

GAIN-初步检查 (GAIN-SS)\*  
版本 [GVER]: GSS 2.0.1

1. 你的姓名是: a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
(名) (中间名首字母) (姓氏)

2. 今天的日期是 (月/日/年):.....\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

以下是有关普通心理、行为或者个人问题的问答。当你发现自己出现这些情况已经有两个或多个星期、而且不断出现、阻碍你履行自己的责任、或者无法继续正常生活，那么，你的问题确实严重了。

请告诉我们：上一次你出现这些情况是在什么时候？下面每一个陈述句后面有四个数字，分别代表：上一个月（3）；二至十二个月前（2）；一年或多年前（1）；或者从没发生过（0）。请选择合适数字划圈作答。

上一个月	二至十二个月前	一年或多年前	从没发生过
3	2	1	0

IDScr 1. 上一次是在什么时候，你出现以下严重问题：

- |  |   |   |   |   |
|--|---|---|---|---|
| a) 感到非常受困、孤独、悲伤、忧郁、情绪低落，或者对将来绝望？ .....           | 3 | 2 | 1 | 0 |
| b) 很难睡着，如做恶梦、睡不安稳，或者白天打磕睡？ .....                 | 3 | 2 | 1 | 0 |
| c) 感到非常焦虑、紧张、着急、害怕、恐惧、惊慌，或者有什么不好的事情将要发生似的？ ..... | 3 | 2 | 1 | 0 |
| d) 当某些事情使你回想起过去，你就变得非常难过和不安？ .....               | 3 | 2 | 1 | 0 |
| e) 甚至考虑过结束生命或者想过自杀？ .....                        | 3 | 2 | 1 | 0 |

EDScr 2. 上一次是在什么时候，你做了以下的事情两次或者多次？

- |  |   |   |   |   |
|--|---|---|---|---|
| a) 用撒谎或者欺骗的方式去获取自己想要的东西、或者逃避去做需要做的事？ ..... | 3 | 2 | 1 | 0 |
| b) 在学校、工作单位或者家里难以集中精神？ .....               | 3 | 2 | 1 | 0 |
| c) 在学校、工作单位或者家里难以注意听从指示？ .....             | 3 | 2 | 1 | 0 |
| d) 欺负或者恐吓别人？ .....                         | 3 | 2 | 1 | 0 |
| e) 主动挑起同别人的争斗？ .....                       | 3 | 2 | 1 | 0 |
| f) 想返回去试图把（赌博）输掉的钱物赢回来？ .....              | 3 | 2 | 1 | 0 |

SDScr 3. 上一次是在什么时候...

- |   |   |   |   |   |
|---|---|---|---|---|
| a) 你每周都喝酒或者用毒、药品？ .....   | 3 | 2 | 1 | 0 |
| b) 你花很多时间以得到酒、毒或药品、喝酒或用毒、药品，或是花很多时间在感受酒或毒、药品的效果（如快感、惠恶心）？ .....           | 3 | 2 | 1 | 0 |
| c) 即使造成社会问题、引起争斗、或者导致你同别人发生纠纷，你仍然继续喝酒或用毒、药品？ .....                        | 3 | 2 | 1 | 0 |
| d) 由于喝酒或用毒、药品，致使你放弃、减少出席工作单位、学校、家庭、的重要活动或者社交，或在出席这些场合时有困难.....            | 3 | 2 | 1 | 0 |
| e) 你有戒酒或戒药瘾的症状问题，如手颤抖、呕吐、坐卧不安；或者，你靠喝酒或用毒、药品来停止身体的不适、或避免因戒瘾而产生的症状问题？ ..... | 3 | 2 | 1 | 0 |

CVScr 4. 上一次是在什么时候，你...

