

GAIN-Quick (GAIN-Q)
Version [GVER]: GQ02.05.01 FULL

Site ID [XSITE]:	Local Site ID [XSITEa]:
Staff ID [XSID]:	Part. ID [XPID]:
Edit Staff ID [XEDSID]:	Edit Date [XEDDT]:

BK. Background

1. What is the date you are starting this form? | | / | | / | | | | (MM/DD/YYYY)

2. What time is it? (Please also circle AM or PM.): | | : | | 1-AM 2-PM

H H M M

3. What is your full name?
 a. _____ b. _____ c. _____

(First Name)
(M.I.)
(Last Name)

4. What is your gender? (Circle one.) Male 1
 Female 2

5. Which race, races or ethnicity best describes you?
 (Circle Yes or No for each.)

	Yes	No
a. Alaskan Native	1	0
b. Asian	1	0
c. African American/Black	1	0
d. Caucasian/White	1	0
e. Hispanic, Latino or Chicano	1	0
f. Native American	1	0
g. Native Hawaiian	1	0
h. Pacific Islander	1	0
j. Some other group	1	0

 (Please describe. v. _____)

6. What is your date of birth? | | / | | / | | | |
 (MM/DD/YYYY)
 - a. How old are you today? | **[IF 18 OR OVER, GO TO BK7.]**
 Age
 - b. Who has custody of you? (Record a relationship, not a name.)
 v. _____

7. What is the highest grade of education you have completed? | **[IF 13 OR HIGHER, GO TO BK8.]**
 Grade
 - a. Do you have a high school degree or G.E.D. (General Equivalency Diploma)?

	Yes	No
.....	1	0

8. Have you ever completed this questionnaire before? | | **[IF NO, GO TO GF1a.]**
 - a. About when did you last complete it? | | / | | / | | | |
 (MM/DD/YYYY)

GF. General Factors

GLPI/ GFI		<u>Yes</u>	<u>No</u>
1.	<u>In your lifetime</u> , have you . . .		
a.	been treated <u>5 or more times</u> in a hospital or emergency room for physical health problems?.....	1	0
b.	<u>ever</u> received treatment or counseling for a mental, emotional, behavioral or psychological problem?.....	1	0
c.	<u>ever</u> received treatment or counseling for alcohol, marijuana or other drugs?.....	1	0
d.	been stopped by the police or arrested <u>5 or more times</u> ?.....	1	0
2.	<u>During the past 12 months</u> , have you . . .		
a.	gotten bad grades or had your grades drop at school or training?.....	1	0
b.	been absent 5 or more days from school or training for any reason?.....	1	0
c.	skipped or cut school or training just because you didn't want to be there?.....	1	0
d.	been suspended or expelled from school or training?.....	1	0
e.	done badly at work or done worse at work?.....	1	0
f.	been absent 5 or more days from work for any reason?.....	1	0
g.	skipped or cut work because you didn't want to be there?.....	1	0
h.	been fired, laid off or told not to come in to work?.....	1	0
j.	been attacked by someone else?.....	1	0
k.	attacked someone else?.....	1	0
m.	been arrested?.....	1	0
n.	been on probation, parole, or other kinds of court supervision?.....	1	0
3.	<u>During the past 90 days</u> , on how many <u>days</u> . . .		
	(Use "0" for None or Not Applicable.)		<u>Days</u>
a.	did you go to any kind of <u>school or training</u> program?.....		
b.	did you <u>miss</u> school or training for any reason?.....		
c.	did you <u>get in trouble</u> at school or training for any reason?.....		
d.	did you go to <u>work</u> ?.....		
e.	did you <u>miss</u> work for any reason?.....		
f.	did you <u>get in trouble</u> at work for any reason?.....		
g.	have you gotten into trouble at home or with your family for any reason?.....		
h.	were you in foster care, a group home or a ward of the state?.....		
j.	have you lived in a place where you were not free to come and go as you please-such as jail, an inpatient program, or hospital?.....		

