



DREW C.A.R.E.S

Center for AIDS Research Education and Services
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SAMISS

[Substance Abuse and Mental Health Illness Symptoms Screener]

Suggest invitation at conclusion of intake: The purpose of this brief intake is to obtain the necessary information to enroll you in the services you are requesting. It is our intention to respond to your request in a timely manner. Many individuals receiving services here at DREW C.A.R.E.S report addictions and/or emotional struggles. I would like to invite you to answer a few additional questions that will help ensure that we assess these important areas of your life. If you feel uncomfortable with any of the questions or would prefer not to answer them, please feel free to let me know that.

Substance Use Items:

1. How often do you have a drink containing alcohol? *[Alcoholic drinks include one beer, one glass of wine, a mixed drink of hard liquor, or one wine cooler. Each of these counts as one drink, unless they have double shots, which would equal two drinks.]*

[If you DO NOT drink, go to question #4.]

- | | | | |
|---|--|---|---|
| 0 | <input type="checkbox"/> Never | 3 | <input type="checkbox"/> 2-3 times a week |
| 1 | <input type="checkbox"/> Monthly or less | 4 | <input type="checkbox"/> 4 or more times a week |
| 2 | <input type="checkbox"/> 2-4 times a month | | |

2. How many drinks do you have on a typical day when you are drinking?

- | | | | |
|---|---------------------------------|---|-------------------------------------|
| 0 | <input type="checkbox"/> 1 or 2 | 3 | <input type="checkbox"/> 7-9 |
| 1 | <input type="checkbox"/> 3 or 4 | 4 | <input type="checkbox"/> 10 or more |
| 2 | <input type="checkbox"/> 5 or 6 | | |

3. How often do you have four or more drinks on one occasion?

- | | | | |
|---|--|---|---|
| 0 | <input type="checkbox"/> Never | 3 | <input type="checkbox"/> 2-3 times a week |
| 1 | <input type="checkbox"/> Monthly or less | 4 | <input type="checkbox"/> 4 or more times a week |
| 2 | <input type="checkbox"/> 2-4 times a month | | |

4. In the past year, how often did you use nonprescription drugs to get high to change the way you feel?

- | | | | |
|---|--|---|---|
| 0 | <input type="checkbox"/> Never | 3 | <input type="checkbox"/> 2-3 times a week |
| 1 | <input type="checkbox"/> Monthly or less | 4 | <input type="checkbox"/> 4 or more times a week |
| 2 | <input type="checkbox"/> 2-4 times a month | | |

5. In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel?

- | | | | |
|---|--|---|---|
| 0 | <input type="checkbox"/> Never | 3 | <input type="checkbox"/> 2-3 times a week |
| 1 | <input type="checkbox"/> Monthly or less | 4 | <input type="checkbox"/> 4 Or more times a week |
| 2 | <input type="checkbox"/> 2-4 times a month | | |

Client's Name: _____

6. In the last year, how often did you drink or use drugs more than you meant to?

0	<input type="checkbox"/> Never	3	<input type="checkbox"/> 2-3 times a week
1	<input type="checkbox"/> Monthly or less	4	<input type="checkbox"/> 4 or more times a week
2	<input type="checkbox"/> 2-4 times a month		

7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the last year, and not been able to?

0	<input type="checkbox"/> Never	3	<input type="checkbox"/> 2-3 times a week
1	<input type="checkbox"/> Monthly or less	4	<input type="checkbox"/> 4 or more times a week
2	<input type="checkbox"/> 2-4 times a month		

Patient considered positive for substance use symptoms if any of the following criteria are met:

- a) The sum of responses for Questions 1-3 is \geq is 5: _____
- b) The sum of responses for Questions 4-5 is \geq is 3: _____
- c) The sum of responses for Questions 6-7 is \geq is 1: _____



Mental Health Items:

Medication / Antidepressants:

8. During the past 12 months, while not under the influence of any substances (ex: alcohol or drugs) was there ever a time when you felt extremely full of energy or irritable and more talkative than normal?

- 1 YES
- 2 NO

9. During the past 12 months, were you on medication / antidepressants for depression or nerve problem?

- 1 YES
- 2 NO

Major Depression:

10. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

- 1 YES
- 2 NO

11. During the past 12 months, was there ever a time lasting 2 week or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- 1 YES
- 2 NO

Generalized Anxiety Disorders:

12. During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried and anxious?

- 1 YES
- 2 NO

Client's Name: _____

Panic Disorder:

13. During the past 12 months, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

- 1 YES
- 2 NO

14. During the past 12 months, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath?

- 1 YES
- 2 NO

Post-traumatic Stress Disorders:

15. In your life, as a child or adult, have you experienced or witnessed a traumatic event or events that had to do with harming yourself or other?

[If NO, skip to question #17]

- 1 YES
- 2 NO

16. If so, last year have you suffered from flashbacks, dreams, or thoughts relative to the traumatic event(s)?

- 1 YES
- 2 NO

17. In the last three months, have you experienced an event or received information that affected your daily life?

- 1 YES
- 2 NO

Client's Name: _____