

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)

DBHR Target Data Elements Gain Short Screening Setup

ADMISTRATION TIME
STAFF IDENTIFICATION
DATE
AGENCY NUMBER

SECTION CLIENT IDENTIFICATION C. CHER LAST NAME C. OTHER LAST NA								AGENCY	NUMBER		
S. GENDER 6. DATE OF BIRTH 7. SOCIAL SECURITY NUMBER 8. WASHINGTON DRIVER'S LICENSE OR ID Male Female 9. WHICH RACE/ETHINICITY ORDUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MXMMUM OF FOUR THAT APPLY) UCUban Not Spanish/Hispanic/Latino Puetro Rican Makican, Mexican American, Chicano Other Spanish/Hispanic/Latino Refused to Answer Asian Indian Middle East Black/African American Native American Native American Non - Federal Tribe Cambodian Other Asian Native American Native American Native American Native American Tribal Code (No. 1) Filipino Other Race Other Pacific Islander Tribal Code (No. 1) Filipino Other Race Other Pacific Islander Tribal Code (No. 2) White/European American Asianian White/European American Tribal Code (No. 2) White/European American 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 you from meeting your responsibilities, or when they make you feel fley out can't go on. Please answer the questions Yes or No. Nemalta Health Internalizing Behaviors (IDScr 1): During the past 12 months, have you had significant problems	SECTION I CLIENT IDENTIFICATION										
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Black/African American Native American Nan - Federal Tribe	· · · · · · · · · · · · · · · · · · ·										
Black/African American Native American Other Asian Other Asian Other Pacific Islander	·										
□ Cambodian □ Other Asian □ Other Asian □ Chinese □ Other Pacific Islander □ Tribal Code (No. 1) □ Filipino □ Other Race □ Guamanian □ Refused to Answer □ Hawaiian (Native) □ Samoan □ Vietnamese □ Vietnamese □ Vietnamese □ Vietnamese □ Clobal 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 leef like you can't go on. Please answer the questions Yes or No. Mental Health Internalizing Behaviors (IDSer 1): During the past 12 months, have you had significant problems											
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a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?											
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c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen? d. when something reminded you of the past, you became very distressed and upset? e. with thinking about ending your life or committing suicide? Yes No Yes No									□ No		
d. when something reminded you of the past, you became very distressed and upset?	b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?							☐ Yes	□ No		
d. when something reminded you of the past, you became very distressed and upset?									☐ 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 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)? 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? 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? e. you have withdrawal problems from alcohol or drugs to stop being sick or avoid withdrawal problems? □ Yes □ No trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?								☐ Yes	□ No		
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