a-e	1	20%	No/Minimal
Anxiety-Trauma Scale-7 (ATS-7)	7	P5, Sum of EH3a-c & EH4a-d	5	71%	Moderate
External Behavior Scale (EBS)	16	Sum of next three rows	13	81%	High
Activity-Inattention Scale-6 (AIS-6)	6	P6, Sum of BH1a-f	4	67%	Moderate
Behavior Problem Scale-6 (BPS-6)	6	P6, Sum of BH2a-c & BH3a-c	6	100%	High
General Crime Scale-4 (GCS-4)	4	P6, Sum of BH4a-d	3	75%	High
Substance Problem Scale (SPS)	16	Sum of next two rows	9	56%	Moderate
Substance Use and Abuse Scale-9 (SUAS-9)	9	P7, Sum of SR1a-e & SR2a-d	6	67%	Moderate
Substance Dependence Scale-7 (SDS-7)	7	P7, Sum of SR3a-g	3	43%	Moderate

Participant ID: 55125

Report Date: 12/20/02



Scales abbreviations are Total Symptom Severity Scale (TSSS), General Life Problem Index (GLPI), General Factors Index (GFI), Sources of Stress Index (SOSI), Health Distress Index (HDI), Internal Behavior Scale (IBS), Depression Symptom Scale-5 (DSS-5), Suicide Risk Scale-5 (SRS-5), Anxiety-Trauma Scale-7 (ATS-7), External Behavior Scale (EBS), Activity-Inattention Scale-6 (AIS-6), Behavior Problem Scale-6 (BPS-6), General Crime Scale-4 (GCS-4), Substance Problem Scale (SPS), Substance Use and Abuse Scale-9 (SUAS-9), and Substance Dependence Scale-7 (SDS-7). Following the scales' abbreviations are ratios (in parentheses) for the number of symptoms endorsed / number of symptoms possible.

Appendix I: GAIN-Q Recommendation and Referral Summary (O-RRS) on Sample Case - Jessica

Name _____ JESSICA LONGFELLOW

Staff ID: _____

Participant ID: _____ 55125

Assessment Date: _____ 12/19/2002

Date of Birth: _____ 06/06/1986

Background

JESSICA is a 16 year old African-American/Black/Caucasian/White/Hispanic/Latino or Chicano female. Her first language is English. She is in the legal custody of her MOTHER. She has completed the 10th grade. She was referred by Principal, Probation officer; (MR. JOHNSON (PRINCIPLE), MR. CARR (PO)). The reason(s) JESSICA LONGFELLOW was referred is/are school problems (POOR GRADES, ABSENCES, (SEE NOTES)); behavioral or conduct problems (AGGRESSIVE BEHAVIOR, CUTTING SCHOOL); substance use (RECENTLY CAUGHT USING, HIGH AT SCHOOL). JESSICA wants help with family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems. Specifically, JESSICA wants help with WANT TO TALK TO MOM W/OUT FIGHTING; DON'T WANT ANY MORE TROUBLE WITH LAW.

JESSICA completed this assessment with help at a school or training program.

General Life Problems

JESSICA reported problems in the Moderate range of the General Life Problem Index, suggesting the need for a brief review and/or intervention. Below are the specific areas and symptoms reported.

On the General Factors Index, JESSICA endorsed 9 out of a possible 16 symptoms, placing her in the Moderate range. For instance, JESSICA reported that in her lifetime, she has: been stopped by the police or arrested 5 or more times. She reported that during the past 12 months, she had: gotten bad grades or had grades drop at school or training; been absent 5 or more days from school or training for any reason; skipped or cut school or training just because she didn't want to be there; been suspended or expelled from school or training; been attacked by someone else; attacked someone else; been arrested; been on probation, parole, or other kinds of court supervision.

JESSICA reported that in the past 90 days, she has gone to school or training 45 day(s); missed school or training 15 day(s); got in trouble at school or training 3 day(s); got in trouble at home or with family 60 day(s).

On the Sources of Stress Index, JESSICA endorsed 11 out of a possible 20 symptoms, placing her in the Moderate range. For instance, JESSICA has reported that in the past year, she has been under stress from the following source(s): health problem of a family member or close friend; major change in relationships (marriage, divorce, separation); death of a family member or close friend; fights with boss/teacher or co-workers/classmates; other changes or problems in primary support groups (MOM'S BOYFRIEND MOVED IN); hard work or school schedule; something she saw or that happened to someone close to her (FRIEND PUSHED DOWN STAIRS); and has been attacked with a weapon, beaten, sexually abused or emotionally abused.

JESSICA is currently worried that someone might attack her with a gun, knife, stick, bottle, or other weapon; hurt her by striking or beating or otherwise physically abusing her; abuse her emotionally.

On the Health Distress Index, JESSICA endorsed 7% of symptoms, placing her in the No/Minimal range. She does not appear to need services in this area. JESSICA rated her health during the past 12 months as very good.

Emotional Health

JESSICA reported problems in the Moderate range of the Internal Behavior Scale, suggesting the need for a brief review and/or intervention. Below are the specific areas and symptoms reported.

On the Depression Symptom Scale, JESSICA scored in the Moderate range. For instance, JESSICA reported having significant problems with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day; feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future; having no energy and losing interest in work, school, friends, sex or other things she cared about.

On the Suicide Risk Scale, JESSICA reported problems in the No/Minimal range. However, she did report having thoughts about killing or hurting someone else.

On the Anxiety-Trauma Scale, JESSICA scored in the Moderate range. For instance, JESSICA

reported either that she had significant problems with the following or that the following situations had happened: feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen; when something reminded her of the past, she became very distressed and upset; sometimes she used alcohol or other drugs to help herself sleep or forget about things that happened in the past; she has had a hard time expressing her feelings, even to the people she cared about; and she felt guilty about things that happened because she

JESSICA reported that during the past 90 days she was: bothered by nerve, mental, or psychological problems 30 day(s); disturbed by memories of things from the past that she did, saw or had happen to her 90 day(s).

Behavioral Health

JESSICA reported problems in the High range of the External Behavior Scale, suggesting the need for additional assessment and/or services. Below are the specific areas and symptoms reported.

On the Activity-Inattention Scale, JESSICA scored in the Moderate range. For instance, JESSICA reported having done the following two or more times during the past year: had a hard time paying attention at school, work or home; had a hard time listening to instructions at school, work or home; had a hard time staying organized or getting everything done; had a hard time waiting for her turn.

