

The Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

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| <p>Substance Abuse: Respondent screens positive if sum of responses to questions 1–3 is equal to or greater than 5, response to question 4 or 5 is equal to or greater than 3, or response to question 6 or 7 is equal to or greater than 1.</p> | <p>Mental Illness: Respondent screens positive if response to any question is “Yes.”</p> |
| <p>1. How often do you have a drink containing alcohol? Never 0 Monthly or less 1 2–4 times/mo 2 2–3 times/wk 3 4 or more times/wk 4</p> | <p>8. In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>2. How many drinks do you have on a typical day when you are drinking? None 0 1 or 2 1 3 or 4 2 5 or 6 3 7–9 4 10 or more 5</p> | <p>9. In the past year, were you ever on medication or antidepressants for depression or nerve problems? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>3. How often do you have 4 or more drinks on 1 occasion? Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4</p> | <p>10. In the past year, was there ever a time when you felt sad, blue, or depressed for more than 2 weeks in a row? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>4. In the past year, how often did you use nonprescription drugs to get high or to change the way you feel? Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4</p> | <p>11. In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>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? Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4</p> | <p>12. In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried and anxious? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>6. In the past year, how often did you drink or use drugs more than you meant to? Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4</p> | <p>13. In the past year, 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? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to? Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4</p> | <p>14. In the past year, 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? (If respondent volunteers, “Only when having a heart attack or due to physical causes,” mark “No.”) Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | <p>15. During your lifetime, as a child or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>This questionnaire is based on the validated screening instrument developed by the University of North Carolina at Chapel Hill, Departments of Psychiatry, Medicine, Public Policy, and Community and Family Medicine; and the Health Inequities Program of Duke University.</p> | <p>16. In the past 3 months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |