

**GAIN-Short Screener (GAIN-SS)**  
Version [GVER]: GAIN-SS annual 2.0.2

What is your name? a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
(First name) (M.I.) (Last name)

What is today's date (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the next questions using yes or no.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. <u>During the past 12 months</u> , have you had <u>significant</u> problems...   |            |           |
| a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? .....   | 1          | 0         |
| b. with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? .....  | 1          | 0         |
| c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?.....  | 1          | 0         |
| d. when something reminded you of the past, you became very distressed and upset?.....  | 1          | 0         |
| e. with thinking about ending your life or committing suicide?.....   | 1          | 0         |
| 2. <u>During the past 12 months</u> , did you do the following things <u>two or more times</u> ?  |            |           |
| a. Lie or con to get things you wanted or to avoid having to do something? .....  | 1          | 0         |
| b. Have a hard time paying attention at school, work or home?.....  | 1          | 0         |
| c. Have a hard time listening to instructions at school, work or home?.....   | 1          | 0         |
| d. Been a bully or threatened other people?.....  | 1          | 0         |
| e. Start fights with other people? .....  | 1          | 0         |
| 3. <u>During the past 12 months</u> , did...  |            |           |
| a. you use alcohol or drugs weekly?.....  | 1          | 0         |
| b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)? .....  | 1          | 0         |
| c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?..  | 1          | 0         |
| d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events? ....  | 1          | 0         |
| e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems? ..... | 1          | 0         |

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Please answer the next questions using yes or no.

4. During the past 12 months, have you... Yes No
- a. had a disagreement in which you pushed, grabbed, or shoved someone? ..... 1 0
- b. taken something from a store without paying for it? ..... 1 0
- c. sold, distributed or helped to make illegal drugs? ..... 1 0
- d. driven a vehicle while under the influence of alcohol or illegal drugs? ..... 1 0
- e. purposely damaged or destroyed property that did not belong to you? ..... 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) ..... Yes No  
 1 0
- v1. \_\_\_\_\_
- v2. \_\_\_\_\_
- v3. \_\_\_\_\_
6. What is your gender? (If other, please describe below) ..... 1-Male 2-Female 99-Other  
 v1. \_\_\_\_\_
7. How old are you today?   years

<b>For Staff Use Only</b>	
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 Is: IDScr: ___ EDScr: ___ SDScr: ___ CVScr: ___ TDScr: ___	
13. Referral: MH ___ SA ___ ANG ___ Other ___	
14. Referral Code: _____	
15. Referral comments:	
v1. _____	
v2. _____	
v3. _____	

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