



Global Appraisal of Individual Needs - Q3 (GAIN-Q3)

Version [GVER]: 3.2.0 Lite Follow Up

Site ID [XSITE]:..... | | | | | | | |	Local Site ID [XSITEa]:..... | | | | | | | |
Staff ID [XSID]:..... | | | | | | | |	Staff Initials [XSIN]:..... | | | |
Part. ID [XPID]: ..... | | | | | | | |	Last Name [XPNAM]: _____
	First Name: _____ M.I.: ____
Observation [XOBS: 3,6,9,12]: ..... | | | |	v. _____
Edit Staff ID [XEDSID]: ..... | | | | | | | |	Edit Date [XEDDT]: ..... | | | / | | | / 20 | | |
Data Entry Staff ID [XDESID]: ..... | | | | | | | |	Key Date [XDEDT]: ..... | | | / | | | / 20 | | |

For Staff Use Only

A1. Administrative Information

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

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

Introduction

Purpose: The purpose of this assessment is to provide a summary of how things have been going in your life. The information collected will be used only to identify and address problems that you may want assistance with and to help us evaluate our own services.

Format: This assessment has questions about what has been going on in your life across a wide range of areas, including your physical and mental health, stress and risk behaviors, and life satisfaction. 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 20-45 minutes to complete. You will be able to take a break if you need to.

Privacy and Confidentiality: Your answers are private. 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.

Your confidentiality is also protected under the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. (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?

Additional Administration Instructions

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. You may not always know the exact answer, but I would like you to give me your best guess if you can. You can also tell me 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?

B. Background Information

In this first section, I am going to ask you some very basic questions about yourself.

BAC B1d. About how **tall** are you in feet and inches?
Feet Inches

B1e. About how much do you **weigh** without shoes?.....
Pounds

B2a. How old are you today? **[IF 18 OR OVER, GO TO B12]**
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

B12. What is the **last** grade or year that you **completed in school**?
(NOTE: Use 12 for high school, 14 for 2 year college program, 16 for a BA/BS, and 17 for graduate school or more than 4 years of university) .
Grade

B13. What kinds of diplomas, degrees, work-related certificates or licenses have you received? (Any others?)

		MENTIONED	
		<u>Yes</u>	<u>No</u>
1.	High school diploma.....	1	0
2.	Passed GED (general equivalency diploma)	1	0
3.	Adult Basic Education (ABE) certificate	1	0
4.	Junior college or associate's degree	1	0
5.	Bachelor's degree.....	1	0
6.	Advanced college degree (master's or doctorate)	1	0
7.	Vocational or trade certificate	1	0
8.	Trade license apprenticeship	1	0
9.	Commercial driver's license	1	0
99.	Other degrees or licenses (Please describe)	1	0
v.	_____		

B14. Which of the following best describes your sexual orientation?

		(Select one)
	Non-sexual or asexual	1
	Heterosexual or straight.....	2
	Homosexual, gay or lesbian.....	3
	Bisexual	5
	Questioning or curious.....	6
	Not sure.....	7
	Other (Please describe).....	99
v.	_____	

B15. What is your **current** marital status?

		(Clarify and code)
	Married	1
	Remarried	2
	Living with someone as married	3
	Married but living apart.....	4
	Divorced	5
	Legally separated	6
	Widowed.....	7
	Never married and not living as married	8

[IF UNDER 17, SELECT 0 AND GO TO B17]

B16. Have you **ever** been in the armed forces of the United States or another country?

(Select one)

No, never served in any armed forces 0 [GO TO B17]

Yes, served in the United States armed forces 1

Which branch? v. _____

Yes, served in the armed forces or military of another country 99

Which country? v. _____

Yes No

B16a. Were you **ever** in a combat zone? 1 0

Where? v. _____

B16b. What was your **highest** rank in the military?

v. _____

Yes No

B16c. Are you currently on active duty in the armed forces, including in a reserve or guard?..... 1 0 [IF NO, GO TO B16c_2]

B16c_1.What is your current military status?

v. _____

(Clarify and code)

On active duty in the armed forces (not including activated Guard or reserve) 1 [GO TO B17]

In a guard or other reserve component that drills regularly 2

In the Individual Ready Reserve (Inactive Ready Reserve, Nonaffiliated Reserve Sections) 3

