



Global Appraisal of Individual Needs - Initial (GAIN-I)

Version [GVER]: 5.6.2 Core

Site ID [XSITE]:	Local Site Name [XSITEa]:
Staff ID [XSID]:	Staff Initials [XSIN]:
Part. ID [XPID]:	Last Name [XPNAM]: _____
Tx Pr. ID [XTPID]:	First Name: _____ M.I.: ____
(Optional) Social Security Number [XSSN]: - -	
(Optional) Other/State ID [XPIDA]: - -	
Observation [XOBS]: 0	v. _____
Edit Staff ID [XEDSID]:	Edit Date [XEDDT]: / / 20
Data Entry Staff ID [XDESID]:	Key Date [XDEDT]: / / 20
Rekey Staff ID [XRKSID]:	Rekey Date [XRKDT]: / / 20

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This is a standardized bio-psycho-social assessment designed to help clinicians gather information for diagnosis, placement, and treatment planning. As with any self-report, the GAIN is limited by the veracity of the individual respondent's answers; it should be collected by someone certified in GAIN administration, combined with other information and interpreted by clinical or other qualified personnel prior to taking any specific actions.

The information on this form must be handled in the strictest confidence and will not be released to unauthorized personnel. In accordance with the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, unauthorized disclosure can result in fines for each violation. All staff with access to the specific answers on this form must understand this restriction and agree to resist sharing specific answers without prior written consent.

The current version of this instrument was developed by Dr. Michael Dennis and others at Chestnut Health Systems. Its development was supported by grants and contracts from the Center for Substance Abuse Treatment, Interventions Foundation, National Institute on Alcohol Abuse and Alcoholism, and National Institute on Drug Abuse. It also incorporates several scales and questions based on the National Family Violence Survey, National Household Survey on Drug Abuse and work by the American Psychiatric Association and the American Society of Addiction Medicine, as well as input from many individuals fully acknowledged in the manual and on the website referred to below.

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For Staff Use Only

A1. Administrative Information

A1a. Time:|_|_| : |_|_| HH:MM..... A1b. |_|_| (AM/PM)

A1c. Today's Date [XOBSDT]: |_|_| / |_|_| / 20 |_|_| (MM/DD/YYYY)

A1d. Reference Date if Different [XRFDt]: |_|_| / |_|_| / 20 |_|_| (MM/DD/YYYY)

Introduction

Purpose: This assessment is designed to help us track how you are doing before, during and after treatment or counseling. The information we collect will only be used for your treatment and to help us evaluate our own services.

Format: This initial assessment has questions about what you have done, what services you are using and what you currently want from the program, either directly or through referral. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

Length: Depending on how much has been going on in your life, it will take about 1-2 hours to complete. You will be able to take a break if you need to.

Privacy: As with everything you do in treatment, your answers are private and your confidentiality is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Confidentiality: All research and clinical staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent. This includes giving information to family members, other individuals, other treatment agencies, social work agencies, criminal justice agencies and other agencies. (READ ONLY IF APPLICABLE: We have also obtained a certificate of confidentiality to prevent us from being forced to give any information to the court.) There are, however, two exceptions. First, we are mandated to report child abuse or if you are presently a danger to yourself or others. Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions?

A2. Check for Cognitive Impairment

Because we are going to ask you a lot of questions about when and how often things have happened, we need to start by getting a sense of how well your memory is working right now.

ERROR SCORES

CIS	A2a.	What year is it now? (Select 4 for any error).....	0	4
	A2b.	What month is it now? (Select 3 for any error).....	0	3
	Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit. (No score - used for A2f)			
	A2c.	About what time is it? (Select 3 for any error).....	0	3
	A2d.	Please count backwards from 20 to 1. [20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1] (Select 2 for one error, 4 for 2 or more errors).....	0	2 4
	A2e.	Please say the days of the week in reverse order. [Sat, Fri, Thu, Wed, Tue, Mon, Sun] (Select 2 for one error, 4 for 2 or more errors).....	0	2 4
	A2f.	Please repeat the phrase I asked you to repeat before [John/ Brown/ 42/ Mark Street/ Detroit] (Select 2 for each subsection of /text/ missed).....	0	2 4 6 8 10
	A2g.	(Add up scores from a through f and record):		<input type="text"/>
	(If total is greater than 10, the individual is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation. If you do this section over, record the original score in A2h before revising.)			
	A2h.	(Original score):.....		<input type="text"/>

Several questions will ask you about things that have happened during the **past 12 months** or **past 90 days**. To help you remember these time periods, please look at the calendar. First, let's find today's date and circle it.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a1. Record anchor for 90 days: v. _____

When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about (NAME 90-DAY ANCHOR) .

Now, let's go back to a year ago and circle that date. Do you recall anything that was going on about (DATE 12 MONTHS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a2. Record anchor for 12 months: v. _____

When we talk about things happening to you during the past 12 months, we are talking about things that have happened since about (NAME 12-MONTH ANCHOR) .

Review Only

Please answer the next questions using yes or no.

	<u>Yes</u>	<u>No</u>
A3b1. Do you have any problems reading English in something like a newspaper or magazine?.....	1	0
A3b2. Do you have any problems writing English in something like a job application or resume?	1	0
A3b3. Do you have any problems understanding what you read in English?.....	1	0
A3b4. Do you have any problems talking about your feelings or emotions in English?	1	0
A3b5. Are you better able to read, write, understand or talk about your emotions using a different language (besides English)? (Please describe).....	1	0
v. _____		
A3c. [Document your initial administration decision]		
Done orally because of literacy or client choice.....	0	[READ ORAL INST]
Staff chose in advance to administer	1	[READ ORAL INST]
Self-administered.....	2	[READ SA INST]
Other (Please describe).....	99	[READ SA INST]
v. _____		

Additional Instructions for Oral Administration

Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.