On the Behavior Problem Scale, JESSICA scored in the High range. For instance, JESSICA reported having done the following in the past year: was a bully or threatened other people; lied or conned to get things she wanted or to avoid having to do something; stayed out at night later than her parent or partner wanted; insulted or swore (cursed) at someone; pushed, grabbed, or shoved someone; kicked, bit, or hit someone.

On the General Crime Scale, JESSICA scored in the High range. For instance, JESSICA reported during the past year she: purposely damaged or destroyed property that did not belong to her; other than from a store, took money or property that didn't belong to her; hit someone or got into a physical fight.

JESSICA reported that during the past 90 days she has had problems paying attention, controlling her behavior or breaking rules she was supposed to follow 90 day(s); had an argument with someone else in which she swore (cursed), threw something, or threatened, pushed or hit someone 45 day(s); done things that might be against the law 90 day(s); spent time on probation or parole 10 day(s); been arrested, booked and charged with a crime 1 time(s).

Substance-Related Issues

JESSICA reported problems in the Moderate range of the Substance Problem Scale, suggesting the need for a brief review and/or intervention. Below are the specific areas and symptoms reported.

On the Substance Use and Abuse Scale, JESSICA scored in the Moderate range. For instance, JESSICA reported having done the following during the past year: tried to hide that she was using alcohol, marijuana or other drugs; parents, family, partner, co-workers, classmates or friends complained about her alcohol, marijuana or other drug use; used alcohol, marijuana or other drugs weekly; kept using alcohol, marijuana or other drugs even though she knew it was keeping her from meeting responsibilities at work, school, or home; used alcohol, marijuana or other drugs where it made the situation unsafe or dangerous, such as when driving a car, using a machine, or where she might have been forced into sex or hurt; kept using alcohol, marijuana or other drugs even after she knew it could get her into fights or other kinds of legal trouble.

On the Substance Dependence Scale, JESSICA scored in the Moderate range. For instance, JESSICA reported having done the following during the past year: used alcohol, marijuana or other drugs in larger amounts, more often or for a longer time than she meant to; has been unable to cut down or stop using alcohol, marijuana or other drugs; alcohol, marijuana or other drugs caused her to give up, reduce or have problems at important activities at work,

JESSICA reported that during the past 90 days she has: drunk beer, wine, or any kind of alcohol on 40 day(s); gotten drunk or had 5 or more drinks at one time on 26 day(s); smoked or used any kind of marijuana, blunts or hashish on 25 day(s); gone without using any alcohol, marijuana, or other drugs 10 day(s) .

Case Disposition

Issues recommended to address: family problems; school problems; behavioral or conduct problems; substance use. The following placement(s) or service(s) is/are recommended: Mental health - outpatient, Mental health - school counselor/psychologist services, Student assistance program/Early Intervention, Tutoring; (RECOMMEND FAMILY COUNSELING (SEE NOTES)).

Additional Comments: (SEE NOTES).

GF. General Factors

GLPI/ GFI		<u>Yes</u>	<u>No</u>
1.	<u>In your lifetime</u> , have you . . .		
a.	been treated <u>5 or more times</u> in a hospital or emergency room for physical health problems? _____	1	<input type="text" value="0"/>
b.	<u>ever</u> received treatment or counseling for a mental, emotional, behavioral or psychological problem? _____	1	<input type="text" value="0"/>
c.	<u>ever</u> received treatment or counseling for alcohol, marijuana or other drugs? _____	1	<input type="text" value="0"/>
d.	been stopped by the police or arrested <u>5 or more times</u> ? _____	<input type="text" value="1"/>	0
2.	<u>During the past 12 months</u> , have you . . .		
a.	gotten bad grades or had your grades drop at school or training? _____	<input type="text" value="1"/>	0
b.	been absent 5 or more days from school or training for any reason? _____	<input type="text" value="1"/>	0
c.	skipped or cut school or training just because you didn't want to be there? _____	<input type="text" value="1"/>	0
d.	been suspended or expelled from school or training? _____	<input type="text" value="1"/>	0
e.	done badly at work or done worse at work? _____	1	<input type="text" value="0"/>
f.	been absent 5 or more days from work for any reason? _____	1	<input type="text" value="0"/>
g.	skipped or cut work because you didn't want to be there? _____	1	<input type="text" value="0"/>
h.	been fired, laid off or told not to come in to work? _____	1	<input type="text" value="0"/>
j.	been attacked by someone else? _____	<input type="text" value="1"/>	0
k.	attacked someone else? _____	<input type="text" value="1"/>	0
m.	been arrested? _____	<input type="text" value="1"/>	0
n.	been on probation, parole, or other kinds of court supervision? _____	<input type="text" value="1"/>	0
3.	<u>During the past 90 days</u> , on how many <u>days</u> . . . (Use "0" for None or Not Applicable.)		<u>Days</u>
a.	did you go to any kind of <u>school or training</u> program? _____	<input type="text" value="45"/>	<input type="text" value="45"/>
b.	did you <u>miss</u> school or training for any reason? _____	<input type="text" value="15"/>	<input type="text" value="15"/>
c.	did you <u>get in trouble</u> at school or training for any reason? _____	<input type="text" value="3"/>	<input type="text" value="3"/>
d.	did you go to <u>work</u> ? _____	<input type="text" value="0"/>	<input type="text" value="0"/>
e.	did you <u>miss</u> work for any reason? _____	<input type="text" value="0"/>	<input type="text" value="0"/>
f.	did you <u>get in trouble</u> at work for any reason? _____	<input type="text" value="0"/>	<input type="text" value="0"/>
g.	have you gotten into trouble at home or with your family for any reason? _____	<input type="text" value="60"/>	<input type="text" value="60"/>
h.	were you in foster care, a group home or a ward of the state? _____	<input type="text" value="0"/>	<input type="text" value="0"/>
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 hospital? _____	<input type="text" value="0"/>	<input type="text" value="0"/>

SS. Sources of Stress

GLPI/
SOSI

1. During the past 12 months, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?
- | | Yes | No |
|--|-----|----|
| 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 or co-workers/classmates _____ | 1 | 0 |
| f. Other changes or problems in primary support groups _____
(Please describe. v. <u>MOM'S BOYFRIEND MOVED IN</u>) | 1 | 0 |
2. During the past 12 months, have you been under stress because of the following other kinds of demands on you?
- | | | |
|--|---|---|
| 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. v. <u>FRIEND PUSHED DOWN STAIRS</u>) | 1 | 0 |
| j. Other environmental demands on you _____
(Please describe. v. _____) | 1 | 0 |
3. During the past 12 months, were you attacked with a weapon, beaten, sexually abused or emotionally abused? _____
- | | | |
|--|---|---|
| | 1 | 0 |
|--|---|---|
4. Are you currently worried that someone might . . .
- | | | |
|--|---|---|
| a. <u>attack</u> you with a gun, knife, stick, bottle, or other weapon? _____ | 1 | 0 |
| b. <u>hurt you by striking or beating</u> or otherwise physically abusing you? _____ | 1 | 0 |
| c. pressure or <u>force you to participate in sexual acts</u> against your will? _____ | 1 | 0 |
| d. <u>abuse you emotionally?</u> _____ | 1 | 0 |

PH. Physical Health

GLPI/
HDI

- 1.
- During the past 12 months
- , would you say your health in general was...?

