

ID: _____	Last name: _____	First name: _____	Date: ____/____/20____
Age: _____	Race/ethnicity: White <sup>0</sup>	African American <sup>1</sup>	Hispanic <sup>2</sup>
Gender: M <sup>0</sup>	F <sup>1</sup>	Transgender <sup>2</sup>	Gender neutral <sup>3</sup>
Location: _____	Clinician: _____		
Circle <u>ONE</u> referral source: Readmission <sup>0</sup>	GA/Gamanon <sup>1</sup>	Helpline <sup>2</sup>	Internet <sup>3</sup>
Gambling research program <sup>4</sup>	MH residential <sup>5</sup> : _____	MH outpatient <sup>6</sup> : _____	Bettor choice <sup>7</sup> : _____
SA residential <sup>8</sup> : _____	SA outpatient <sup>9</sup> : _____	EAP <sup>10</sup> : _____	
Private therapist <sup>11</sup> : _____	Probation <sup>12</sup> : _____	Attorney <sup>13</sup> : _____	
Hospital/medical <sup>14</sup> : _____	Advertisement <sup>15</sup> : _____	Other <sup>16</sup> : _____	

**MEDICAL STATUS**

- How many days have you experienced medical problems in the past 30 days? \_\_\_\_\_ days
- How troubled or bothered have you been by these medical problems in the past 30 days?  
Not at all<sup>0</sup>      Slightly<sup>1</sup>      Moderately<sup>2</sup>      Considerably<sup>3</sup>      Extremely<sup>4</sup>
- How important to you now is treatment for these medical problems?  
Not at all<sup>0</sup>      Slightly<sup>1</sup>      Moderately<sup>2</sup>      Considerably<sup>3</sup>      Extremely<sup>4</sup>

**GAMBLING**

- At what age did you **first gamble**? \_\_\_\_\_ years old
- At what age did **gambling problems begin**? \_\_\_\_\_ years old
- What is your **primary form** of gambling? Circle **one** only.  
Lottery<sup>1</sup>   Scratch<sup>2</sup>   Keno<sup>3</sup>   Slots<sup>4</sup>   Cards<sup>5</sup>   Sports<sup>6</sup>   Dice<sup>7</sup>   Internet<sup>8</sup>   Other<sup>9</sup>: \_\_\_\_\_
- What other forms of gambling are problematic for you? Circle **all** that apply.  
None<sup>4a</sup>   Lottery<sup>4b</sup>   Scratch<sup>4c</sup>   Keno<sup>4d</sup>   Slots<sup>4e</sup>   Cards<sup>4f</sup>   Sports<sup>4g</sup>   Dice<sup>4h</sup>   Internet<sup>4i</sup>   Other<sup>4j</sup>: \_\_\_\_\_
- Have you ever received **gambling treatment** before?    No<sup>0</sup>    Yes, here<sup>1</sup>    Yes, but only at another program<sup>2</sup>
- How many times have you been to **Gamblers Anonymous (GA)** meetings?  
None<sup>0</sup>      Once<sup>1</sup>      2-10 times<sup>2</sup>      More than 10 times<sup>2</sup>
- Have you **ever filed for bankruptcy** because of gambling problems?  
No, and I don't plan to<sup>0</sup>      No, but I am thinking about it<sup>1</sup>      Yes, I filed for bankruptcy<sup>2</sup>
- 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
- 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
- How **much did you gamble in total** during the past 30 days?  
*(Include all money or items risked on all forms of gambling)*      \$\_\_\_\_\_
- How many days have you **experienced gambling problems** in the past 30? \_\_\_\_\_ days
- How does your gambling in the past 30 days compare to your usual (or usual problematic) level gambling?  
Much lower<sup>0</sup>      About the same<sup>1</sup>      Much higher<sup>2</sup>
- How **troubled or bothered** have you been in the past 30 days by gambling problems?  
Not at all<sup>0</sup>      Slightly<sup>1</sup>      Moderately<sup>2</sup>      Considerably<sup>3</sup>      Extremely<sup>4</sup>
- How important to you now is treatment** for these gambling problems?  
Not at all<sup>0</sup>      Slightly<sup>1</sup>      Moderately<sup>2</sup>      Considerably<sup>3</sup>      Extremely<sup>4</sup>
- My **goal** is to: Stop gambling completely<sup>0</sup>    Limit or control my gambling<sup>1</sup>    Gamble as I did before treatment<sup>2</sup>

