

**MEDICAL STATUS**

1. How many days have you experienced medical problems in the past 30 days? \_\_\_\_\_ days
2. How troubled or bothered have you been by these medical problems in the past 30 days?  
 Not at all       Slightly       Moderately       Considerably       Extremely
3. How important to you now is treatment for these medical problems?  
 Not at all       Slightly       Moderately       Considerably       Extremely

**GAMBLING**

1. At what age did you **first gamble**? \_\_\_\_\_ years old
2. At what age did **gambling problems begin**? \_\_\_\_\_ years old
3. Have you ever received **gambling treatment** before?  No     Yes, here     Yes, but at another program
4. What is your **primary form** of gambling? Check **one** only.  
 Lottery     Scratch     Keno     Slots     Cards     Sports     Dice     Off Track Betting  
 Other: \_\_\_\_\_
5. Is your primary form of gambling  in person,  online, or  both in person and online? Check **one** only.
6. What other forms of gambling are problematic for you? Check **all** that apply.  
 None     Lottery     Scratch     Keno     Slots     Cards     Sports     Dice     Off Track Betting  
 Other: \_\_\_\_\_
7. Is your problematic form of gambling  in person,  online, or  both in person and online? Check **one** only.
8. How many times have you been to **Gamblers Anonymous (GA)** meetings?  
 None       Once       2-10 times       More than 10 times
9. Have you **ever filed for bankruptcy** because of gambling problems?  
 No, and I don't plan to       No, but I am thinking about it       Yes, I filed for bankruptcy
10. In the past 30 days, how many days did you **think about gambling** or about placing bets?  
*Include days you thought about gambling, whether or not you actually gambled.* \_\_\_\_\_ days
11. How many **days did you gamble** in the past 30 days?  
*Include days you made any bets at all, even just buying a lottery ticket?* \_\_\_\_\_ days
12. How **much did you gamble in total** during the past 30 days?  
*(Include all money or items risked on all forms of gambling)* \$ \_\_\_\_\_
13. How many days have you **experienced gambling problems** in the past 30? \_\_\_\_\_ days
14. How does your gambling in the past 30 days compare to your usual (or usual problematic) level gambling?  
 Much lower       About the same       Much higher
15. How **troubled or bothered** have you been in the past 30 days by gambling problems?  
 Not at all       Slightly       Moderately       Considerably       Extremely
16. **How important to you now is treatment** for these gambling problems?  
 Not at all       Slightly       Moderately       Considerably       Extremely
17. My **goal** is to:  Stop gambling     Limit or control gambling     Gamble as I did before treatment

DSM Criteria

1a. In the past year, have there been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
1b. In the past year, have there been periods lasting two weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. In the past year, have there been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. In the past year, have you tried to stop, cut down, or control your gambling? 3a. <i>If you have tried to stop, cut down or control your gambling in the past year, were you restless or irritable during those times?</i>	<input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Yes N/A
4. In the past year, have you tried <i>but not succeeded</i> in stopping, cutting down, or controlling your gambling? 4a. <i>If you have ever tried to stop, cut down, or control your gambling in the past year, has this happened three or more times?</i>	<input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Yes N/A
5a. In the past year, have you gambled as a way to escape from personal problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5b. In the past year, have you gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. In the past year, has there been a period when, if you lost money gambling one day, you would return another day to get even?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. In the past year, have you lied to family members, friends, or others about how much you gamble, or how much money you lost on gambling? 7a. <i>If you have ever lied to family members, friends or others about gambling, has this happened three or more times in the past year?</i>	<input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Yes N/A
8. In the past year, have you written a bad check, or taken something that didn't belong to you from family members or anyone else in order to pay for your gambling?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9a. In the past year, has your gambling caused serious or repeated problems in your relationships with any of your family members or friends?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9b. <i>If you are in school, has your gambling caused you any problems in school, such as missing classes or days of school or your grades dropping?</i>	<input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Yes N/A
9c. Has your gambling caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity in the past year?	<input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Yes N/A
10a. In the past year, have you needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?	<input type="checkbox"/> No <input type="checkbox"/> Yes

11. Is gambling disorder episodic or persistent? Check only one: episodic or persistent  
 12. Is gambling disorder (check only one): ongoing in early remission in sustained remission

**LEGAL STATUS**

1. Are you presently awaiting legal charges, trial, or sentence?      No    Yes
2. How serious do you feel your present legal problems are? (*Exclude civil problems e.g. divorce, child support*)  
Not at all      Slightly      Moderately      Considerably      Extremely

**FAMILY AND SOCIAL RELATIONSHIPS**

1. How many days in the past 30 have you had serious conflicts with anyone in your family?      \_\_\_\_\_ days

In the past 30 days, have you had significant periods in which you experienced serious problems getting along with your:

- Mother
- Father
- Brother/sister
- Partner/spouse
- Children
- Other significant family
- Close friends
- Neighbors
- Co-workers

2. How troubled or bothered have you been in the past 30 days by family problems?  
Not at all      Slightly      Moderately      Considerably      Extremely
3. How important to you now is treatment or counseling for family problems?  
Not at all      Slightly      Moderately      Considerably      Extremely