SA MISS: The Substance Abuse and Mental Illness Symptoms Screener

The Substance Abuse and Mental Illness Symptoms Screener (SA MISS) is easily administered within healthcare settings and specifically screens for both mental illness symptoms and substance use problems.

1. How often do you have a drink containing alcohol?

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

3. How often do you have 4 or more drinks on 1 occasion?

4. How often do you have a drink containing alcohol?

5. How often do you have 4 or more drinks on 1 occasion?

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

7. In the past year, do you have any drink containing alcohol?

8. How often do you have a drink containing alcohol?

SA MISS score:

Substance Abuse: Respondent screens positive if sum (indicated in bold parenthesis) of responses to questions 1-3 is equal to or greater than 5, response to question 4 is equal to or greater than 3, response to question 6 or 7 is equal to or greater than 1.

Mental Illness: Respondent screens positive if response to any question is “Yes.”

Q 8 looks at the manic side of bipolar disorder – Q 9 to 11 look at depression – Q 12 to 14 look at anxiety

Q 15 looks at PTSD like symptoms - Q 16 could be a few things - PTSD or depression?


CAGE Questionnaire

This is a commonly-used screening to identify problematic use of alcohol.

1. Have you ever felt you should cut down on your drinking? Yes [ ] No [ ]
2. Have people annoyed you by criticizing your drinking? Yes [ ] No [ ]
3. Have you ever felt bad or guilty about your drinking? Yes [ ] No [ ]
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)? Yes [ ] No [ ]

Scoring: Responses on the CAGE are scored 0 for “no” and 1 for “yes,” with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.


Primary Care PTSD Screen (C-PTSD)

This is a commonly-used screening for Post-Traumatic Stress Disorder.

Post-Traumatic Stress Disorder has been identified as a significant contributor to mental illness and cognitive impairment. This 4-question screen was developed for use with veterans, but is appropriate for use with all patients.

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to? Yes [ ] No [ ]
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? Yes [ ] No [ ]
3. Were constantly on guard, watchful, or easily startled? Yes [ ] No [ ]
4. Felt numb or detached from others, activities, or your surroundings? Yes [ ] No [ ]

Scoring: The results of the PC-PTSD should be considered “positive” if a patient answers “yes” to any three items.


Resources: US Dept. of Veterans Affairs, National Center for PTSD: http://www ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp

Depression Screen

This two-question depression screen is designed for use in medical visits.

This screening was designed for use with chronically ill patients, but was adapted for use by primary care clinicians, for use with all patients.

1. During the past month have you often been bothered by feeling down, depressed, or hopeless? Yes [ ] No [ ]
2. During the past month have you often been bothered by little interest or pleasure in doing things? Yes [ ] No [ ]

Scoring: “A positive response to either question is extremely sensitive and identifies more than 90 percent of patients with major depression. However, it is only approximately 60 percent specific and requires confirmation using a detailed clinical interview or a more specific tool such as the Patient Health Questionnaire (PHQ-9).”


Point of Care Guides: Routine Screening for Depression, Alcohol Problems, and Domestic Violence http://www.aafp.org/afp/2004/0515/p2421.html

Visit our website @ www.umdnj.edu/ccoe/aids

NEW JERSEY AIDSLine, December 2010 / Page 29