

FOUNDRY GAIN SS

To help understand the problems you might have and what we can do to help you the most, we would like you to answer some questions. It will take about five minutes. We ask most of the people that come to Foundry these questions. Your answers to these questions are kept private. They are used to help us understand what we can do to help you and to help us make sure we are doing a good job meeting your needs.

The questions are about problems that many people have. Some of the questions ask about “significant” problems. **A problem is significant when you have it for two or more weeks, when it keeps coming back, when it keeps you from doing the things you say you are going to do, or when it makes you feel like you can’t go on.**

After each of the questions, please tell us the last time you had a “significant” problem by answering whether it was in the last month, 2 to 3 months ago, 4 to 12 months ago, or 1 or more years ago. If you have never had the problem, you can choose “never”. If you are not sure about the answer to a question, please make your best guess. If you do not know the answer to a question, you can check “DK” (which means “Don’t Know”). You can also decide not to answer a question by checking “CNA” (which means “Choose Not to Answer”).

Please ask at the front desk or the staff person that gave you this form if you have any questions. You can also ask for help if you do not understand a question or a word when you are working on it. Once you have completed it, return it to the front desk or to the staff person that gave it to you.

Name: _____ Date: (dd/mm/yyyy) _____

When was the last time you had significant problems with...		Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never	DK or CNA
1a	Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1b	Sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1c	Feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1d	Becoming very distressed and upset when something reminded you of the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1e	Thinking about ending your life or committing suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1f	Seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
OFFICE USE: IDScr Totals					Total 12 months or less:		

When was the last time that you did the following things two or more times?		<i>Past month</i>	<i>2 to 3 months ago</i>	<i>4 to 12 months ago</i>	<i>1+ years ago</i>	<i>Never</i>	<i>DK or CNA</i>
2a	Lied or conned to get things you wanted or to avoid having to do something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2b	Had a hard time paying attention at school, work, or home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2c	Had a hard time listening to instructions at school, work, or home two or more times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2d	Had a hard time waiting for your turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2e	Were a bully or threatened other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2f	Started physical fights with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2g	Tried to win back your gambling losses by going back another day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
OFFICE USE: EDSr Totals					Total 12 months or less:		
When was the last time that...		<i>Past month</i>	<i>2 to 3 months ago</i>	<i>4 to 12 months ago</i>	<i>1+ years ago</i>	<i>Never</i>	<i>DK or CNA</i>
3a	You used alcohol or other drugs weekly or more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
3b	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
3c	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
3d	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
3e	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
OFFICE USE: SDSr Totals					Total 12 months or less:		

When was the last time that you...		Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never	DK or CNA
4a	Had a disagreement in which you pushed, grabbed, or shoved someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
4b	Took something from a store without paying for it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
4c	Sold, distributed, or helped to make illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
4d	Drove a vehicle while under the influence of alcohol or illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
4e	Purposely damaged or destroyed property that did not belong to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
OFFICE USE: CVScr Totals					Total 12 months or less:		
When was the last time you had significant problems with... (not related to alcohol/drug use)		Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never	DK or CNA
AQ5a	Being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
AQ5b	Thinking or feeling that people are watching you, following you, or out to get you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?		<input type="checkbox"/> No <input type="checkbox"/> Yes					<input type="checkbox"/> DK <input type="checkbox"/> CNA
Please describe _____ _____ _____ _____ _____							
OFFICE USE: Total Score					Total 12 months or less:		
Scored by: _____				Client ID#: _____			