(Circle one.)

Excellent _____ 0
 Very good _____
 Good _____ 2
 Fair _____ 3
 Poor _____ 4

- 2.
- During the past 12 months
- , has your health
- limited
- your ability to do . . .

YesNo

- a. vigorous activities like running, lifting heavy objects or active sports? _____ 1
- b. moderate activities like moving a table, carrying groceries or light sports? _____ 1
- c. light activities like bending, lifting or stooping? _____ 1

- 3.
- During the past 12 months
- , have you . . .

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

- 4.
- During the past 90 days
- , on how many
- days
- . . .

Days

- a. were you bothered by any health or medical problems? _____ | 0 |
- b. did you have medical problems that kept you from meeting your responsibilities at work, school or home? _____ | 0 |
- c. have you gone without eating (or threw up much of what you did eat?) _____ | 0 |

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 they make you feel like you cannot go on.

- | | | | | | |
|---------------|----|--|--|---|--------------------|
| IBS/
DSS-5 | 1. | <u>During the past 12 months</u> , have you had <u>significant</u> problems with. . . | <u>Yes</u> | <u>No</u> | |
| | a. | headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells? _____ | 1 | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="0"/> | |
| | b. | sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | c. | feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | d. | having no energy and losing interest in work, school, friends, sex or other things you cared about? _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | e. | remembering, concentrating, making decisions, or having your mind go blank? _____ | 1 | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="0"/> | |
| IBS/
SRS-5 | 2. | <u>During the past 12 months</u> , have you. . . | | | |
| | a. | thought about killing or hurting someone else? _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | b. | thought about ending your life or committing suicide? _____ | 1 | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="0"/> | [IF NO, GO TO 3a.] |
| | 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 | 3. | <u>During the past 12 months</u> , have you had <u>significant</u> problems with. . . | | | |
| | a. | feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen? _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | b. | having to repeat an action over and over, or having thoughts that kept running over in your mind? _____ | 1 | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="0"/> | |
| | c. | trembling, having your heart race or feeling so restless that you could not sit still? _____ | 1 | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="0"/> | |
| | 4. | <u>During the past 12 months</u> , have the following situations happened to you? | | | |
| | a. | When something reminded you of the past, you became very distressed and upset. _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | b. | Sometimes you used alcohol or other drugs to help yourself sleep or forget about things that happened in the past. _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | c. | You had a hard time expressing your feelings, even to the people you cared about. _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | d. | You felt guilty about things that happened because you felt like you should have done something to prevent them. _____ | <input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="1"/> | 0 | |
| | 5. | <u>During the past 90 days</u> , on how many <u>days</u> were you... <u>Days</u> | | | |
| | a. | bothered by any nerve, mental, or psychological problems? _____ | | <input style="border: 1px solid black; width: 40px; height: 20px;" type="text" value="30"/> | |
| | b. | disturbed by memories of things from the past that you did, saw or had happen to you? _____ | | <input style="border: 1px solid black; width: 40px; height: 20px;" type="text" value="90"/> | |

BH. Behavioral Health

- | | | | | |
|---------------|----|---|--|--|
| EBS/
AIS-6 | 1. | <u>During the past 12 months</u> , have you done the following things <u>two or more times</u> ? | <u>Yes</u> | <u>No</u> |
| | a. | Had a hard time paying attention at school, work or home. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | b. | Had a hard time listening to instructions at school, work or home. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | c. | Had a hard time staying organized or getting everything done. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | d. | Been unable to stay in a seat or where you were supposed to stay. _____ | 1 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | e. | Gotten in trouble for being too "loud" when you were playing or relaxing. _____ | 1 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | f. | Had a hard time waiting for your turn. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| EBS/
BPS-6 | 2. | <u>During the past 12 months</u> , have you done the following things <u>two or more times</u> ? | | |
| | a. | Been a bully or threatened other people. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | b. | Lied or conned to get things you wanted or to avoid having to do something. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | c. | Stayed out at night later than your parent or partner wanted. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | 3. | <u>During the past 12 months</u> , have you had a disagreement in which <u>you</u> did the following things? | | |
| | a. | Insulted or swore (cursed) at someone. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | b. | Pushed, grabbed, or shoved someone. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | c. | Kicked, bit, or hit someone. _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| EBS/
GCS-4 | 4. | <u>During the past 12 months</u> , have you. . . | | |
| | a. | purposely damaged or destroyed property that did not belong to you? _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | b. | other than from a store, taken money or property that didn't belong to you? _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | c. | hit someone or gotten into a physical fight? _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | d. | sold, distributed or helped to make illegal drugs? _____ | 1 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | 5. | <u>During the past 90 days</u> , on how many <u>days</u> did you. . .
(Use "0" for None or Not Applicable.) | | <u>Days</u> |
| | a. | have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow? _____ | | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="90"/> |
| | b. | have an argument with someone else in which you swore (cursed), threw something, or threatened, pushed or hit someone? _____ | | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="45"/> |
| | c. | do things that might get you in trouble or be against the law besides using (alcohol or) drugs? _____ | | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="90"/> |
| | d. | spend time on probation or parole? _____ | | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="10"/> |
| | e. | spend time under electronic monitoring or house arrest? _____ | | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | f. | spend time in jail or detention? _____ | | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="0"/> |
| | 6. | <u>During the past 90 days</u> , how many <u>times</u> did you get arrested, booked and charged with a crime? (Use "0" for None.) _____ | | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="1"/> Times |