SS. Sources of Stress

- | | | <u>Yes</u> | <u>No</u> |
|---------------|--|------------|-----------|
| GLPI/
SOSI | 1. <u>During the past 12 months</u> , have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers? | | |
| | a. Birth or adoption of a new family member | 1 | 0 |
| | b. Health problem of a family member or close friend..... | 1 | 0 |
| | c. Major change in relationships (marriage, divorce, separation) | 1 | 0 |
| | d. Death of a family member or close friend..... | 1 | 0 |
| | e. Fights with boss/teacher or co-workers/classmates | 1 | 0 |
| | f. Other changes or problems in primary support groups..... | 1 | 0 |
| | (Please describe. v. _____) | | |
| | 2. <u>During the past 12 months</u> , have you been under stress because of the following other kinds of demands on you? | | |
| | a. Major change in housing or bad housing | 1 | 0 |
| | b. New job, position, or school..... | 1 | 0 |
| | c. Hard work or school schedule | 1 | 0 |
| | d. Problems with transportation | 1 | 0 |
| | e. Discrimination in community, work, school, or transportation | 1 | 0 |
| | f. Threat of losing current housing, job, school, or transportation ... | 1 | 0 |
| | g. Interruption or loss of housing, job, school, or transportation | 1 | 0 |
| | h. Something you saw or that happened to someone close to you | 1 | 0 |
| | (Please describe. v. _____) | | |
| | j. Other environmental demands on you | 1 | 0 |
| | (Please describe. v. _____) | | |
| | 3. <u>During the past 12 months</u> , were you attacked with a weapon, beaten, sexually abused or emotionally abused?..... | 1 | 0 |
| | 4. Are you <u>currently worried</u> that someone might. . . | | |
| | a. <u>attack</u> you with a gun, knife, stick, bottle, or other weapon? | 1 | 0 |
| | b. <u>hurt you by striking or beating</u> or otherwise physically abusing you?..... | 1 | 0 |
| | c. pressure or <u>force you to participate in sexual acts</u> against your will?..... | 1 | 0 |
| | d. <u>abuse you emotionally</u> ?..... | 1 | 0 |

PH. Physical Health

GLPI/
HDI

1. During the past 12 months, would you say your health in general was...?
(Circle one.)
- | | |
|----------------|---|
| Excellent..... | 0 |
| Very good..... | 1 |
| Good..... | 2 |
| Fair..... | 3 |
| Poor..... | 4 |
-
2. During the past 12 months, has your health limited your ability to do... .
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. vigorous activities like running, lifting heavy objects or active sports?..... | 1 | 0 |
| b. moderate activities like moving a table, carrying groceries or light sports?..... | 1 | 0 |
| c. light activities like bending, lifting or stooping? | 1 | 0 |
-
3. During the past 12 months, have you. . .
- | | | |
|--|---|---|
| a. lost or gained 10 or more pounds when you were not trying to? ... | 1 | 0 |
| b. had a lot of physical pain or discomfort?..... | 1 | 0 |
| c. been worried about your health or behaviors?..... | 1 | 0 |
| d. had health problems that kept you from meeting your responsibilities at work, school or home? | 1 | 0 |
| e. had lung or breathing problems?..... | 1 | 0 |
| f. had pain when you urinated? | 1 | 0 |
| g. coughed up or urinated blood? | 1 | 0 |
-
4. During the past 90 days, on how many days . . .
- | | <u>Days</u> |
|--|-------------|
| a. were you bothered by any health or medical problems?..... | |
| b. did you have medical problems that kept you from meeting your responsibilities at work, school or home? | |
| c. have you gone without eating (or threw up much of what you did eat?)..... | |

EH. Emotional Health

The next questions are about common psychological 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 they make you feel like you cannot go on.

IBS/ DSS-5	1.	<u>During the past 12 months</u> , have you had <u>significant</u> problems with. . .	<u>Yes</u>	<u>No</u>	
	a.	headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells?.....	1	0	
	b.	sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?.....	1	0	
	c.	feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	1	0	
	d.	having no energy and losing interest in work, school, friends, sex or other things you cared about?.....	1	0	
	e.	remembering, concentrating, making decisions, or having your mind go blank?.....	1	0	
IBS/ SRS-5	2.	<u>During the past 12 months</u> , have you. . .			
	a.	thought about killing or hurting someone else?.....	1	0	
	b.	thought about ending your life or committing suicide?.....	1	0	[IF NO, GO TO 3a.]
	c.	had a plan to commit suicide?.....	1	0	
	d.	gotten a gun, pills or other things to carry out your plan?.....	1	0	
	e.	attempted to commit suicide?.....	1	0	
IBS/ ATS-7	3.	<u>During the past 12 months</u> , have you had <u>significant</u> problems with. . .			
	a.	feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?.....	1	0	
	b.	having to repeat an action over and over, or having thoughts that kept running over in your mind?.....	1	0	
	c.	trembling, having your heart race or feeling so restless that you could not sit still?.....	1	0	
	4.	<u>During the past 12 months</u> , have the following situations happened to you?			
	a.	When something reminded you of the past, you became very distressed and upset.	1	0	
	b.	Sometimes you used alcohol or other drugs to help yourself sleep or forget about things that happened in the past.....	1	0	
	c.	You had a hard time expressing your feelings, even to the people you cared about.....	1	0	
	d.	You felt guilty about things that happened because you felt like you should have done something to prevent them.....	1	0	
	5.	<u>During the past 90 days</u> , on how many <u>days</u> were you...		<u>Days</u>	
	a.	bothered by any nerve, mental, or psychological problems?.....		<input style="width: 50px; height: 15px;" type="text"/>	
	b.	disturbed by memories of things from the past that you did, saw or had happen to you?.....		<input style="width: 50px; height: 15px;" type="text"/>	

