

## Substance Use and Mental Illness Symptoms Screener (SAMISS)

### 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.)
  - Never (0 points)
  - Monthly or less (1 point)
  - 2-4 times a month (2 points)
  - 2-3 times a week (3 points)
  - 4 or more times a week (4 points)
2. How many drinks do you have on a typical day when you are drinking?
  - 1 or 2 (0 points)
  - 3 or 4 (1 point)
  - 5 or 6 (2 points)
  - 7 to 9 (3 points)
  - 10 or more (4 points)
3. How often do you have four or more drinks on one occasion?
  - Never (0 points)
  - Monthly or less (1 point)
  - 2-4 times a month (2 points)
  - 2-3 times a week (3 points)
  - 4 or more times a week (4 points)
4. In the past year, how often did you use nonprescription drugs to get high to change the way you feel?
  - Never (0 points)
  - Monthly or less (1 point)
  - 2-4 times a month (2 points)
  - 2-3 times a week (3 points)
  - 4 or more times a week (4 points)
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 points)
  - Monthly or less (1 point)
  - 2-4 times a month (2 points)
  - 2-3 times a week (3 points)
  - 4 or more times a week (4 points)
6. In the last year, how often did you drink or use drugs more than you meant to?
  - Never (0 points)
  - Monthly or less (1 point)
  - 2-4 times a month (2 points)
  - 2-3 times a week (3 points)
  - 4 or more times a week (4 points)
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?
  - Never (0 points)
  - Monthly or less (1 point)
  - 2-4 times a month (2 points)
  - 2-3 times a week (3 points)
  - 4 or more times a week (4 points)

### Mental Health Items:

#### Medications/antidepressants

8. During the past 12 months, were you ever on medication/antidepressants for depression or nerve problems?
  - Yes
  - No

#### Major depression

9. 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?
  - Yes
  - No

10. During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?
  - Yes
  - No

#### Generalized anxiety disorders

11. 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?
  - Yes
  - No
12. 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?
  - Yes
  - No
13. 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?  
*[If respondent volunteers, "only when having a heart attack or due to physical causes," mark "NO.]*
  - Yes
  - No

### Scoring Instructions:

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

Patient considered positive for symptoms of mental illness if he/she responded yes to *any* mental health question [8-13].

From Whetten, K, Reif, S, Swartz, M, et al, "A Brief Mental Health and Substance Abuse Screener for Persons with HIV," *AIDS PATIENT CARE and STDs*, Vol 19, No 2, 2005, pp. 89 - 99