



# THE GLOBAL SCREENING INVENTORY (GSI)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This questionnaire is designed to obtain information about a very wide range of possible problem areas. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time
- 7 = All of the time

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1. \_\_\_\_ How often do you have problems in your relationship with your spouse or partner?
  2. \_\_\_\_ How often do you have problems in the sexual component of your relationship with your spouse or partner.
  3. \_\_\_\_ How often do you engage in sexual activity with someone other than your spouse or partner?
  4. \_\_\_\_ How often do you have problems in getting along with those with whom you work?
  5. \_\_\_\_ How often do you have problems doing your job (or school work)?
  6. \_\_\_\_ How often do you have problems getting along with your friends or those with whom you socialize?
  7. \_\_\_\_ How often do you have problems getting along with your neighbors.
  8. \_\_\_\_ How often do you have problems in your relationship with one or more of your children?
  9. \_\_\_\_ How often do you feel depressed, blue, despondent or "down in the dumps"?
  10. \_\_\_\_ How often do you feel that you have a poor sense of self-esteem.
  11. \_\_\_\_ How often do you feel intense anxiety or nervousness?
  12. \_\_\_\_ How often do you feel intense fear or terror?
  13. \_\_\_\_ How often do you think about taking your own life?
  14. \_\_\_\_ How often do you think about hurting someone in your family?
  15. \_\_\_\_ How often do you think about hurting someone outside of your family?
  16. \_\_\_\_ How often do you have problems in your relationship with your mother?
  17. \_\_\_\_ How often do you have problems in your relationship with your father?
  18. \_\_\_\_ How often do you drink alcohol to the point of becoming intoxicated?
  19. \_\_\_\_ How often do you use other drugs or chemical substances to become "high" or intoxicated.
  20. \_\_\_\_ How often do you feel that others are trying to cause you embarrassment or harm?
  21. \_\_\_\_ How often do you feel that your thinking is confused or disturbed?
  22. \_\_\_\_ How often do you forget things that you once remembered with ease?
  23. \_\_\_\_ How often do you feel intense shame or guilt?
  24. \_\_\_\_ How often do you have disturbing thoughts or nightmares?
  25. \_\_\_\_ How often do you have severe and prolonged headaches?
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