Other (**Please describe in B16c_1v**)..... 99

Yes No

B16c_2. Have you ever been discharged from the military? 1 0 [IF NO, GO TO B17]

B16c_2a. What is your discharge status?

v. _____

(Clarify and code)

- Retired/honorably discharged..... 1
- Honorably discharged (not retired)..... 2
- Generally discharged or entry-level separation 3
- Other than honorably discharged..... 4
- Bad conduct or other administrative discharge or dismissal 5
- Dishonorably discharged or dismissal after court martial 6
- Other **(Please describe in B16c_2av)**..... 99

Yes No

B16d. Was your discharge related to any physical, medical, mental, alcohol, drug or other problems? 1 0 [IF NO, GO TO B17]

B16d. What were the problems? **(Please record and select all that apply)**

v. _____

MENTIONED

Yes No

- 1. Physical 1 0
- 2. Medical 1 0
- 3. Mental 1 0
- 4. Alcohol..... 1 0
- 5. Drug 1 0
- 99. Other problem **(Please describe in B16dv)** 1 0

[IF MALE, GO TO SP1]

Yes No

B17. Are you currently pregnant? 1 0

SP. School Problems

The next questions are about being in any kind of school or training program. Using **Card Q** and responding "in the past month," "2 to 3 months ago," "4 to 12 months ago," "1 or more years ago," or "never"...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

- SPScr/ SP1. When was the **last** time you...
- QOLI
- | | | | | | | |
|----|--|---|---|---|---|---|
| a. | came in late or left early from school or training? | 4 | 3 | 2 | 1 | 0 |
| b. | skipped or cut school or training just because you didn't want to be there? .. | 4 | 3 | 2 | 1 | 0 |
| c. | got bad grades or had your grades drop at school or training? | 4 | 3 | 2 | 1 | 0 |
| d. | got sick at school or training? | 4 | 3 | 2 | 1 | 0 |
| e. | went to any kind of school or training? | 4 | 3 | 2 | 1 | 0 |
- SP1f. When was the **last** time, if ever, you received any kind of help dealing with school problems (for example, talking to a school counselor about problems at school, working with a tutor, attending a social skills group at school)?
- | | | | | | | |
|--|--|---|---|---|---|---|
| | | 4 | 3 | 2 | 1 | 0 |
|--|--|---|---|---|---|---|

WP. Work Problems

The next questions are about working at a job. For these items, a job includes a full or part-time job that you are paid for doing, including military service. If you have never worked, please answer "never".

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

WPScr/ WP1. When was the **last** time you...

QOLI	a.	came in late or left early from work?	4	3	2	1	0
	b.	skipped or cut work just because you didn't want to be there?	4	3	2	1	0
	c.	did badly at work or did worse at work?	4	3	2	1	0
	d.	got sick at work?.....	4	3	2	1	0
	e.	went to work?	4	3	2	1	0

WP1f. When was the **last** time, if ever, you received any kind of help dealing with work problems (for example, talking to a counselor about problems at work, using the services of an employee assistance program, participating in mediation for dispute resolution)?.....

4	3	2	1	0
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PH. Physical Health

The next questions are about your physical health.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

HPScr/ PH1. When was the **last** time you...

QOLI	a.	gained 10 or more pounds when you were not trying to?	4	3	.....	2	1	0
	b.	lost 10 or more pounds when you were not trying to?	4	3	.....	2	1	0
	c.	were worried about your health?	4	3	.....	2	1	0
	d.	had a lot of physical pain or discomfort ?	4	3	.....	2	1	0
	e.	had health problems that kept you from meeting your responsibilities at work, school or home?	4	3	.....	2	1	0
	f.	saw a doctor or nurse about a health problem or took prescribed medication for one?	4	3	.....	2	1	0

SS. Sources of Stress

The next questions are about stress in your life.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

