



Global Appraisal of Individual Needs - Quick Monitoring 90 Days (GAIN-QM)

Version [GVER]: 2.6.1

Site ID [XSITE]:.....|_|_|_|_|_|_|_| Local Site ID [XSITEa]: |_|_|_|_|_|_|_|_|
 Staff ID [XSID]:|_|_|_|_|_|_|_| Part. ID [XPID]:|_|_|_|_|_|_|_|
 Observation [XOBS: 3,6,9,12]: |_|_|
 Edit Staff ID [XEDSID]: .|_|_|_|_|_|_|_| Edit Date [XEDDT]: |_|_| / |_|_| / 20 |_|_|

BK1. What is today's date?|_|_| / |_|_| / 20|_|_|
Month Day Year

BK2. What time is it?|_|_| : |_|_| |_|_|
(HH:MM) (AM/PM)

BK3. What is your full name?
 a. _____ b. _____ c. _____
(First Name) (M.I.) (Last Name)

BK4. What is your gender? **(Select one)**
 Male 1
 Female 2

BK7. What is the **last** grade or year that you **completed** in school? |_|_| **[IF 13 OR HIGHER, GO TO BK8]**
Grade
Yes No
 a. Do you have a high school degree or G.E.D. (General Equivalency Diploma)? 1 0

BK8. Have you ever completed this questionnaire before? 1 0 **[IF NO, GO TO GF1a]**
 a. About when did you last complete it? |_|_| / |_|_| / |_|_|_|_|_|_|
Month Day Year

Please answer the next questions using the number of days.

GF3. **During the past 90 days**, on how many days...
(Record 0 for none or not applicable)

- | | | |
|----|---|---|
| a. | did you go to any kind of school or training program? | <input type="text"/> <input type="text"/> |
| | | Days |
| b. | did you miss school or training for any reason?..... | <input type="text"/> <input type="text"/> |
| | | Days |
| c. | did you get in trouble at school or training for any reason? | <input type="text"/> <input type="text"/> |
| | | Days |
| d. | did you go to work ? | <input type="text"/> <input type="text"/> |
| | | Days |
| e. | did you miss work for any reason?..... | <input type="text"/> <input type="text"/> |
| | | Days |
| f. | did you get in trouble at work for any reason? | <input type="text"/> <input type="text"/> |
| | | Days |
| g. | have you gotten into trouble at home or with your family for any reason? | <input type="text"/> <input type="text"/> |
| | | Days |
| h. | were you in foster care or a group home or were a ward of the state? | <input type="text"/> <input type="text"/> |
| | | Days |
| 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 a hospital?..... | <input type="text"/> <input type="text"/> |
| | | Days |

Please answer the next questions using yes or no.

- | SS4. | Are you currently worried that someone might... | <u>Yes</u> | <u>No</u> |
|------|---|------------|-----------|
| a. | attack you with a gun, knife, stick, bottle or other weapon? | 1 | 0 |
| b. | hurt you by striking or beating or otherwise physically abusing you? | 1 | 0 |
| c. | pressure or force you to participate in sexual acts against your will? .. | 1 | 0 |
| d. | abuse you emotionally ? | 1 | 0 |

Please answer the next questions using the number of days.

PH4. **During the past 90 days**, on how many **days**...

- | | | |
|----|---|---|
| a. | were you bothered by any health or medical problems? | <input type="text"/> <input type="text"/> |
| | | Days |
| b. | did you have medical problems that kept you from meeting your responsibilities at work, school or home? | <input type="text"/> <input type="text"/> |
| | | Days |
| c. | have you gone without eating or threw up much of what you did eat? | <input type="text"/> <input type="text"/> |
| | | Days |

- EH5. **During the past 90 days**, on how many **days** were you...
- a. bothered by any nerve, mental, or psychological problems?
Days
 - b. disturbed by memories of things from the past that you did, saw or had happen to you?
Days

- BH5. **During the past 90 days**, on how many **days** did you...
- a. have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?
Days
 - b. have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way? ...
Days
 - c. do things that might get you in trouble or be against the law besides using (alcohol or) drugs?
Days
 - d. spend time on probation or parole?
Days
 - e. spend time under electronic monitoring or house arrest?
Days
 - f. spend time in jail or detention?
Days

Please answer the next question using the number of times.

- BH6. **During the past 90 days**, how many **times** did you get arrested and charged with a crime?
Times

Please answer the next questions using the number of days.

- SR4. **During the past 90 days**, on how many **days** did you...
- bm. drink beer, wine, or any kind of alcohol?
Days
 - cm. get drunk or have 5 or more drinks at one time?
Days
 - dm. use any kind of marijuana, blunts or hashish?
Days
 - em. use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug? .
Days
- (What did you use?) v.** _____
- fm. go without using any alcohol, marijuana or other drugs?
Days

- SR5m. **During the past 90 days**, on how many **days** did you smoke or use any kind of tobacco?
Days

SU. Service Utilization

Please answer the next questions using the number of times, nights or days. **(Record 0 for none or not applicable)**

- SU1. **During the past 90 days**, how many **times** did you go to an **emergency room** for...
- a. physical health problems?
Times
- b. mental, emotional, behavioral or psychological problems?
Times
- c. alcohol or drug use problems?
Times
- SU2. **During the past 90 days**, how many **nights** did you stay in a **residential, inpatient, or hospital** program for...
- a. physical health problems?
Nights
- b. mental, emotional, behavioral or psychological problems?
Nights
- c. alcohol or drug use problems?
Nights
- SU3. **During the past 90 days**, how many **times** did you go to an **outpatient** program, clinic or counselor for...
- a. physical health problems?
Times
- b. mental, emotional, behavioral or psychological problems?
Times
- c. alcohol or drug use problems?
Times
- SU4. **During the past 90 days**, on how many **days** did you take medication for...
- a. physical health problems?
Days
- b. mental, emotional, behavioral or psychological problems?
Days
- c. alcohol or drug use problems?
Days

SU5. **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...

- a. school or student assistance program?.....
Days
- b. job or employee assistance program?
Days
- c. spiritual program or religious organization?
Days

EN. End

EN1. Do you want any help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems? Yes No

(Please describe) 1 0

v1. _____

EN3. Is English your first language? Yes No

a. (If no, what is?) _____

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

For Staff Use Only

EN2. Did the participant self-administer this form? Yes No

EN4. What kind of place best describes where this form was completed? 1 0

(Select 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

EN5. What time did the participant finish this form?

(Please also select AM or PM) : 1-AM 2-PM

Time (HH:MM)