Washington State Department of Social & Health Services
DBHR Division of Behavioral Health and Recovery

DIVISION OF BEHVIORAL HEALTH AND RECOVERY (DBHR)

DBHR Target Data Elements
Gain Short Screening Setup

ADMINISTRATION TIME	STAFF IDENTIFICATION	DATE	AGENCY NUMBER

SECTION I CLIENT IDENTIFICATION

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. OTHER LAST NAME

5. GENDER	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER
☐ Male ☐ Female			

9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)

- ☐ Asian Indian
- ☐ Black/African American
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian
- ☐ Hawaiian (Native)
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Middle Eastern
- ☐ Native American
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Other Race
- ☐ Refused to Answer
- ☐ Samoan
- ☐ Thai
- ☐ Vietnamese
- ☐ White/European American

☐ Non – Federal Tribe

Tribal Code (No. 1) _____

Tribal Code (No. 2) _____

10. SPANISH/HISPANIC/LATINO (CHECK ONE)

- ☐ Cuban
- ☐ Mexican, Mexican American, Chicano
- ☐ Not Spanish/Hispanic/Latino
- ☐ Other Spanish/Hispanic/Latino
- ☐ Puerto Rican
- ☐ Refused to Answer

Global Appraisal of Individual Needs-Short Screener (GAIN-SS)

The following questions are about common psychological, behavioral or 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. Please answer the questions Yes or No.*

Mental Health Internalizing Behaviors (IDScr 1): During the past 12 months, have you had significant problems		
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	☐ Yes	☐ No
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	☐ Yes	☐ No
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	☐ Yes	☐ No
d. when something reminded you of the past, you became very distressed and upset?	☐ Yes	☐ No
e. with thinking about ending your life or committing suicide?	☐ Yes	☐ No
Each yes answer is "1" point	**IDS Sub-scale Score (0 to 5)** _____	

Mental Health Externalizing Behaviors (EDScr 2): During the past 12 months, did you do the following things two or more times?		
a. Lie or con to get things you wanted or to avoid having to do something?	☐ Yes	☐ No
b. Have a hard time paying attention at school, work or home?	☐ Yes	☐ No
c. Have a hard time listening to instructions at school, work or home?	☐ Yes	☐ No
d. Been a bully or threatened other people?	☐ Yes	☐ No
e. Start fights with other people?	☐ Yes	☐ No
Each yes answer is "1" point	**EDS Sub-scale Score (0 to 5)** _____	

Substance Abuse Screen (SDScr 3): During the past 12 months, did…..		
a. you use alcohol or drugs weekly?	☐ Yes	☐ No
b. 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)?	☐ Yes	☐ No
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	☐ Yes	☐ No
d. 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?	☐ Yes	☐ No
e. 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?	☐ Yes	☐ No
Each yes answer is "1" point	**SDS Sub-scale Score (0 to 5)** _____	