- |                              |   |   |   |   |
|------------------------------|---|---|---|---|
| a) 在发生争执时，碰撞、抓挠或者推挤他人？ ..... | 3 | 2 | 1 | 0 |
| b) 从商店拿走东西却不付钱？ .....        | 3 | 2 | 1 | 0 |
| c) 售卖、分销或者协助制造非法药物？ .....    | 3 | 2 | 1 | 0 |
| d) 在酒精或者非法药物影响下驾驶车辆？ .....   | 3 | 2 | 1 | 0 |
| e) 故意破坏或者损毁不属于你的东西？ .....    | 3 | 2 | 1 | 0 |

5. 你有没有其它严重的心理、行为或者个人方面的问题希望得到治疗或者获得协助？若有的话，请在下面描述。 ..... 1-有 0-没有

- v1. \_\_\_\_\_
- v2. \_\_\_\_\_
- v3. \_\_\_\_\_

## Tips for Administering the GAIN-SS Tool

Validity of clients' answers is improved if clients understand the interview process and know how their information will be used. Therefore, it is important to cover this material when introducing the GAIN-SS to the client.

### Introduction

- This instrument is designed to find out how you are doing in terms of your mental health and behaviour. It takes about 5 minutes to answer.
- The information is private. It will be used only for your treatment and to help us evaluate our own services.
- If you are not sure about an answer, please give us your best guess.
- If you simply do not know the answer to a question, you can tell me and I'll enter "DK" (Don't Know) for that item.
- You may refuse to answer any question, and I'll enter "RF" (Refused) for the answer.
- Please ask if you do not understand a question or a word. At the end of the interview I will check to make sure that everything is complete, and I'll answer any additional questions.
- Do you have any questions before we begin?

### Developing Personalized Anchors

Sometimes the client will be confused about the time period covered by the questions. One approach is to establish personalized anchors to assist client memory. E.g.

Several questions will ask you about things that may have happened during the past month, 2 to 12 months ago, or more than 12 months ago. To help you remember these time periods, please look at this calendar. (GIVE CALENDAR TO CLIENT).

Do you recall anything that was going on about (DATE 30 DAYS AGO)? (PROBE FOR SPECIFIC EVENT)

- If the last time that something happened was since (NAME OF EVENT THAT WAS 30 DAYS AGO), please answer, "Past month."

### Instructions for Administration of GAIN-SS

- Start at the top of the first page and enter the client's first name, middle initial, and last name in the designated fields (this information will probably already be in the PARIS system).
- Enter today's date in the "Date Started" field in the PARIS GAIN-SS document. Be sure to use only numbers and the dd/mm/yyyy format (as per PARIS standard).
- Read the client education introductory paragraph (as above).
- Read the first item, document the response, and continue in order.
- Read each item carefully to avoid any misunderstanding. Be sure to follow the dotted line to the correct response choices.
- Choose only 1 response and ensure that the responses are marked clearly. (On the computer version, make sure that you choose the correct response).
- If corrections are required on the paper form, cross out the original response and write the new response neatly.
- Ask the client to answer as accurately as they can. If the client has trouble remembering the last time something happened, ask them to give their best estimate.
- Note: a definite response is required. Therefore, the client cannot answer a question with "Sometimes" or "Sort of" or "Maybe." If this happens, ask the client to choose the response that comes closest to how he or she feels.
- If the client really cannot choose between the responses, doesn't know the answer, or simply does not want to answer – leave the response blank. The items are not considered in the computer scoring.
- Remember to read the stem at the beginning of each section. (e.g., "When was the last time..."). You should also repeat it before an item if you get interrupted and have to repeat or restart a question.
- For item 5 (Do you have other significant psychological, behavioural, or personal problems that you want treatment for or help with?), you can write "none" if applicable. The numbers v1, v2, and v3 are used for data entry purposes – if you have a long response, it's okay to use all 3 lines for 1 answer. Note: this question is from the client's perspective.
- Tell the client to feel free to ask if they do not understand a question or word.
- Please check the form before the client leaves to make sure that everything is complete.