- SSScr/ SS1. QOLI When was the **last** time you were under stress for any of the following reasons?
- a. Death of a family member or close friend..... 4 3 2 1 0
 - b. Health problem of a family member or close friend. 4 3 2 1 0
 - c. Fights with boss, teacher, coworkers or classmates. 4 3 2 1 0
 - d. Major change in relationships for you or your family (e.g., marriage, divorce, separations)..... 4 3 2 1 0
 - e. Something you saw or that happened to someone close to you. **(Please describe)**..... 4 3 2 1 0
 - v. _____
 - f. New job, position or school..... 4 3 2 1 0
 - g. You didn't have enough money to pay all your bills on time. 4 3 2 1 0
- SS1g1. When was the **last** time, if ever, that you considered yourself to be homeless? 4 3 2 1 0
- SS1h. When was the **last** time, if ever, you received any kind of help dealing with your stress (for example, talking to a counselor about ways to manage stress, participating in classes to learn to better manage stress)? 4 3 2 1 0

RB. Risk Behaviors for Infectious Diseases

The next questions are about behaviors that put you at risk for getting and spreading infectious diseases, including HIV. These behaviors may be things you have done or that others have done to you. Please remember that all of your answers are strictly confidential.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

RBScr/ RB1.	When was the last time you...					
QOLI	a. had two or more different sex partners during the same time period?	4	3	2	1	0
	b. had sex without using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?	4	3	2	1	0
	c. had sex while you or your partner was high on alcohol or other drugs?	4	3	2	1	0
	d. used a needle to inject drugs like heroin, cocaine or amphetamines?	4	3	2	1	0
	g. were attacked with a weapon, including a gun, knife, stick, bottle or other weapon?	4	3	2	1	0
	h. were physically abused, where someone hurt you by striking or beating you to the point that you had bruises, cuts or broken bones?	4	3	2	1	0
	j. were sexually abused, where someone pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend?	4	3	2	1	0
	k. were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life?	4	3	2	1	0

[IF ALL RB1g-k = 0, GO TO RB1n]

RBScr RB1.	When was the last time you...					
	m1. were abused several times or over a long period of time?	4	3	2	1	0
	m2. were afraid for your life or that you might be seriously injured by the abuse?	4	3	2	1	0
RB1n.	When was the last time, if ever, you received any kind of help to reduce your risk behaviors (for example, participating in a needle exchange program, being instructed in safe sex practices, moving to a shelter for domestic violence victims)?	4	3	2	1	0

MH. Mental Health

The next questions are about common psychological, behavioral and emotional 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.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

IDScr6/MH1. When was the **last** time you had **significant** problems with...

QOLI

- a. feeling very trapped, lonely, sad, blue, depressed or hopeless about the future? 4 3 2 1 0
- b. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? 4 3 2 1 0
- c. feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen? 4 3 2 1 0
- d. becoming very distressed and upset when something reminded you of the past? 4 3 2 1 0
- e. thinking about ending your life or committing suicide?..... 4 3 2 1 0
- f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? 4 3 2 1 0

Using **Card Q...**

EDScr6MH2. When was the **last** time you did the following things **two or more times**?

QOLI

- a. Lied or conned to get things you wanted or to avoid having to do something. 4 3 2 1 0
- b. Had a hard time paying attention at school, work or home. 4 3 2 1 0
- c. Had a hard time listening to instructions at school, work or home. 4 3 2 1 0
- d. Had a hard time waiting for your turn. 4 3 2 1 0
- e. Were a bully or threatened other people..... 4 3 2 1 0
- f. Started physical fights with other people. 4 3 2 1 0
- g. Tried to win back your gambling losses by going back another day. 4 3 2 1 0

MH2h. When was the **last** time, if ever, you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication?..... 4 3 2 1 0

SU. Substance Use

The next questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any **non-medical** use of prescription-type drugs. Please do not include any prescription drugs you used only as instructed by a doctor.

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

Using **Card Q...**

SDScr/ SU1. When was the **last** time...

		4	3	2	1	0
QOLI	a. you used alcohol or other drugs weekly or more often?.....	4	3	2	1	0
	b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
	c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?...	4	3	2	1	0
	d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?.....	4	3	2	1	0
	e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0
	f. you received treatment, counseling, medication, case management or aftercare for your use of alcohol or any other drug ? Please do not include any emergency room visits, detoxification, self-help or recovery programs .	4	3	2	1	0

CV. Crime and Violence

The next questions are about crime and violent behavior.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

CVScr/ CV1. When was the **last** time you...