BH. Behavioral Health

EBS/ AIS-6	1. <u>During the past 12 months</u> , have you done the following things <u>two or more times?</u>	<u>Yes</u>	<u>No</u>
	a. Had a hard time paying attention at school, work or home.....	1	0
	b. Had a hard time listening to instructions at school, work or home.....	1	0
	c. Had a hard time staying organized or getting everything done.....	1	0
	d. Been unable to stay in a seat or where you were supposed to stay.....	1	0
	e. Gotten in trouble for being too "loud" when you were playing or relaxing.....	1	0
	f. Had a hard time waiting for your turn.....	1	0
EBS/ BPS-6	2. <u>During the past 12 months</u> , have you done the following things <u>two or more times?</u>		
	a. Been a bully or threatened other people.....	1	0
	b. Lied or conned to get things you wanted or to avoid having to do something.....	1	0
	c. Stayed out at night later than your parent or partner wanted.....	1	0
	3. <u>During the past 12 months</u> , have you had a disagreement in which <u>you</u> did the following things?		
	a. Insulted or swore (cursed) at someone.....	1	0
	b. Pushed, grabbed, or shoved someone.....	1	0
	c. Kicked, bit, or hit someone.....	1	0
EBS/ GCS-4	4. <u>During the past 12 months</u> , have you. . .		
	a. purposely damaged or destroyed property that did not belong to you?.....	1	0
	b. other than from a store, taken money or property that didn't belong to you?.....	1	0
	c. hit someone or gotten into a physical fight?.....	1	0
	d. sold, distributed or helped to make illegal drugs?.....	1	0
	5. <u>During the past 90 days</u> , on how many <u>days</u> did you. . . (Use "0" for None or Not Applicable.)		<u>Days</u>
	a. have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?		
	b. have an argument with someone else in which you swore (cursed), threw something, or threatened, pushed or hit someone?		
	c. do things that might get you in trouble or be against the law besides using (alcohol or) drugs?.....		
	d. spend time on probation or parole?.....		
	e. spend time under electronic monitoring or house arrest?		
	f. spend time in jail or detention?.....		
	6. <u>During the past 90 days</u> , how many <u>times</u> did you get arrested, booked and charged with a crime? (Use "0" for None.)		Times

SR. Substance-Related Issues

		<u>Yes</u>	<u>No</u>	
SPS/ SUAS-9	1. <u>During the past 12 months</u> , have you used any alcohol, marijuana, cocaine, heroin, or other substances?	1	0	[IF NO, GO TO SR5.]
	<u>During the past 12 months</u> . . .			
	1a. have you tried to hide that you were using alcohol, marijuana or other drugs?.....	1	0	
	b. have your parents, family, partner, co-workers, classmates or friends complained about your alcohol, marijuana or other drug use?.....	1	0	
	c. have you used alcohol, marijuana or other drugs weekly?.....	1	0	
	d. has alcohol, marijuana or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	1	0	
	e. has alcohol, marijuana or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems?.....	1	0	
	2. <u>During the past 12 months</u> . . .			
	a. have you kept using alcohol, marijuana or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?.....	1	0	
	b. have you used alcohol, marijuana or other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt?.....	1	0	
	c. has alcohol, marijuana or other drug use caused you to have repeated problems with the law?.....	1	0	
	d. have you kept using alcohol, marijuana or other drugs even after you knew it could get you into fights or other kinds of legal trouble?.....	1	0	
SPS/ SDS-7	3. <u>During the past 12 months</u> . . .			
	a. have you needed more alcohol, marijuana or other drugs to get the same high or found that the same amount did not get you as high as it used to?.....	1	0	
	b. have you had withdrawal problems from alcohol, marijuana or other drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or have you used any alcohol, marijuana or other drugs to stop being sick or avoid withdrawal problems?	1	0	
	c. have you used alcohol, marijuana or other drugs in larger amounts, more often or for a longer time than you meant to?.....	1	0	
	d. have you been unable to cut down or stop using alcohol, marijuana or other drugs?.....	1	0	
	e. have you spent a lot of time either getting alcohol, marijuana or other drugs, using them, or feeling the effects of them (high, sick)?	1	0	
	f. has alcohol, marijuana or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?.....	1	0	
	g. have you kept using alcohol, marijuana or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?	1	0	

(If there were days in a controlled environment, use the calendar to identify personal anchors for the last 90 days in the community.)

