

GAIN Short Screener (GAIN-SS)Version [GVER]: GAIN-SS ver. 3.0.2

	Wh	at is	s your name? a b b c					
			(First name) (M.I.) (Last	name	e)			
_	Wh	at is	s today's date? (MM/DD/YYYY) _ / 20					
	pro or i you Aft pro	bler nord ir re er e bler	lowing questions are about common psychological, behavioral, and personal ms. These problems are considered significant when you have them for two weeks, when they keep coming back, when they keep you from meeting sponsibilities, or when they make you feel like you can't go on. ach of the following questions, please tell us the last time, if ever, you had the mby answering whether it was in the past month, 2 to 3 months ago, 4 to 12	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	mo	nths	ago, 1 or more years ago, or never.	4	3	2	1	0
IDScr	1.	a.	nen was the last time that you had significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
		b.	sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
		c.	feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	4	3	2	1	0
		d.	becoming very distressed and upset when something reminded you of the past?		3	2	1	0
		e.	thinking about ending your life or dying by suicide?	4	3	2	1	0
		f.	seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	4	3	2	1	0
EDScr	2.		nen was the last time that you did the following things two or more times? Lied or conned to get things you wanted or to avoid having to do something	4	3	2	1	0
		b.	Had a hard time paying attention at school, work, or home	4	3	2	1	0
		c.	Had a hard time listening to instructions at school, work, or home	4	3	2	1	0
		d.	Had a hard time waiting for your turn.	4	3	2	1	0
		e.	Were a bully or threatened other people	4	3	2	1	0
		f.	Started physical fights with other people	4	3	2	1	0
		g.	Tried to win back your gambling losses by going back another day		3	2	1	0
SDScr	3.	Wł a.	nen was the last time that you used alcohol or other drugs weekly or more often?	4	3	2	1	0
		b.	you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
		c.	you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
		d.	your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
		e.	you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0

GAIN-SS ver. 3.0.2 1 11/30/2021



	(Co	ontinued)					Past month	3 months ago	to 12 months ago	+ years ago	or .
	pro	oblem by ansv	vering whether	it was in the past m	s the last time, if ever onth, 2 to 3 months a			2 to	4	1+ ye	Never
	mo	onths ago, 1 or	more years ag	o, or never.			4	3	2	1	0
CVSc	r 4.		he last time th								
	a. had a disagreement in which you pushed, grabbed, or shoved someone?4								2	1	0
	b. took something from a store without paying for it?								2	1	0
	c. sold, distributed, or helped to make illegal drugs?4									1	0
	d. drove a vehicle while under the influence of alcohol or illegal drugs?									1	0
		e. purposel	ly damaged or o	destroyed property t	hat did not belong to	you?	4	3	2	1	0
	5. Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with? (Please describe)							Yes		<u>No</u> 0	
				_						U	
		V1									
	7. 7a.	How old are	you today?		this survey?	Minute	es				
				St	aff Use Only						
	8. Site ID [XSITE]: Site name v										
9. Staff ID [XSID]: Staff name v											
	10	0. Client ID [2	XPID]:	Co	mment v.						
	1	1. Mode: 1 - A	Administered b	y staff 2 - Adı	ministered by other	3 - Self-ad	dmini	istere	d		
	13	3. Referral: M	IH SA _	ANG Oth	ner 14. Referra	al codes:					
	1:	5. Referral co	mments: v1								
Observation Value [XOBS]: Local Site Name [XSITEa]:											
	Scoring										
		Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	•			ver 5, 2, 1	,
	 	IDScr	1a – 1f	(4)	(4, 3)	(4, 3, 2)			(4, 5	<u>, 2, 1</u>	,
		EDScr	$\frac{1a-11}{2a-2g}$								
		SDScr	3a - 3e								
	-	CVScr	4a-4e								
	-	TDScr	1a – 4e								

GAIN-SS copyright © Chestnut Health Systems. For more information on this instrument, please visit http://www.gaincc.org or contact the GAIN Project Coordination Team at (309) 451-7900 or GAINInfo@chestnut.org GAIN-SS ver. 3.0.2

2 11/30/2021