

GAIN-Short Screen
[Follow Up Version]

Student name: _____

Today's 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 let us know if you had the problem in the past month by responding Yes (1) or No (0).

	<u>Yes</u>	<u>No</u>
1. <u>During the past month</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 sleeping, such as bad dreams, sleeping restlessly, or falling asleep during the day?.....	1	0
c. with feeling very anxious, nervous, tense, fearful, scared, panicked, or like something bad was going to happen?	1	0
d. with becoming very distressed and upset when something reminded you of the past?	1	0
e. with thinking about ending your life or committing suicide?	1	0
2. <u>During the past month</u> , did you do the following things <u>two or more times</u> ?		
a. Lied or conned to get things you wanted or to avoid having to do something?	1	0
b. Had a hard time paying attention at school, work, or home?	1	0
c. Had a hard time listening to instructions at school, work, or home?	1	0
d. Were a bully or threatened other people?	1	0
e. Started fights with other people?	1	0
3. <u>During the past month</u> , have you...		
a. used alcohol or drugs weekly?	1	0
b. spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs?	1	0
c. kept 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 caused you to give up, reduce or have problems at important activities at work, school, home, or social events?	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?	1	0
4. <u>During the past month</u> , have you...		
a. had a disagreement in which you pushed, grabbed, or shoved someone?	1	0
b. took something from a store without paying for it?	1	0
c. sold, distributed, or helped to make illegal drugs?	1	0
d. drove 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