SR. Substance-Related Issues

		<u>Yes</u>	<u>No</u>	
SPS/ SUAS-9	1. <u>During the past 12 months</u> , have you used any alcohol, marijuana, cocaine, heroin, or other substances? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	[IF NO, GO TO SR5.]
<u>During the past 12 months</u> . . .				
	1a. have you tried to hide that you were using alcohol, marijuana or other drugs? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
	b. have your parents, family, partner, co-workers, classmates or friends complained about your alcohol, marijuana or other drug use? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
	c. have you used alcohol, marijuana or other drugs weekly? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 0	
2. <u>During the past 12 months</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? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 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? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
	c. has alcohol, marijuana or other drug use caused you to have repeated problems with the law? _____	1	<input type="checkbox"/> 0	
	d. have you kept using alcohol, marijuana or other drugs even after you knew it could get you into fights or other kinds of legal trouble? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
SPS/ SDS-7	3. <u>During the past 12 months</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	<input type="checkbox"/> 0	
	b. have you had withdrawal problems from alcohol, marijuana or other drugs like shaking hands, throwing up, 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	<input type="checkbox"/> 0	
	c. have you used alcohol, marijuana or other drugs in larger amounts, more often or for a longer time than you meant to? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
	d. have you been unable to cut down or stop using alcohol, marijuana or other drugs? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
	e. have you spent a lot of time either getting alcohol, marijuana or other drugs, using them, or feeling the effects of them (high, sick)? _____	1	<input type="checkbox"/> 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? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 0	

(If there were days in a controlled environment, use the calendar to identify personal anchors for the last 90 days in the community.)

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.

4. During the last 90 days that you lived in the community, on how many Days
days did you. . . (Use "0" for None.)
- | | | |
|----|--|----|
| b. | drink beer, wine, or any kind of alcohol? _____ | 40 |
| c. | get drunk or have 5 or more drinks at one time? _____ | 26 |
| d. | smoke or use any kind of marijuana, blunts or hashish? _____ | 25 |
| e. | use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug? _____
(What did you use? v.) | 0 |
| f. | go <u>without using any</u> alcohol, marijuana, or other drugs? _____ | 10 |
5. During the last 90 days that you lived in the community, on how many days did you smoke or use any kind of tobacco? _____
- | | | |
|--|--|--|
| | | |
|--|--|--|

SU. Service Utilization
(Please use "0" for None or Not Applicable.)

- | | | | |
|----|---|---------------|--|
| 1. | <u>During the past 90 days</u> , how many <u>times</u> did you go to an <u>emergency room</u> for. . . | <u>Times</u> | |
| | a. physical health problems? _____ | 0 | |
| | b. mental, emotional, behavioral or psychological problems? _____ | 0 | |
| | c. alcohol or drug use problems? _____ | 0 | |
| 2. | <u>During the past 90 days</u> , on how many <u>nights</u> did you stay in a <u>residential, inpatient, or hospital program</u> for. . . | <u>Nights</u> | |
| | a. physical health problems? _____ | 0 | |
| | b. mental, emotional, behavioral or psychological problems? _____ | 0 | |
| | c. alcohol or drug use problems? _____ | 0 | |
| 3. | <u>During the past 90 days</u> , how many <u>times</u> did you go to an <u>outpatient program, clinic or counselor</u> for. . . | <u>Times</u> | |
| | a. physical health problems? _____ | 0 | |
| | b. mental, emotional, behavioral or psychological problems? _____ | 0 | |
| | c. alcohol or drug use problems? _____ | 0 | |
| 4. | <u>During the past 90 days</u> , on how many <u>days</u> did you take <u>medication</u> for. . . | <u>Days</u> | |
| | a. physical health problems? _____ | 0 | |
| | b. mental, emotional, behavioral or psychological problems? _____ | 0 | |
| | c. alcohol or drug use problems? _____ | 0 | |
| 5. | <u>During the past 90 days</u> , on how many <u>days</u> did you see a counselor or other professional about your health, emotional, behavioral, alcohol or drug problems at a. . . | <u>Days</u> | |
| | a. school or student assistance program? _____ | 5 | |
| | b. job or employee assistance program? _____ | 0 | |
| | c. spiritual program or religious organization? _____ | 0 | |

EN. End

1. Do you want help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems? _____

<u>Yes</u>	<u>No</u>
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0

(If Yes, please describe below.)

- v1. WANT TO TALK TO MOM W/OUT FIGHTING
- v2. DON'T WANT ANY MORE TROUBLE WITH LAW
- v3. _____

2. Did anyone read these questions to you or help you fill out this form?

<u>Yes</u>	<u>No</u>
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0
3. Is English your first language? _____

<u>Yes</u>	<u>No</u>
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0
- a. (If No, what is? v. _____)

4. What kind of place best describes where you completed this form?

(Circle 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
- Other (Please describe. v. _____) 99

5. What time is it? (Please also circle AM or PM.): _____

	09:46	
H H	M M	M M

<input checked="" type="checkbox"/> 1-AM	-PM
--	-----

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

(For further information on this form see www.chestnut.org/li/gain/gain_q.)

<i>CD. Case Disposition - For Staff Use Only</i>					
1. Referral Source(s) v. <u>MR. JOHNSON (PRINCIPLE), MR. CARR (PO)</u>					
a.	205	b.	502	c.	
				d.	
				e.	
2. Issues		1. Reasons for Referral		2. Recommendations	
		Yes	No	Yes	No
a.	Random screening	1	<input type="checkbox"/> 0		
b.	General concern (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
c.	Family problems (v. _____)	1	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	0
d.	Peer or partner problems (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
e.	Grief or other emotional crises (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
f.	Spiritual issues (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
g.	Race/ethnicity/gender identity issues (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
h.	Teenage parenting issues (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
j.	Environmental problems (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
k.	School problems (v. <u>POOR GRADES, ABSENCES, (SEE NOTES)</u>)	<input checked="" type="checkbox"/> 1	0	<input checked="" type="checkbox"/> 1	0
m.	Physical health problems (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
n.	Emotional problems (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
p.	Behavioral or conduct problems (v. <u>AGGRESSIVE BEHAVIOR, CUTTING SCHOOL</u>)	<input checked="" type="checkbox"/> 1	0	<input checked="" type="checkbox"/> 1	0
q.	Gang or illegal activity (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
r.	Substance use (v. <u>RECENTLY CAUGHT USING, HIGH AT SCHOOL</u>)	<input checked="" type="checkbox"/> 1	0	<input checked="" type="checkbox"/> 1	0
s.	Noncompliance (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
t.	Continuing care/support (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
u.	Other (v. _____)	1	<input type="checkbox"/> 0	1	<input type="checkbox"/> 0
3. Placement(s) v. <u>RECOMMEND FAMILY COUNSELING (SEE NOTES)</u>					
a.	6027	b.	6024	c.	2204
				d.	2007
				e.	
4. Additional Comments: (SEE NOTES)					

Appendix K: Sample Supplemental Measure – Reasons for Quitting (RFQ) - Jessica

RQ. Reason for Quitting

(For Staff Use Only)

		<u>Yes</u>	<u>No</u>	
RQ0.	Do you want to enter additional RFQ information? _____	<input type="checkbox"/> 1	0	[IF NO, GO TO SU1.]

