

**Overview:** The GAIN-SS is designed for use in general populations to quickly and accurately identify who would have a disorder on the full GAIN (typically a requirement for treatment entry in behavioral health) and rule out those who would not. It is designed for self-administration with paper and pencil or by computer and can be easily converted to a scanable or web-based form as part of a larger system. Norms from clinical samples are included in the manual and further testing is currently being done in several workplace, school and public assistance settings. The total scale (20-symptoms) and its 4 subscales (5 symptoms each) for internal disorders (somatic, depression, suicide, anxiety, trauma), behavioral disorders (ADHD, CD), substance use disorders (abuse, dependence), and crime/violence (interpersonal violence, property crime, drug related crime) are designed to screen for people with clinical disorders among general populations of adolescents and adults. The subscales are based on a series of exploratory and confirmatory factor analyses of psychiatric symptoms and disorders among clinical samples. Responses are given in terms of the recency of the problem (3=past month, 2= 2-12 months ago, 1=1+ years ago, 0=never). The past-month symptom count (number of 3s) can be used as a measure of change, the past-year symptom counts (number of 3s or 2s) is used to identify current disorders, lifetime counts (3s, 2s, or 1s) are used as a covariate and to identify people in remission (lifetime disorder with no current symptoms).

**Psychometrics:** The manual (Dennis et al., 2005) provides detailed norms showing that in a sample of 1805 adults, the 20-item total disorder screener (TDSer) had a Cronbach's alpha of .87 and (using a cut point of 3 or more) had excellent sensitivity (90%) for identifying people with a disorder and excellent specificity (92%) for correctly ruling out people who did not have a disorder. In a sample of 6194 adolescents, the 20-item total disorder screener (TDSer) had a Cronbach's alpha of .87. Using a cut point of 3 or more, this scale had excellent sensitivity (91%) for identifying people with a disorder and excellent specificity (89%) for correctly ruling out people who did not have a disorder. In both cases using a lower (1+) cut point would increase sensitivity further, but also decrease specificity. Within each subscreener, using a cut point of 1+ achieved over 90% sensitivity and 70% specificity (within the area) for both adults and adolescents. Using 3+ in the subscales provided 70% sensitivity and 90% specificity (within the area) for both adults and adolescents. Thus, the interpretative ranges were set at low (0), moderate (1-2) and high (3+) for the total and each subscale. As continuous measures, the 5-item subscales are correlated .84 to .94 with the 16- to 123-item longer scales in the full GAIN.

**Instruments:** Below are two versions of the GAIN-SS. Both versions are 20 questions long and take 3 to 5 minutes to administer. The first has the full recency response set. The second has the response set collapsed to yes/no for the past year to make it a little faster and easier to administer (but no longer should be used to measure change, as a lifetime covariate or to measure remission).

GAIN Short Screener with Recency response set:

GAIN Short Screener with Yes/No for Past Year response set: