Form Approved
OMB NO. 0930-0276
Exp. Date: xx-xx-xxxx

GLOBAL ASSESSMENT OF INDIVIDUAL NEEDS-MODIFIED SHORT SCREENER

DATE (Today's Date) ☐☐ ☐☐ ☐☐☐☐
Month Day Year

CHILD ID Number : ☐☐☐☐ - ☐☐ - ☐☐☐☐

www.chestnut.org/LI/gain/
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GAIN – MODIFIED SHORT SCREENER

This section should be completed by youth aged 12 and older.

When was the last time, if ever, you used…	1-2 days	3-7 days	1-4 weeks	1-3 months	4-12 months	1+ years	Never
1. any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks?							
2. alcohol until you were drunk (or had 5 or more drinks)?							
3. marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?							
4. cocaine, opiods, methamphetamine, or any other drug including a prescription medication that was not prescribed to you, or one that you took more than you were supposed to?							

5. **During the past 90 days, on how many days have you…**

a. used any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks? |__|__| Days

b. gotten drunk or had 5 or more drinks? |__|__| Days

c. used marijuana, hashish, blunts or THC (herb, reefer, weed)? |__|__| Days

d. used cocaine, opioids, methamphetamine or any other drug, including a prescription medication that was not prescribed to you, or one that you took more of than you were supposed to? |__|__| Days

When was the last time…	Past Month	2-12 Months Ago	1+ Years Ago	Never
6. you used alcohol or other drugs weekly or more often?				
7. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?				
8. 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?				
9. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?				
10. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?				