



Washington State Department of  
CHILDREN, YOUTH & FAMILIES

## GAIN SHORT-SCREENER (GAIN-SS)

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YOUTH NAME		JRA NUMBER	DATE OF BIRTH	AGE	GENDER
LIVING UNIT	FACILITY	STAFF CONDUCTING SCREEN		DATE OF SCREEN	TIME OF SCREEN
<b>Internal Disorder Screener</b>					

**DURING THE PAST TWELVE (12) MONTHS, have you had SIGNIFICANT problems...**

**1a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?**

No

Yes

**1b. with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?**

No

Yes

**1c. with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?**

No

Yes

**1d. when something reminded you of the past, you became very distressed and upset?**

No

Yes

**1e with thinking about ending your life or committing suicide?**

No

Yes

### External Disorder Screener

**DURING THE PAST TWELVE (12) MONTHS, did you do the following things TWO OR MORE TIMES?**

**2a. Lie or con to get things you wanted or to avoid having to do something?**

No

Yes

**2b. Have a hard time paying attention at school, work or home?**

No

Yes

**2c. Have a hard time listening to instructions at school, work or home?**

- No  
 Yes

**2d. Been a bully or threatened other people?**

- No  
 Yes

**2e. Start fights with other people?**

- No  
 Yes

**Substance Disorder Screener**

**DURING THE PAST TWELVE (12) MONTHS, did...**

**3a. you use alcohol or drugs weekly?**

- No  
 Yes

**3b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?**

- No  
 Yes

**3c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?**

- No  
 Yes

**3d. your use of alcohol or drugs cause you to give up, reduce, or have problems at important activities at work, school, home or social events?**

- No  
 Yes

**3e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?**

- No  
 Yes

**Domain Scores**

<b>GAIN-SS Domain</b>	<b>Score</b>
Internal Disorder Screener	<b>2</b>
External Disorder Screener	<b>2</b>
Substance Disorder Screener	<b>2</b>
<b>TOTAL SCORE:</b>	<b>6</b>

**Scoring And Interpretation**

**CUTOFF SCORES**

	<b>Low</b>	<b>Medium</b>	<b>High</b>
Total Score	0	1 - 2	3 +
Internal Disorder Screen (IDS)	0	1 - 2	3 +
External Disorder Screen (EDS)	0	1 - 2	3 +
Substance Disorder Screen (SDS)	0	1 - 2	3 +

**High: Further follow-up is recommended. Continue behavioral monitoring and refer for appropriate services.**