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

1. Have you ever had a drink containing alcohol? Never (0) Monthly or less; (1) 2-4 times/month; (2) 2-3 times/week; (3) 4+ times/week (4)
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 to 9; (4) 10 or more (5)
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)
4. In the past year, how often did you use drugs prescribed to get high or to change the way you felt? Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or Almost Daily (4)
5. In the past year, were you ever on medication or antidepressants for depression or nerve problems? Yes (1) No (0)
6. 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 (0) No (1)
7. In the past year, did you ever have a period lasting more than 1 month when you became frightened, anxious, or very uneasy? Yes (0) No (1)
8. In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual? Yes (1) No (0)
9. In the past year, were you ever on medication or antidepressants for depression or nerve problems? Yes (1) No (0)
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 (1) No (0)
11. In the past year, was there ever a time lasting more than two weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? Yes (1) No (0)
12. In the past year, did you ever 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 (0) No (1)
13. In the past year, did you have a sudden attack when you lose interest in most things like hobbies, work, or activities that usually give you pleasure? Yes (0) No (1)
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? Yes (0) No (1)

Note: Yes response for Questions 8-16 indicates positive screen.

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 (0) No (1)
If YES: In the past year, have you been troubled by flashbacks, nightmares, or thoughts of trauma? Yes (0) No (1)
16. In the past three months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life? Yes (0) No (1)

SAMISS 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 (0) No (1)
2. Have people annoyed you by criticizing your drinking? Yes (0) No (1)
3. Have you ever felt bad or guilty about your drinking? Yes (0) No (1)
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 (0) No (1)

Scoring: Responses on the CAGE are scored 0 for “no” and 1 for “yes,” with a higher score indicating 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 (0) No (1)
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? Yes (0) No (1)
3. Were constantly on guard, watchful, or easily startled? Yes (0) No (1)
4. Felt numb or detached from others, activities, or your surroundings? Yes (0) No (1)

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


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 (0) No (1)
2. During the past month have you often been bothered by little interest or pleasure in doing things? Yes (0) No (1)

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)."