

GAIN-Short Screener (GAIN-SS)
Version [GVER]: GSS 2.0.1

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

2. What is today's date (MM/DD/YYYY):____/____/_____

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

- IDScr 1. When was the last time you had significant problems...
- a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?.....3 2 1 0
 - b. with sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?.....3 2 1 0
 - c. with feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?.....3 2 1 0
 - d. when something reminded you of the past, and you became very distressed and upset?.....3 2 1 0
 - e. with thinking about ending your life or committing suicide?.....3 2 1 0
- EDScr 2. When was the last time you did the following things two or more times?
- a. Lied or conned to get things you wanted or to avoid having to do something?3 2 1 0
 - b. Had a hard time paying attention at school, work or home?.....3 2 1 0
 - c. Had a hard time listening to instructions at school, work or home?.....3 2 1 0
 - d. Were a bully or threatened other people?.....3 2 1 0
 - e. Started fights with other people?.....3 2 1 0
- SDScr 3. When was the last time...
- a. you used alcohol or drugs weekly?.....3 2 1 0
 - b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?3 2 1 0
 - c. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?.3 2 1 0
 - d. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events? .. 3 2 1 0
 - e. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?.....3 2 1 0

(Continued) After each of the following statements, please tell us the last time you had this problem, if ever, by responding (circling) in the past month (3), 2-12 months ago (2), 1 or more years ago (1), or never (0)	Past month	2 to 12 Months Ago	1+ Years Ago	Never
	3	2	1	0

- CVScr 4. When was the last time you...
- a. had a disagreement in which you pushed, grabbed, or shoved someone?3 2 1 0
 - b. took something from a store without paying for it?.....3 2 1 0
 - c. sold, distributed or helped to make illegal drugs?.....3 2 1 0
 - d. drove a vehicle while under the influence of alcohol or illegal drugs?..... 3 2 1 0
 - e. purposely damaged or destroyed property that did not belong to you?.....3 2 1 0
5. Do you have other significant psychological, behavioral or personal problems you want treatment for or help with? (if yes, please describe below)..... 1-Yes 0-No
- v1. _____
- v2. _____
- v3. _____
6. What is your gender? (if other, please describe below)1-Male 2-Female 99-Other
- v1. _____
7. How old are you today?.....|_|_| Years Old

For Staff Use Only	
8. Site ID: _____	Site Name v. _____
9. Staff ID: _____	Staff Name v. _____
10. Client ID: _____	Comment v. _____
11. Mode: 1-Administered by staff 2-Administered by other 3-Self Administered	
12. Number of 2&3s: IDScr:___ EDScr:___ SDScr:___ CVScr:___ TDScr:___	
13. Referral: MH__ SA __ ANG __ Other __ 14. Referral Code: _____	
15. Referral Comments:	
v1. _____	
v2. _____	
v3. _____	

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