Below 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 items using yes or no.

RFQ/ PMS	RQ1a. You want to quit using alcohol or drugs at this time. . .	<u>Yes</u>	<u>No</u>
	1. so that you will be able to think more clearly. _____	<input type="checkbox"/> 1	0
	2. because you will like yourself better if you quit. _____	1	<input type="checkbox"/> 0
	3. because your memory will improve. _____	<input type="checkbox"/> 1	0
	4. so that you can get more things done during the day. _____	<input type="checkbox"/> 1	0
	5. because you want to have more energy. _____	1	<input type="checkbox"/> 0
	6. because you are concerned that using alcohol or drugs will shorten your life. _____	1	<input type="checkbox"/> 0
	7. so that your hair and clothes won't smell. _____	1	<input type="checkbox"/> 0
	8. so that you can feel in control of your life. _____	1	<input type="checkbox"/> 0
	9. because you have noticed that alcohol or drug use is hurting your health. _____	1	<input type="checkbox"/> 0
	10. so that you won't burn holes in clothes or furniture. _____	1	<input type="checkbox"/> 0
	11. because you are concerned that you will have health problems if you don't quit. _____	1	<input type="checkbox"/> 0
	12. because alcohol or drug use does not fit in with your "image". _____	1	<input type="checkbox"/> 0
	13. to prove to yourself that you are not addicted. _____	<input type="checkbox"/> 1	0
	14. because alcohol or drug use is becoming less "cool" or socially acceptable. _____	1	<input type="checkbox"/> 0
	15. because you won't have to leave social functions or other people's houses to drink, smoke or use. _____	1	<input type="checkbox"/> 0
	16. because you have known other people with health problems that were caused by alcohol or drug use. _____	1	<input type="checkbox"/> 0
	17. to show yourself that you can quit if you really want to. _____	<input type="checkbox"/> 1	0
	18. because you want to save the money that you spend on alcohol or drug use. _____	<input type="checkbox"/> 1	0

RQ1a. (continued)		<u>Yes</u>	<u>No</u>
19.	so that you can get a lot of praise from people you are close to. _____	1	0
20.	because people you are close to will be upset with you if you don't quit. _____	1	0
21.	because you don't want to embarrass your family. _____	1	0
22.	because your parents, girlfriend, boyfriend or other person you are close to will stop nagging you if you quit. _____	1	0
23.	because someone has told you to quit or else. _____	1	0
24.	because you will receive a special gift if you quit. _____	1	0
25.	because there is an alcohol or drug testing policy in detention, probation, parole or school. _____	1	0
26.	because of legal problems related to your alcohol or drug use. _____	1	0

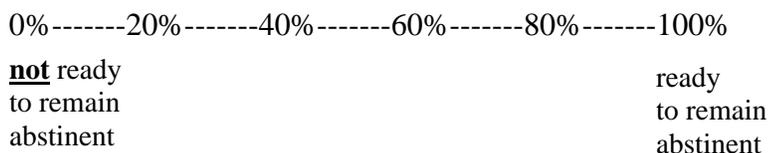
- RQ1a27. What is your "main" or most important reason for wanting to quit now?
- v1. MY PO SAID TO QUIT OR ELSE _____
- v2. _____
- v3. _____

RQ1b. Have you quit yet? Yes _____1 [PLEASE ANSWER b1.]

No _____ [PLEASE ANSWER b2.]

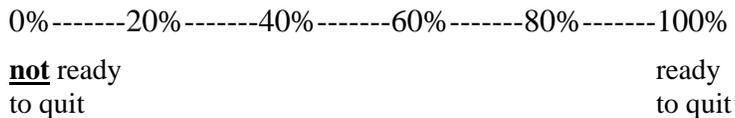
Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b1. How ready you are **RIGHT NOW** to remain abstinent (not use) alcohol, marijuana, cocaine, heroin and other drugs? % [GO TO SU1.]



Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b2. How ready you are **RIGHT NOW** to stop using alcohol, marijuana, cocaine, heroin and other drugs? %



Appendix L: Sample Supplemental Report -

Personal Feedback Report (PFR) - Therapist 520

Jessica

Client 55125

GAIN-Quick Personalized Feedback Report (Q-PFR)

This report summarizes some of the information that you gave us in your interview on 12/19/2002.

We want to give you an opportunity to review what you've told us and make any changes or additions. As you and I work together in reviewing and discussing this specific personal information, we can help you develop strategies for dealing with alcohol, marijuana, and other drugs that fit your individual needs.

Extent of Use

You smoked marijuana on 40 of the past 90 days. This means that only 5% of adolescents your age used this much or more.

You drank alcohol on 60 of the past 90 days, including days when you got drunk or had 5 or more drinks. This means that only 1% of adolescents your age used this much or more.

In the past 90 days, you reported that you used other drugs, including any kind of tobacco, on 90 days.

Problems

You indicated that your use of marijuana, alcohol, and/or other substances had caused you the following kinds of problems:

- * You did not meet your responsibilities at home, school, or work.
- * You used in situations where it was unsafe for you (driving a car, using a machine, or where you might have been hurt or forced into sex).
- * You kept using even though it was causing you to get into fights (or other kinds of legal trouble).
- * You used in larger amounts, more often or for longer than you meant to.
- * You have been unable to cut down or stop using.
- * Using caused you to give up, reduce, or have problems at important activities at home, school, work, or social events.

As you reflect on the consequences of using marijuana, alcohol, and/or other substances on your life, what would you add?

Reasons for Quitting

We showed you a list of personal reasons for quitting alcohol, marijuana and other drugs. Here are some reasons you gave for possibly quitting:

- * So that I will be able to think more clearly
- * Because my memory will improve
- * So that I can get more things done during the day
- * To prove I'm not addicted
- * To show myself that I can quit if I really want to
- * Because I will save money by quitting
- * To get praise from people I am close to

- * Because people I am close to will be upset if I don't
- * Because someone has given me an ultimatum
- * Because there is a drug testing policy in detention, probation, parole, or school
- * Because of legal problems related to my use

You listed these because they have personal significance for you. Do you have any other important reasons for quitting that you would like to add?

Other Problems

You also told us about several other problems that might be caused or made worse by your marijuana, alcohol or other drug use. These include the following:

- The emotional problems you reported
- Being bothered by upsetting memories
- Your thoughts about hurting others
- Having problems paying attention or controlling your behavior
- The family problems you reported
- Arguments and problems you had with your temper
- Being physically, sexually or emotionally hurt
- Doing things that were illegal
- Getting in trouble at school
- Multiple sources of stress you reported in your life

As you think about highly tempting situations, are there situations that you'd like to add?