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? 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?	No <sup>0</sup>	Yes <sup>1</sup>	<b>For office use</b>  1a or b _____
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?	No <sup>0</sup>	Yes <sup>1</sup>	2 _____
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>	No <sup>0</sup>	Yes <sup>1</sup>	3a _____
4. In the past year, have you tried <i>but not succeeded in</i> 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>	No <sup>0</sup>	Yes <sup>1</sup>	4a _____
5a. In the past year, have you gambled as a way to escape from personal problems? 5b. In the past year, have you gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?	No <sup>0</sup>	Yes <sup>1</sup>	5a or b _____
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?	No <sup>0</sup>	Yes <sup>1</sup>	6 _____
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>	No <sup>0</sup>	Yes <sup>1</sup>	7a _____
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?	No <sup>0</sup>	Yes <sup>1</sup>	xx
9a. In the past year, has your gambling caused serious or repeated problems in your relationships with any of your family members or friends? 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> 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?	No <sup>0</sup>	Yes <sup>1</sup>	9a, b or c _____
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?	No <sup>0</sup>	Yes <sup>1</sup>	10a _____

**Total:** \_\_\_\_\_

**EMPLOYMENT STATUS**

1. Do you have a valid driver's license? No<sup>0</sup> Yes<sup>1</sup>
2. Do you have an automobile for use?  
(Does not require car ownership but access to a car on a regular basis) No<sup>0</sup> Yes<sup>1</sup>
3. How many days were you paid for working in the past 30 days?  
(Include under the table work; full time work = 20 days) \_\_\_\_\_ days
4. How much money did you receive from working in the past 30 days (net income)? \$ \_\_\_\_\_
5. How much money have you received from illegal sources in the past 30 days? \$ \_\_\_\_\_

**LEGAL STATUS**

1. Are you presently awaiting legal charges, trial, or sentence? No<sup>0</sup> Yes<sup>1</sup>
2. How many days in the past 30 have you engaged in illegal activities for profit?  
(Include illegal gambling activities) \_\_\_\_\_ days
3. How serious do you feel your present legal problems are? (Exclude civil problems e.g. divorce, child support)  
Not at all<sup>0</sup> Slightly<sup>1</sup> Moderately<sup>2</sup> Considerably<sup>3</sup> Extremely<sup>4</sup>
4. How important to you is counseling or referral for these legal problems?  
Not at all<sup>0</sup> Slightly<sup>1</sup> Moderately<sup>2</sup> Considerably<sup>3</sup> Extremely<sup>4</sup>

**FAMILY AND SOCIAL RELATIONSHIPS**

0. What is your relationship status: Married<sup>0</sup> Living with partner<sup>1</sup> Single<sup>2</sup> Divorced/separated<sup>3</sup> Widowed<sup>4</sup>
1. Are you satisfied with your relationship status? No<sup>0</sup> Indifferent<sup>1</sup> Yes<sup>2</sup>
2. 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:

- |                             |                 |                  |  |
|-----------------------------|-----------------|------------------|--|
| 3. Mother                   | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 4. Father                   | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 5. Brother/sister           | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 6. Partner/spouse           | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 7. Children                 | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 8. Other significant family | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 9. Close friends            | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 10. Neighbors               | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |
| 11. Co-workers              | NO <sup>0</sup> | YES <sup>1</sup> | Not applicable/no such person <sup>9</sup> |

12. How troubled or bothered have you been in the past 30 days by family problems?  
Not at all<sup>0</sup> Slightly<sup>1</sup> Moderately<sup>2</sup> Considerably<sup>3</sup> Extremely<sup>4</sup>
13. How important to you now is treatment or counseling for family problems?  
Not at all<sup>0</sup> Slightly<sup>1</sup> Moderately<sup>2</sup> Considerably<sup>3</sup> Extremely<sup>4</sup>

**PSYCHIATRIC STATUS**

0a. Have you ever attempted suicide in your lifetime? No<sup>0</sup> Yes<sup>1</sup> 0b.If yes, year of most recent attempt: \_\_\_\_\_

In the past 30 days, have you had significant periods (not directly related to substance use), in which you:

- |  |                 |                  |
|--|-----------------|------------------|
| 1. Experienced serious depression                                  | NO <sup>0</sup> | YES <sup>1</sup> |
| 2. Experienced serious anxiety or tension                          | NO <sup>0</sup> | YES <sup>1</sup> |
| 3. Experienced hallucinations                                      | NO <sup>0</sup> | YES <sup>1</sup> |
| 4. Experienced trouble understanding, concentrating or remembering | NO <sup>0</sup> | YES <sup>1</sup> |
| 5. Experienced trouble controlling violent behavior                | NO <sup>0</sup> | YES <sup>1</sup> |
| 6. Experienced serious thoughts of suicide                         | NO <sup>0</sup> | YES <sup>1</sup> |
| 7. Attempted suicide   | NO <sup>0</sup> | YES <sup>1</sup> |
8. In the past 30 days, have you taken prescribed medication for a psychological/emotional problem? No<sup>0</sup> Yes<sup>1</sup>
9. How many days in the past 30 have you had psychological or emotional problems? \_\_\_\_\_ days
10. In the past 30 days, how troubled or bothered have you been by psychological or emotional problems?  
 Not at all<sup>0</sup> Slightly<sup>1</sup> Moderately<sup>2</sup> Considerably<sup>3</sup> Extremely<sup>4</sup>
11. How important to you now is treatment for these psychological problems?  
 Not at all<sup>0</sup> Slightly<sup>1</sup> Moderately<sup>2</sup> Considerably<sup>3</sup> Extremely<sup>4</sup>

**SUBSTANCE USE**

How many days in the past 30 have you used these substances? *Include use of all non-prescribed substances and prescribed substances that you used more than prescribed.*

- |   |            |
|---|------------|
| 1. Alcohol: any use at all                              | _____ days |
| 2. Alcohol: to feel an effect                           | _____ days |
| 3. Marijuana  | _____ days |
| 4. Benzodiazepines (e.g., valium, librium, xanax)       | _____ days |
| 5. Cocaine, methamphetamine, amphetamine                | _____ days |
| 6. Heroin   | _____ days |
| 7. Other opiates/analgesics (e.g., percocet, oxycodone) | _____ days |
| 8. Any other illicit substance                          | _____ days |
- 9a. How much have you spent during the past 30 days on: alcohol? \$ \_\_\_\_\_
- 9b. drugs? \$ \_\_\_\_\_
- 10a. How many days in the past 30 have you experienced: alcohol problems? \_\_\_\_\_ days
- 10b. drug problems? \_\_\_\_\_ days

How troubled or bothered have you been in the past 30 days by:

- |                        |                         |                       |                         |                           |                        |
|------------------------|-------------------------|-----------------------|-------------------------|---------------------------|------------------------|
| 11a. alcohol problems? | Not at all <sup>0</sup> | Slightly <sup>1</sup> | Moderately <sup>2</sup> | Considerably <sup>3</sup> | Extremely <sup>4</sup> |
| 11b. drug problems?    | Not at all <sup>0</sup> | Slightly <sup>1</sup> | Moderately <sup>2</sup> | Considerably <sup>3</sup> | Extremely <sup>4</sup> |

How important to you now is treatment for:

- |                       |                         |                       |                         |                           |                        |
|-----------------------|-------------------------|-----------------------|-------------------------|---------------------------|------------------------|
| 12a alcohol problems? | Not at all <sup>0</sup> | Slightly <sup>1</sup> | Moderately <sup>2</sup> | Considerably <sup>3</sup> | Extremely <sup>4</sup> |
| 12b. drug problems?   | Not at all <sup>0</sup> | Slightly <sup>1</sup> | Moderately <sup>2</sup> | Considerably <sup>3</sup> | Extremely <sup>4</sup> |

**Clinician ratings**

1. Did you check that all items are answered? No<sup>0</sup> Yes<sup>1</sup>
2. Is gambling disorder episodic or persistent? Circle only one: \_\_\_\_\_ episodic<sup>0</sup> or \_\_\_\_\_ persistent<sup>1</sup>
3. Is gambling disorder (circle only one): \_\_\_\_\_ ongoing<sup>0</sup> or \_\_\_\_\_ in early remission<sup>1</sup> or \_\_\_\_\_ in sustained remission<sup>2</sup>
4. Personal strengths: \_\_\_\_\_
5. Cultural strengths: \_\_\_\_\_
6. Community resources: \_\_\_\_\_
7. Barriers: \_\_\_\_\_
8. Did you refer for additional psychiatric services? No<sup>0</sup> Yes<sup>1</sup> 8b.If yes, where: \_\_\_\_\_
9. Medical, employment, legal or substance use referral? No<sup>0</sup> Yes<sup>1</sup> 9b. If yes, where: \_\_\_\_\_