

Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

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

Never Monthly or less 2–4 times/mo 2–3 times/wk 4+ times/wk
0 1 2 3 4

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

None 1 or 2 3 or 4 5 or 6 7–9 10 or more
0 1 2 3 4 5

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

Never Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q1-3: _____ (Note: score of 5+ indicates positive screen)

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

Never Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q4: _____ (Note score of 3+ indicates positive screen)

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 Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q5: _____ (Note score of 3+ indicates positive screen)

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

Never Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q6: _____ (Note: score of 1+ indicates positive screen)

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 Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q8: _____ (Note: score of 1+ indicates positive screen)

Note: Yes response for Q8-16 indicates positive screen

8. In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?

Yes No

9. In the past year, were you ever on medication or antidepressants for depression or nerve problems?

Yes No

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 No

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 No

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 No

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 No

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 No

If yes, please explain: _____

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 No

If yes: In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma?

Yes No

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 No

The Substance Abuse and Mental Illness Symptoms Screener (SAMISS) – Key

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.

Q1-3 look at alcohol use

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**

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**

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**

Q 4-5 look at substances other than alcohol

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**

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**

Q 6-7 look at the effects of substance use on daily living

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**

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**

Mental Illness:

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

Q8 looks at the manic side of bipolar disorder

Q 9 - 11 look at depression
Q 12 - 14 look at anxiety
Q 15 looks at PTSD like symptoms
Q 16 could be a few things, PTSD or depression