QOLI

- | | | | | | | | |
|----|--|---|---|-------|---|---|---|
| a. | had a disagreement in which you pushed, grabbed or shoved someone?..... | 4 | 3 | ..... | 2 | 1 | 0 |
| b. | took something from a store without paying for it? | 4 | 3 | ..... | 2 | 1 | 0 |
| c. | sold, distributed or helped to make illegal drugs? | 4 | 3 | ..... | 2 | 1 | 0 |
| d. | drove a vehicle while under the influence of alcohol or illegal drugs? | 4 | 3 | ..... | 2 | 1 | 0 |
| e. | purposely damaged or destroyed property that did not belong to you?..... | 4 | 3 | ..... | 2 | 1 | 0 |
| f. | were involved in the criminal justice system, such as jail or prison, detention, probation, parole, house arrest or electronic monitoring? | 4 | 3 | ..... | 2 | 1 | 0 |

Z. End

Thank you! That is all of the questions we have for you at this time.

(Please enter the current time in Z1. If you went straight through, we will figure out how many minutes you took. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing interview on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

Z1. What time is it now? |__|__| : |__|__|
Time (HH:MM)

b. Is it AM or PM? |__|__|
AM/PM

c. How many breaks did you take today? |__|__|
Breaks

d. Not counting breaks, how long did it take you to finish this? |__|__|__|
Minutes

Z2. Are there any other special issues we need to know about to help you (or help you come to treatment)? Do you have any additional comments or questions?

v1. _____

<i>For Staff Use Only</i>			
XADM.Administration			
Please document the following aspects of how the interview was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section in XADMj or at least say where we can find them.			
a1.	How were the questions administered?	<u>Yes</u>	<u>No</u>
	a. Self-Administered	1	0
	b. Orally Administered by staff	1	0
	c. Orally Administered by others	1	0
	z. Other (Please describe)	1	0
	v. _____		
a2.	What was the mode of administration?	<u>Yes</u>	<u>No</u>
	a. Done with Pen and Paper	1	0
	b. Done on Computer	1	0
	c. Done on Telephone	1	0
	z. Other (Please describe)	1	0
	v. _____		
b.	What was the primary language in which it was conducted?		
	English using the English GAIN.....	1	
	Spanish using the English GAIN	2	
	Spanish using the Spanish VGNI.....	3	
	Other combinations/languages (Please describe)	99	
	v. _____		
c.	Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, indications of developmental disabilities ?		
	No/none	0	
	Minimal	1	
	Moderate	2	
	Major	3	
e.	Was there any evidence of the following observed participant behaviors ?	<u>Yes</u>	<u>No</u>
	1. Depressed or withdrawn	1	0
	2. Violent or hostile.....	1	0
	3. Anxious or nervous	1	0
	4. Bored or impatient	1	0
	5. Intoxicated or high	1	0
	6. In withdrawal	1	0
	7. Distracted	1	0
	8. Cooperative	1	0

<i>For Staff Use Only</i>		
g.	What was the participant's location during the assessment?	
	Treatment unit.....	1
	Specialized intake unit.....	2
	Correctional setting.....	3
	School.....	4
	Employment or work setting.....	5
	Home.....	6
	Probation or Parole Office.....	7
	Welfare or Child Protection Agency.....	8
	Research Office or Setting.....	11
	Other (Please describe).....	99
v. _____		
g1-5.	Were there any problems providing a quiet, private environment?	Yes No
	1. Noise or other frequent distractions.....	1 0
	2. Divided attention or frequent interruptions.....	1 0
	3. Other people present or within earshot.....	1 0
	4. Police, guards, social workers or other officials present.....	1 0
	5. Speaker or telephone call monitoring.....	1 0
h1.	Was administration done over multiple days?	1 0
	[IF NO, GO TO XADMj]	
	a. What is the final revision date (mm/dd/yyyy)? .....	|_|_| / |_|_| / 20 |_|_|
		Month Day Year
	b. What is the total number of breaks across all sessions and days? (Include "1" for break in between multiple sessions.).....	|_|_|
	c. What is the total number of minutes spent doing the interview across all sessions and days? .....	|_|_|_|
	d. What is the Staff ID [XSID] of the person finishing the interview?.	|_|_|_|_|_|_|_|
j.	Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment? Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).	
	v1. _____	

