

**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 <input type="checkbox"/> Male <input type="checkbox"/> Female	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)			
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Non – Federal Tribe	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American		
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	Tribal Code (No. 1) _____	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander		
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race		
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer	Tribal Code (No. 2) _____	
<input type="checkbox"/> Hawaiian (Native)	<input type="checkbox"/> Samoan		
<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai		
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American		
10. SPANISH/HISPANIC/LATINO (CHECK ONE)			
<input type="checkbox"/> Cuban	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to Answer	
Global Appraisal of Individual Needs-Short Screener (GAIN-SS)			
<i>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.</i>			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. when something reminded you of the past, you became very distressed and upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. with thinking about ending your life or committing suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Have a hard time paying attention at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Have a hard time listening to instructions at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Been a bully or threatened other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Start fights with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Each yes answer is "1" point SDS Sub-scale Score (0 to 5) _____			