As we go through the questionnaire, I will read the questions and record your answers. It is important that you try to answer each question if you can and are willing to. We know that you will not always know the exact answer, but we would like you to give us your best guess if you can. You can also tell us if you simply do not know or if you do not want to or refuse to answer any questions. I also have some cards here that we will use to help answer some of the questions.

Do you have any questions before we begin?

Optional Additional Instructions for Self-administration

There are four types of questions in this assessment: (1) questions that ask you to answer in your **own words**; (2) questions that ask you to **select one** answer in a list of answers; (3) questions that ask you to select all that are **MENTIONED**; and (4) questions that ask you **how many** days or times something happened. Answers in **your own words** do not need to be long, but try to write neatly so that we can read it. For questions that ask you to **select one**, please pick the one that fits best. Questions where you select all the responses mentioned should have a yes or no selected for each row. Questions that ask you **how many days or times** something happened should always be answered with a number. If the answer is no, none, never or 0, please print 0 in the open box.

Where we are giving you instructions, they will appear in **(bold and parentheses like this)**. After you answer some questions, there may be several more below it that do not apply to you. When this happens there will be a note between **[SQUARE BRACKETS WITH BOLD CAPITAL LETTERS LIKE THIS]**. It will tell you to go to the next question that does apply to you. **Never** skip farther than the next question number. Can you show me how this works in the example below?

Example

	<u>Yes</u>	<u>No</u>	
S6. Have you ever attended Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), Social Recovery (SR), or another self-help group for your alcohol or other drug use?	1	0	[IF NO, GO TO S6b]
S6a. During the past 90 days , on how many days have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use?	_ _		[IF 0, GO TO S6b]
	Days		

There will also be several boxes marked "For Staff Use Only." You can skip any questions in them unless the staff marks them and asks you to do them.

If you are not sure about an answer, please try to give us your best guess. If you change your mind, please cross through the old answer and select the new answer. If you simply do not know, write "DK" to the right of the question. You may want to decline or refuse to answer any question simply by writing "RF" next to any question you do not want to answer. It is important that you either answer the question or write "DK" or "RF." Otherwise, we will think you just missed the answer by mistake and will ask you about it again. If you do not understand a question or word and want to go over it with a staff person, put a "?" to the right side. If you need a break, write the time you stopped working on the survey on the page you have reached. After your break, write the time you started up again on that same page.

You will notice some abbreviations in the left column. These are to help staff when reading this instrument.

Do you have any questions?

B. Background and Treatment Arrangements

B1. What is your gender?

- Male 1
 Female 2
 Transgender (Male to Female) 4
 Transgender (Female to Male) 5
 Other (**Please describe**)..... 99

v. _____

B2. What is your date of birth? / /
Month Day Year

B2a. How old are you today? **[IF 18 OR OVER, GO TO B3a]**
Age

B2b. Who currently has **legal custody** of you? (Would you say...)

v. _____

(Clarify and code)

- Parents living together 1
 Parents who are separated but share custody..... 2
 One parent (even if living with stepparent) 3
 Other family members 4
 Legally emancipated minor living on your own..... 5
 Runaway/on own (without legal emancipation) 6
 County/State (foster home or protective services) 7
 Juvenile or correctional institution 8
 Other (**Please describe in B2bv**) 99

Please answer the next questions using the number of days.

B2c. **During the past 90 days**, on how many **days** were you in foster care?
(Use 0 for none)
Days

B2d. **During the past 90 days**, on how many **days** were you in any other kind
 of group home or child care institution? **(Use 0 for none)**.....
Days

Please answer the next questions using yes or no.

PAI	B2.	During the past 12 months , have you done any of the following things with your (biological, foster, adopted or step) parents?	<u>Yes</u>	<u>No</u>
	e.	Spent 30 minutes or more playing or doing fun things with them	1	0
	f.	Gone with them to an organized activity or event.....	1	0
	g.	Had them read to you, or talked to them about a book, magazine or newspaper	1	0
	h.	Gotten help from them with your homework (reading, writing or math).....	1	0
	j.	Had them meet with a teacher, social worker, lawyer, court official or police officer about you.....	1	0

B3a. Which races, ethnicities, nationalities or tribes best describe you? (Any others?)
(Please record and select all that apply)

v1. _____

Please select at least one race.

		MENTIONED	
		<u>Yes</u>	<u>No</u>
1.	Alaskan Native (Please record tribe in B3av1)	1	0
2.	Asian.....	1	0
3.	African American/Black.....	1	0
4.	Caucasian/White.....	1	0
5.	Hispanic, Latino or Chicano.....	1	0
	a. Puerto Rican.....	1	0
	b. Mexican.....	1	0
	c. Cuban.....	1	0
	e. Dominican.....	1	0
	f. Other Central American.....	1	0
	g. Other South American.....	1	0
	z. Other (Please describe in B3av1)	1	0
6.	Native American (Please record tribe in B3av1)	1	0
7.	Native Hawaiian.....	1	0
8.	Pacific Islander.....	1	0
99.	Some other group (Please describe in B3av1)	1	0

B4j. Have you been required or mandated to go to treatment? 1 0 [IF NO, GO TO B11]
By whom?
v. _____

(If you are doing this on your own, please tell the staff person that you have finished the first section.)

<i>For Staff Use Only</i>	
AGDM	B11. DM Rating [BDM]: NONE <input type="checkbox"/> _0 SOME <input type="checkbox"/> _1 MISUNDER <input type="checkbox"/> _2 DENIAL <input type="checkbox"/> _3 MISREP <input type="checkbox"/> _4

Review Only

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