For the next set of questions, please answer for the last 90 days that you lived in the community. Do not count days when you were living in a jail, hospital, or other place where you could not use alcohol, marijuana, or other drugs.

4. During the last 90 days that you lived in the community, on how many Days
days did you. . . (Use "0" for None.)
- | | | | |
|----|---|--|--|
| b. | drink beer, wine, or any kind of alcohol? | | |
| c. | get drunk or have 5 or more drinks at one time? | | |
| d. | smoke or use any kind of marijuana, blunts or hashish? | | |
| e. | use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug?
(What did you use? v. _____) | | |
| f. | go <u>without using any</u> alcohol, marijuana, or other drugs? | | |
5. During the last 90 days that you lived in the community, on how many
days did you smoke or use any kind of tobacco?..... | |

RQ. Reason for Quitting*(For Staff Use Only)*

<i>(For Staff Use Only)</i>			
	<u>Yes</u>	<u>No</u>	
RQ0. Do you want to enter additional RFQ information?.....	1	0	[IF NO, GO TO SU1.]

Below are some reasons that some people give for wanting to quit using alcohol or other drugs (including marijuana, cocaine, heroin, and other drugs you may have mentioned). Please respond to the following items using yes or no.

RFQ/ PMS		<u>Yes</u>	<u>No</u>
	RQ1a. You want to quit using alcohol or drugs at this time. . .		
	1. so that you will be able to think more clearly.....	1	0
	2. because you will like yourself better if you quit.....	1	0
	3. because your memory will improve.	1	0
	4. so that you can get more things done during the day.....	1	0
	5. because you want to have more energy.	1	0
	6. because you are concerned that using alcohol or drugs will shorten your life.....	1	0
	7. so that your hair and clothes won't smell.....	1	0
	8. so that you can feel in control of your life.	1	0
	9. because you have noticed that alcohol or drug use is hurting your health.....	1	0
	10. so that you won't burn holes in clothes or furniture.....	1	0
	11. because you are concerned that you will have health problems if you don't quit.....	1	0
	12. because alcohol or drug use does not fit in with your "image".....	1	0
	13. to prove to yourself that you are not addicted.	1	0
	14. because alcohol or drug use is becoming less "cool" or socially acceptable.	1	0
	15. because you won't have to leave social functions or other people's houses to drink, smoke or use.....	1	0
	16. because you have known other people with health problems that were caused by alcohol or drug use.	1	0
	17. to show yourself that you can quit if you really want to.	1	0
	18. because you want to save the money that you spend on alcohol or drug use.	1	0

RQ1a. (continued)	<u>Yes</u>	<u>No</u>
19. so that you can get a lot of praise from people you are close to.	1	0
20. because people you are close to will be upset with you if you don't quit.	1	0
21. because you don't want to embarrass your family.	1	0
22. because your parents, girlfriend, boyfriend or other person you are close to will stop nagging you if you quit.	1	0
23. because someone has told you to quit or else.	1	0
24. because you will receive a special gift if you quit.	1	0
25. because there is an alcohol or drug testing policy in detention, probation, parole or school.	1	0
26. because of legal problems related to your alcohol or drug use.	1	0

RQ1a27. What is your "main" or most important reason for wanting to quit now?

v1. _____

v2. _____

v3. _____

RQ1b. Have you quit yet? Yes1 [PLEASE ANSWER b1.]

No0 [PLEASE ANSWER b2.]

Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b1. How ready you are **RIGHT NOW** to remain abstinent (not use alcohol, marijuana, cocaine, heroin and other drugs?

% [GO TO SU1.]

0%-----20%-----40%-----60%-----80%-----100%

not ready
to remain
abstinent

ready
to remain
abstinent

Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b2. How ready you are **RIGHT NOW** to stop using alcohol, marijuana, cocaine, heroin and other drugs?

%

0%-----20%-----40%-----60%-----80%-----100%

not ready
to quit

ready
to quit

SU. Service Utilization
(Please use "0" for None or Not Applicable.)