Situational Confidence

You also told us that you had not quit yet but were 40% ready to quit.

Appendix M: GAIN – QM Instrument

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GAIN-Quick Monitoring 90 Days (GAIN-QM)

Version [GVER]: GO-M02.05.00

Site ID [XSITE]: _____	Local Site ID [XSITEa]: _____
Staff ID [XSID]: _____	Part. ID [XPID]: _____
Observation [XOBS: 3,6,9,12]: _____	
Edit Staff ID [XEDSID]: _____	Edit Date [XEDDT]: _____

BK. Background

- BK1. What is the date you are starting this form? _____ (MM/DD/YYYY)
- BK2. What time is it? (Please also circle AM or PM): _____ 1-AM 2-PM
H H M M
- BK3. What is your full name?
a. _____ b. _____ c. _____
(First Name) (M.I.) (Last Name)
- BK4. What is your gender? (Circle one) Male _____ 1
Female _____ 2
- BK7. What is the highest grade of education you have completed? _____ Grade **[IF 13 OR HIGHER, GO TO BK8]**
- | | | |
|--|------------|-----------|
| | <u>Yes</u> | <u>No</u> |
| a. Do you have a high school degree or G.E.D. (General Equivalency Diploma)? _____ | 1 | 0 |
- BK8. Have you ever completed this questionnaire before? _____ 1 0 **[IF NO, GO TO GF3a]**
- a. If "yes", about when did you last complete it? _____ (MM/DD/YYYY)

GF3.	<u>During the past 90 days, on how many days...</u> (Use "0" for None or Not Applicable)	<u>Days</u>	
a.	did you go to any kind of <u>school or training</u> program? _____		
b.	did you <u>miss</u> school or training for any reason? _____		
c.	did you <u>get in trouble</u> at school or training for any reason? _____		
d.	did you go to <u>work</u> ? _____		
e.	did you <u>miss</u> work for any reason? _____		
f.	did you <u>get in trouble</u> at work for any reason? _____		
g.	have you gotten into trouble at home or with your family for any reason? _____		
h.	were you in foster care, a group home or a ward of the state? _____		
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 hospital? _____		
SS4.	Are you <u>currently worried</u> that someone might...	<u>Yes</u>	<u>No</u>
a.	<u>attack</u> you with a gun, knife, stick, bottle, or other weapon? _____	1	0
b.	<u>hurt you by striking or beating</u> or otherwise physically abusing you? _____	1	0
c.	pressure or <u>force you to participate in sexual acts</u> against your will? _____	1	0
d.	<u>abuse you emotionally</u> ? _____	1	0
PH4.	<u>During the past 90 days, on how many days...</u>		
a.	were you bothered by <u>any</u> health or medical problems? _____		
b.	did you have medical problems that kept you from meeting your responsibilities at work, school or home? _____		
c.	have you gone without eating (or threw up much of what you did eat?) _____		
EH5.	<u>During the past 90 days, on how many days</u> were you...		
a.	bothered by any nerve, mental, or psychological problems? _____		
b.	disturbed by memories of things from the past that you did, saw or had happen to you? _____		
BH5.	<u>During the past 90 days, on how many days</u> did you... (Use "0" for None or Not Applicable)		
a.	have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow? _____		
b.	have an argument with someone else in which you swore (cursed), threatened, threw something, pushed or hit someone? _____		
c.	do things that might get you into trouble or be against the law besides using (alcohol or) drugs? _____		
d.	spend time on probation or parole? _____		
e.	spend time under electronic monitoring or house arrest? _____		
f.	spend time in jail or detention? _____		
BH6.	<u>During the past 90 days, how many times</u> did you get arrested, booked and charged with a crime? (Use "0" for None)	<u>Times</u>	

SR4. During the past 90 days, on how many days did you...(Use "0" for None)

	<u>Days</u>
bm. drink beer, wine, or any kind of alcohol? _____	
cm. get drunk or have 5 or more drinks at one time? _____	
dm. smoke or use any kind of marijuana, blunts or hashish? _____	
em. use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug? _____	
(What did you use? v.)	
fm. go <u>without using</u> any alcohol, marijuana, or other drugs? _____	

SR5m. During the past 90 days, on how many days did you smoke or use any kind of tobacco? _____

--

SU. Service Utilization

(Please use "0" for None or Not Applicable)

SU1. During the past 90 days, how many times did you go to an emergency room for...

Times

a. physical health problems? _____	
b. mental, emotional, behavioral or psychological problems? _____	
c. alcohol or drug use problems? _____	

SU2. During the past 90 days, on how many nights did you stay in a residential, inpatient, or hospital program for...

Nights

a. physical health problems? _____	
b. mental, emotional, behavioral or psychological problems? _____	
c. alcohol or drug use problems? _____	

SU3. During the past 90 days, how many times did you go to an outpatient program, clinic or counselor for...

Times

a. physical health problems? _____	
b. mental, emotional, behavioral or psychological problems? _____	
c. alcohol or drug use problems? _____	

SU4. During the past 90 days, on how many days did you take medication for...

Days

a. physical health problems? _____	
b. mental, emotional, behavioral or psychological problems? _____	
c. alcohol or drug use problems? _____	

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...

Days

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

EN. End

1. Do you want help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems? _____ Yes No
1 0

(If Yes, please describe below)

v1.

v2.

v3.

2. Did anyone read these questions to you or help you fill out this form? _____ Yes No
1 0

3. Is English your first language? _____ 1 0
a. **(If No, what is? v.**)

4. What kind of place best describes where you completed this form? **(Circle 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
Other **(Please describe v.**)— 99

5. What time is it? **(Please also circle AM or PM):** _____ | | : | | | 1-AM 2-PM
H H M M

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

(For further information on this form see www.chestnut.org/li/gain.)

For Staff Use Only (Optional Special Study Detail)

Yes No

XSS1. Do you want to enter additional special study information? _____ 1 0 **[IF NO, END.]**

XSSN. Special Study Number:		Name: v.	
aa.		ba.	
ab.		bb.	
ac.		bc.	
ad.		bd.	
ae.		be.	
af.		bf.	
ag.		bg.	
ah.		bh.	
aj.		bj.	
ak.		bk.	
am.		bm.	
an.		bn.	
ap.		bp.	
aq.		bq.	
ar.		br.	
as.		bs.	
at.		bt.	
au.		bu.	
av.		bv.	
aw.		bw.	
ax.		bx.	
ay.		by.	
az.		bz.	

