GAIN

SOURCE: __Behavioral Health _____

Name _____ Date _____

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

After each of the following questions, please tell us the last time, if ever, you had the problem, by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.

IDScr	**1) When was the last time you had significant problems with…**	
	a) Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	2: 4 to 12 months ago
	b) Sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	2: 4 to 12 months ago
	c) Feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	2: 4 to 12 months ago
	d) Becoming very distressed and upset when something reminded you of the past?	2: 4 to 12 months ago
	e) Thinking about ending your life or committing suicide?	2: 4 to 12 months ago
	f) Seeing or hearing things that no one else could see or hear, or feeling that someone else could read or control your thoughts?	2: 4 to 12 months ago
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?	2: 4 to 12 months ago
	b) Had a hard time paying attention at school, work, or home?	2: 4 to 12 months ago
	c) Had a hard time listening to instructions at school, work, or home?	2: 4 to 12 months ago
	d) Had a hard time waiting your turn?	2: 4 to 12 months ago
	e) Were a bully or threatened other people?	2: 4 to 12 months ago
	f) Started physical fights with other people?	2: 4 to 12 months ago
	g) Tried to win back your gambling losses by going back another day?	2: 4 to 12 months ago
SDScr	**3) When was the last time…**	
	a) You used alcohol or other drugs weekly or more than that?	2: 4 to 12 months ago
	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)?	2: 4 to 12 months ago
	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?	2: 4 to 12 months ago
	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?	2: 4 to 12 months ago
	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?	2: 4 to 12 months ago
CVScr	**4) When was the last time you…**	
	a) Had a disagreement in which you pushed, grabbed, or shoved someone?	2: 4 to 12 months ago
	b) Took something from a store without paying for it?	2: 4 to 12 months ago
	c) Sold, distributed, or helped make illegal drugs?	2: 4 to 12 months ago
	d) Drove a vehicle while under the influence of alcohol or illegal drugs?	2: 4 to 12 months ago
	e) Purposefully damaged or destroyed property that did not belong to you?	2: 4 to 12 months ago

5) **Do you have other significant psychological, behavioral, or personal problems you want treatment for or help with?**
☐ Yes (1) ☐ No (0) If yes, please describe _____

6) **What is your gender?** ☐ Male (1) ☐ Female (2) ☐ Other (99) If other, please describe_____

7) **How old are you today? _____**

7a) **How many minutes did it take you to complete this survey? _____**

Staff Use Only	
8) Site ID (XSITE) _____	Site name v. _____
9) Staff ID (XSID) _____	Staff name v. _____
10) Client ID (XPID) _____	Comment v. _____

11) Mode: ☐ Administered by staff (1) ☐ Administered by other (2) ☐ Self-administered (3)

12) Referral: ☐ MH ☐ SA ☐ ANG ☐ Other 13) Referral codes _____

14) Referral comments: v1 _____

Observation value (XOBS) _____ Local site name (XSITEa) _____

Scoring

Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				