

Youth SUD Form –Initial Interview

6. Please answer the following questions based on the 30 days...	Number of Nights/Times	Don't know									
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	_____	<input type="checkbox"/>									
b. How many nights have you spent in a facility for:											
i. Detoxification?	_____	<input type="checkbox"/>									
ii. Inpatient/Residential Substance Use Disorder Treatment?	_____	<input type="checkbox"/>									
iii. Mental Health Care?	_____	<input type="checkbox"/>									
iv. Illness, Injury, Surgery?	_____	<input type="checkbox"/>									
c. How many nights have you spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?	_____	<input type="checkbox"/>									
d. How many times have you tried to commit suicide?	_____	<input type="checkbox"/>									
7. I would be able to resist the urge to drink heavily and/or use drugs...	Not at all confident										Very Confident
... if I were angry at the way things had turned out	0	1	2	3	4	5	6	7	8	9	10
... if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	1	2	3	4	5	6	7	8	9	10
... if other people treated me unfairly or interfered with my plans	0	1	2	3	4	5	6	7	8	9	10
... if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	1	2	3	4	5	6	7	8	9	10

Youth SUD Form –Initial Interview

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a crisis, I would have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domain: Improved Functioning Domain: Questions 5-11							
5. I am able to do things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get along with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I do well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am able to handle my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question to be answered by Clinician

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				

9. At this interval period, what is your (clinician’s) assessment of the client’s understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

- | | | | | |
|------------------------------|---------------------------------------|---------------------------------------|--|---------------------------------------|
| Unengaged and Blocked | Minimal Engagement in Recovery | Limited Engagement in Recovery | Positive Engagement in Recovery | Optimal Engagement in Recovery |
|------------------------------|---------------------------------------|---------------------------------------|--|---------------------------------------|