Appendix N: Summary Sheet of QA Feedback for the GAIN-Q

GAIN-Q Summary Sheet of QA Feedback

Identifiers			
Site code:		Rater Site:	
Interviewer Name:		Rater Name:	
Interviewer ID:		Rater ID:	
Date of Assessment:		Date of Rating:	
Participant ID:		Assessment:	GAIN-Q

Documentation

- Header –
- Documentation of participant answers –
- CD page -

Summary Rating:

Instructions:

- Introduction of instrument -
- Anchoring time periods -
- Use of transitional statements –
- Defining and repeating response choices -
- Handling of participant questions about instructions -

Summary Rating:

Items:

- Accurate following of item order and skips -
- General following of word order (including words added, left out, changed) -
- Use of stems and time periods -
- Clarification of participant responses -
- Handling of participant-initiated questions about items –

Summary Rating:

Engagement:

- Flow of the interview -
- Voice articulation and inflection -
- Use of encouraging or motivational statements -
- Sensitivity to participant's needs -
- Rapport -

Summary Rating:

Other:

Certification Status:

Appendix O: Sample QA Feedback for the GAIN-Q

GAIN-Q Summary Sheet of QA Feedback

Identifiers			
Site code:	1000	Rater Site:	500
Interviewer Name:	Jenny Tenny	Rater Name:	Sunflower Brown
Interviewer ID:	520	Rater ID:	3661
Date of Assessment:	12/19/2002	Date of Rating:	12/21/2002
Participant ID:	55125	Assessment:	GAIN-Q CORE

Documentation

- **Header** –
 - All of the required fields were complete and legible. Great Job!
- **Documentation of participant answers** –
 - All information was coded clearly and accurately.
 - Responses were marked legibly.
 - One change was made to the GAIN-Quick by crossing out the original response, documenting the new, and initialing and dating the change on the day it was made. Nice work!
 - It is not necessary for the participant to answer items BK1, 2, 3, 4, on page 1 and EN2, 4, and 5 on page 10. The interviewer may fill in these items depending on your site’s protocol.
 - **Some items were miscoded:**
 - Item SS1e on page 3 (Stress related to fights with boss/teacher or co-workers/classmates) is **miscoded** as 1. The participant said “No,” but the interviewer circled “1” for yes. *Please go back and change this item to “0” on both the hard copy and in the database.*
 - Item SR2c on page 7 (has alcohol, marijuana or other drug use caused you to have repeated problems with the law) is **miscoded**. The participant responded “Yes” to this item and the interviewer circled “0”. *Please go back and circle “1” for yes on both the hard copy and in the database.*
- **CD page** –
 - The CD page was entered completely and legibly.

Summary Rating: Minor problems due to miscodings

Instructions:

- **Introduction of instrument** –
 - The interviewer did not introduce the instrument to the participant.
 - Please read the directions for “Introducing the GAIN-Q to a participant”. They are summarized in Appendix D of the GAIN-Q manual.
 - The interviewer did a good job asking the participant if he had any questions before they began the assessment. Nice work!
- **Anchoring time periods** –

- The interviewer started out well by establishing anchors using the calendar.
- The timeframe for the 90-day anchor was defined correctly. However, the interviewer did not establish the 12-month time period until the GF section on page 2. Before the interviewer administered item GF2 on page 2, the interviewer got out the calendar and went back to one year ago and asked the participant, “Did anything significant happen to you around December 19th, 2001?” The participant responded “No” and the interviewer moved on with item GF2a. Please refer to Appendix C of your manual for instructions on how to complete a GAIN-Q calendar with the participant.
- **Use of transitional statements** –
 - The interviewer did a good job of reading the transitional statements. Nice work!
- **Handling of participant questions about instructions** – NA

Summary Rating: Problems

Items:

- **Accurate following of item order and skips** –
 - The interviewer did a very good job at following item order.
 - The interviewer accidentally skipped BH1c on p. 6, but caught the error and administered the item after BH1d. Good catch!
 - On page 10, it was not necessary to read “Please return this form to the person who gave it to you” to the participant. These instructions are for a participant who is self-administering the GAIN-Q.
 - The interviewer did a great job reading all the response choices available for item PH1 on p. 4.
- **General following of word order** (including words added, left out, changed) –
 - The interviewer did a fine job of following word order throughout the interview. Any misreading was minor, only a word or two, and did not alter the meaning of any items.
 - **Some words were changed, which changed the meaning of the item.**
 - On item SS1a on page 3, the interviewer substituted “abortion” for “adoption,” which changed the meaning of the item.
 - On item BH2b on page 6, “Lied” and “Conned” were mispronounced.
- **Use of stems and time periods** –
 - Throughout the assessment the stem was repeated for every item. It is not necessary to repeat the stem for every item. You can read the stem at the beginning of a set of items and repeat the stem if the participant seems to need reminding or seems to have difficulty answering the item. For long lists of items with the same stem, the stem can be repeated after every couple of items asked.
- **Clarification of participant responses** –
 - During the administration of items GF3a-j the participant started to answer “No” instead of number of days. The interviewer then reminded the participant of the desired format and repeated the stem. Good job!
 - On MENTIONED items it is not necessary to read the participant the list of items. Please read the question, wait for the participant’s answer, then ask “Any others?” until the participant says “No” (e.g., BK5 on page 1).

- On item EN1v1, v2 and v3 the interviewer asked the item and coded the response verbatim and then asked the participant “What else?” The correct way to administer this item would be to ask the item and wait for a response from the participant, code the response verbatim and ask “Any Others” until the participant says “No.”
- On page 1, item BK6b the interviewer asked the participant “Who has custody of you?” and the participant responded “My mother.” It would have been a good idea for the interviewer to clarify that no one else shared custody of the participant by asking “Anyone else?”
 - On page 1, item BK7 (What is the highest grade of education you have completed) it would have been a good idea for the interviewer to clarify the participant’s response of “10th grade” by asking the participant if he had actually completed all of 10th grade. Often adolescents respond to this question with their current grade level instead of the last grade they have completed.
- **Handling of participant-initiated questions about items** –
 - There were not any questions asked by the participant during this interview.