1. During the past 90 days, how many times did you go to an emergency room for. . . Times
 - a. physical health problems?
 - b. mental, emotional, behavioral or psychological problems?
 - c. alcohol or drug use problems?

2. During the past 90 days, on how many nights did you stay in a residential, inpatient, or hospital program for. . . Nights
 - a. physical health problems?
 - b. mental, emotional, behavioral or psychological problems?
 - c. alcohol or drug use problems?

3. During the past 90 days, how many times did you go to an outpatient program, clinic or counselor for. . . Times
 - a. physical health problems?
 - b. mental, emotional, behavioral or psychological problems?
 - c. alcohol or drug use problems?

4. During the past 90 days, on how many days did you take medication for. . . Days
 - a. physical health problems?
 - b. mental, emotional, behavioral or psychological problems?
 - c. alcohol or drug use problems?

5. During the past 90 days, on how many days did you see a counselor or other professional about your health, emotional, behavioral, alcohol or drug problems at a. . . Days
 - a. school or student assistance program?
 - b. job or employee assistance program?
 - c. spiritual program or religious organization?

EN. End

1. Do you want help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems?..... Yes No
 1 0

(If Yes, please describe below.)

v1. _____
 v2. _____
 v3. _____

Yes No

2. Did anyone read these questions to you or help you fill out this form? 1 0

3. Is English your first language? 1 0

a. **(If No, what is? v. _____)**

4. What kind of place best describes where you completed this form?

(Circle one.)

- Home 1
- School or training program 2
- Employment or work setting 3
- Prison, jail, or detention 4
- Probation, parole, or other non-controlled correctional setting 5
- Treatment or intake unit 6
- Research office 7
- Other **(Please describe. v. _____)** 99

5. What time is it? **(Please also circle AM or PM.)**:.....

		:		
H	H		M	M

 1-AM 2-PM

Thank You! Please return this form to the person who gave it to you.

(For further information on this form see www.chestnut.org/li/gain/gain_q.)

CD. Case Disposition - For Staff Use Only

1. Referral Source(s) v. _____

a. [] [] [] [] b. [] [] [] [] c. [] [] [] [] d. [] [] [] [] e. [] [] [] []

2. Issues	1. Reasons for Referral		2. Recommendations	
	Yes	No	Yes	No
a. Random screening	1	0		
b. General concern (v. _____)	1	0	1	0
c. Family problems (v. _____)	1	0	1	0
d. Peer or partner problems (v. _____)	1	0	1	0
e. Grief or other emotional crises (v. _____)	1	0	1	0
f. Spiritual issues (v. _____)	1	0	1	0
g. Race/ethnicity/gender identity issues (v. _____)	1	0	1	0
h. Teenage parenting issues (v. _____)	1	0	1	0
j. Environmental problems (v. _____)	1	0	1	0
k. School problems (v. _____)	1	0	1	0
m. Physical health problems (v. _____)	1	0	1	0
n. Emotional problems (v. _____)	1	0	1	0
p. Behavioral or conduct problems (v. _____)	1	0	1	0
q. Gang or illegal activity (v. _____)	1	0	1	0
r. Substance use (v. _____)	1	0	1	0
s. Noncompliance (v. _____)	1	0	1	0
t. Continuing care/support (v. _____)	1	0	1	0
u. Other (v. _____)	1	0	1	0

3. Placement(s) v. _____

a. [] [] [] [] [] b. [] [] [] [] [] c. [] [] [] [] [] d. [] [] [] [] [] e. [] [] [] [] []

4. Additional Comments:

<i>For Staff Use Only (Optional Special Study Detail)</i>						
					<u>Yes</u>	<u>No</u>
XSS1. Do you want to enter additional special study information?.....					1	0 [IF NO, END.]
XSSN. Special Study Number:		Name: v. _____				
aa.		ba.		ca.		
ab.		bb.		cb.		
ac.		bc.		cc.		
ad.		bd.		cd.		
ae.		be.		ce.		
af.		bf.		cf.		
ag.		bg.		cg.		
ah.		bh.		ch.		
aj.		bj.		cj.		
ak.		bk.		ck.		
am.		bm.		cm.		
an.		bn.		cn.		
ap.		bp.		cp.		
aq.		bq.		cq.		
ar.		br.		cr.		
as.		bs.		cs.		
at.		bt.		ct.		
au.		bu.		cu.		
av.		bv.		cv.		
aw.		bw.		cw.		
ax.		bx.		cx.		
ay.		by.		cy.		
az.		bz.		cz.		