Summary Rating: Minor Problems

Engagement:

- Flow of the interview –
 - The flow was appropriate for this interview.
 - The interviewer seemed familiar with item order and skips.
- Voice articulation and inflection –
 - The interviewer used great voice articulation and inflection and spoke at a good pace. Great job!
- Use of encouraging or motivational statements –
 - No encouraging statements regarding the progress of the interview were made.
 - It would have been a good idea to use encouraging statements throughout the assessment to keep the participant motivated and focused (e.g., we’re moving into a new section, we’re half way there, one more section to go, just a few more pages).
- Sensitivity to participant’s needs –
 - No breaks were offered to the participant.
 - The interviewer offered encouragement to the participant by saying “Stay with me-just one more question” after item EH1d on page 5 when he sounded tired. This would be an ideal time to offer a break.
- Rapport –
 - The rapport seemed average.
 - The interviewer did a nice job engaging the participant by using his name. Good job!

Summary Rating: Sufficient

Other:

Certification Status: Pending

Appendix P: Psychometric Information on the GAIN-Q Scales and Subscales

P.1 Creation of the Scales and Subscales

The GAIN-Q scales and subscales are composed of a subset of items from the intake version of the GAIN -- the GAIN-I (Dennis, 1999) -- a comprehensive biopsychosocial assessment battery that measures participant functioning in eight areas as well as service utilization. Although the GAIN-Q scales are much shorter than those found on the GAIN-I, from a psychometric standpoint they function in a near-equivalent manner.

In order to create the GAIN-Q scales, intake data from two projects was used: the CYT project (Dennis, Titus et al., 2002), a multi-site randomized clinical trial of adolescents who abuse or are dependent on marijuana; and the ERI project (Dennis, Scott & Godley, 1998), an experimental study testing outcome monitoring versus outcome monitoring plus early reintervention for adult drug users who have completed treatment.

Two kinds of measures compose the GAIN-Q: summative measures and classical measures. As mentioned throughout Chapter 1, the GLPI scale and its three subscales (GFI, SOSI, and HDI) are summative measures. Under the summative measurement model, items (in this case, symptoms) are not assumed to be interchangeable as they are under a classical measurement model. In addition, they need not be of equal prevalence, equal clinical significance, and the measure may not even be internally consistent. A summative score or index is just a linear combination of a variety of behaviors which define the domain in question. The predictive variance is the measure's total variance, which is simply the sum of a series of unique sources of variance. Alpha coefficients, which arise from classical theory assumptions, are not appropriate to use with summative measures. Rather, evaluation of the measure's reliability and utility is achieved by exhibiting a relationship between the summative index and other logically related variables (Bollen & Lennox, 1991; Dennis, Scott, Lennox, Funk, & McDermeit, under review). The summative measures on the GAIN-Q were taken from the GAIN-I and have demonstrated relationships between themselves and a number of logically related variables (Dennis, Scott, Lennox, Funk, & McDermeit, under review; Markwood, McDermeit, & Godley, 1999).

Measures created based on the assumptions of classical measurement theory (see Crocker and Algina, 1986) are the IBI, EBI, and SPI scales and their respective subscales (DSI-5, SRI-5, ATS-7, AII-6, BPS-6, GCI-4, SUAI-9, SDI-7). Reliability coefficients such as Cronbach's alpha (Cronbach, 1951) have meaning under the classical model - in this case a measure of internal consistency. The process used to create these GAIN-Q scales and subscales was as follows:

- For each dimension of interest (internal distress, external distress, and substance use problems), reliability analyses were performed on the GAIN-I adolescent data to identify the items with the highest item-total correlations;
- Each dimension was further divided into collections of items that more precisely define subscales of interest (e.g., symptoms of depression, symptoms of anxiety, etc.);
- Alpha reliabilities for each subset of items were computed with the goal of retaining subscales with the least number of items and the highest reliabilities (preferably .70 or higher);
- Total scores on the shortened versions of the scales and sub-scales were correlated with the total scores on the full versions of the parent scales from which they were taken, with the goal of retaining scales with a correlation of at least .70;

- Once the shortened scales and sub-scales were defined, alpha reliabilities for the same scales using the adult data were computed to see if the scales as defined would also function appropriately with the adult data.

P.2 Characteristics of the Samples

The characteristics of the adolescent and adult samples whose data were used to generate the GAIN-Q scales based on classical theory are described below.

Adolescent Group. The 600 adolescents whose data were used to create the scales were predominantly male (83%), Caucasian (62%) or African American (30%), age 15 or 16 (55%), from single parent families (50%), and still attending school (87%). Most had a history of arrest (71%), were currently involved in the criminal justice system (62%), faced regular peer use of drugs (89%) and/or alcohol (64%), were sexually active (72%) or had a history of victimization (57%). Over 71% used marijuana weekly (19% were smoking 20 or more joints in a day) and 48% met criteria for dependence (50% for abuse). Most also smoked tobacco (80%), drank alcohol (72%) and/or had multiple emotional or behavioral problems. At the time of admission, 74% had never been in substance abuse treatment and 80% thought they did not have a drug or alcohol problem.

Adult Group. Of the 448 adults whose data were used to verify the scales for use with adults, most were female (59%), African-American (79%), over the age of 20 (98%), and met criteria for lifetime dependence at the time of their intake assessment (94%).

P.3 Descriptive Statistics and Internal Consistency

Means, standard deviations, and alpha reliabilities on adolescent and adult data are reported below for the scales and subscales based on classical theory. The TSSS is a combination of summative and classically generated items. However, descriptive statistics and the estimate of internal consistency are reported given the number of items on the TSSS is large and the majority of items were generated from classical theory.

Scale/Sub-scale Name	K Items	Adolescents			Adults		
		Alpha	Mean	St. Dev.	Alpha	Mean	St. Dev.
Internal Behavior Scale-17	17	.86	3.20	3.54	.90	7.28	4.67
Depression Symptom Scale-5	5	.73	1.39	1.54	.84	3.09	1.79
Suicide Risk Scale-5	5	.54	0.31	0.69	.75	0.70	1.18
Anxiety-Trauma Scale-7	7	.82	1.50	1.98	.88	3.49	2.64
External Behavior Scale-16	16	.83	5.85	3.92	.88	4.49	4.12
Activity-Inattention Scale-6	6	.77	2.08	1.91	.88	2.06	2.22
Behavior Problem Scale-6	6	.74	2.79	1.90	.78	2.01	1.87
General Crime Scale-4	4	.71	0.97	1.24	.69	0.44	0.89
Substance Problem Scale-16	16	.82	7.09	3.79	.82	11.18	3.55
Substance Use and Abuse Scale-9	9	.63	4.44	2.05	.67	5.71	2.05
Substance Dependence Scale-7	7	.75	2.65	2.06	.79	5.46	1.90
Total Symptom Severity Scale-99	99	.91	28.53	13.43	.94	36.25	15.88

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