

GAMBLING TREATMENT *ADMISSION* INTERVIEW

This questionnaire asks about you and your experiences, including those with gambling. Please listen to each question carefully. Your answers will be kept confidential, so please respond open and honestly.

ID# _____

Today's Date (mm/dd/yr): ___ / ___ / ___

Gender

① Male

② Female

1. What is your date of birth? (mm/dd/yr)

___ / ___ / ___

2. With what racial or ethnic groups do you identify? (*mark all that apply*)

① White

② Asian/Pacific Islander

③ African American

④ Hispanic

⑤ American Indian

⑥ Other _____

3. What is your current marital status:

① Single / never married

② Married / partnered

③ Widowed

④ Separated

⑤ Divorced

⑥ Living together

4. Do you have children?

① Yes

② No

4a. (if yes to Q4) How many children do you have? _____

4b. (If yes to Q4), what are the ages of your children? _____, _____, _____, _____, _____, _____

5. With whom do you live?

① Alone

② Spouse/significant other

③ Children/step-children

④ Parents

⑤ Roommate

⑥ Other (Specify) _____

6. What has been your employment status for most of the past year?

① Full-time

② Part-time

③ Occasional/seasonal work

④ Student

⑤ Unemployed

⑥ Homemaker

⑦ Disabled

⑧ Retired

7. What is your current occupation?

(if retired, what was your occupation?)

8. What is the highest level of education that you have achieved?

① Less than high school graduate

② High school graduate (or GED)

③ Vocational/technical training

④ Some college

⑤ Community or 2-year college graduate (associate degree)

⑥ Four-year college graduate (bachelor degree)

⑦ Graduate degree (masters or doctorate degree)

**9. What is your annual household income?:
(Please refer to section A on response sheet)**

- ① Less than \$10,000
- ② More than \$10,000 up to \$20,000
- ③ More than \$20,000 up to \$30,000
- ④ More than \$30,000 up to \$40,000
- ⑤ More than \$40,000 up to \$50,000
- ⑥ More than \$50,000 up to \$75,000
- ⑦ More than \$75,000 up to \$100,000
- ⑧ More than \$100,000

10. As I read each of the following income sources, please tell me which ones you receive:

	<u>Yes</u>	<u>No</u>
Wage or Salary	①	②
Alimony	①	②
Child support	①	②
Retirement/Pension	①	②
Disability	①	②
Public Assistance	①	②
Social Security Income (SSI)	①	②
Inheritance/Trust fund	①	②
Gambling	①	②
Other (Specify)_____	①	②

11. What was the *main* reason you came to treatment at this time? (Please refer to Section B)

- ① legal difficulties or court-ordered treatment
- ② encouraged/pressured into treatment by spouse, family, or friends
- ③ work difficulties or treatment suggested by employer
- ④ your own decision
- ⑤ financial difficulties
- ⑥ other (specify)_____

12. How many times in your life, before now, have you seen a professional (i.e. counselor, psychologist, psychiatrist) for *gambling problems* in an individual setting (*one-on-one treatment*).

- ① Never
- ② One time
- ③ Twice
- ④ Three times
- ⑤ Four times
- ⑥ Five or more times

13. How many times in your life, before now, have you participated in a treatment program for *gambling problems*.

- ① Never
- ② One time
- ③ Twice
- ④ Three times
- ⑤ Four times
- ⑥ Five or more times

14. Have you ever seen a professional (such as a counselor, psychologist, psychiatrist) for individual treatment of:

	<u>Yes</u>	<u>No</u>
a. tobacco	①	②
b. alcohol/drugs	①	②
c. other addictions	①	②

(such as compulsive shopping, sexual addiction. etc.)

d. mental health problems	①	②
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15. Have you ever seen a professional (such as a counselor, psychologist, psychiatrist) for group treatment of:

	<u>Yes</u>	<u>No</u>
a. tobacco	①	②
b. alcohol/drugs	①	②
c. other addictions	①	②

(such as compulsive shopping, sexual addiction. etc.)

d. mental health problems	①	②
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16. Have you attended any Gamblers Anonymous (GA) meetings in the *past 12 months*?

- ① Yes
- ② No

16a. (If yes to Q16) Approximately how many meetings have you attended in the past year?

17. Which of the following statements best applies to you right now. Please refer to section C of the response options.

- ① I have no intentions of changing my gambling behaviors.
- ② I am seriously considering reducing or stopping my gambling behaviors in the next twelve months.
- ③ I plan to reduce or quit my gambling behaviors in the next thirty days.
- ④ I have already begun to reduce or quit my gambling behaviors within the last six months.
- ⑤ I reduced or quit my gambling behaviors over six months ago and have been able to maintain these changes during this period of time.

I am going to read a list of various types of gambling. Please indicate how often (if at all) you have played the following types of gambling activities within the last 12 months. Refer to Section D for response options.

18. During the last 12 months how often have you:

	Never	Less than Once A Month	1-3 Days Month	1-2 Days A Week	3-6 days Per Week	Daily	<i>If yes, where do you most frequently play?</i>
a. Played cards (e.g. blackjack, 21, poker, etc)	0	1	2	3	4	5	<input type="checkbox"/> Casino <input type="checkbox"/> Away from casino <input type="checkbox"/> internet <input type="checkbox"/> Other
b. Played the Lottery (including Powerball, scratch offs, lotto, daily numbers)?	0	1	2	3	4	5	
c. Played pull tabs?	0	1	2	3	4	5	
d. Bet on the outcome of a sporting event (such as the Super Bowl or Final Four;)?	0	1	2	3	4	5	<input type="checkbox"/> Internet <input type="checkbox"/> Office/workplace <input type="checkbox"/> Casino <input type="checkbox"/> Bookie <input type="checkbox"/> Other
e. Bowled, shot pool, played golf, or played some other game of skill for money?	0	1	2	3	4	5	
f. Played slot machines, poker machines, video lottery terminals (VLTs) or other gambling machines?	0	1	2	3	4	5	<input type="checkbox"/> Casino <input type="checkbox"/> Internet <input type="checkbox"/> Other
g. Played bingo for money?	0	1	2	3	4	5	<input type="checkbox"/> Casino <input type="checkbox"/> Internet <input type="checkbox"/> Charitable Event <input type="checkbox"/> Other
h. Bet on horses, dogs, or other animal racing	0	1	2	3	4	5	<input type="checkbox"/> Track <input type="checkbox"/> Off-Track <input type="checkbox"/> Bookie <input type="checkbox"/> Internet <input type="checkbox"/> Other
i. Played dice games for money (i.e. craps, over and under)	0	1	2	3	4	5	<input type="checkbox"/> Casino <input type="checkbox"/> Internet <input type="checkbox"/> Other
j. Played Keno (at a bar, restaurant, casino, or other public place)	0	1	2	3	4	5	<input type="checkbox"/> Bar/ restaurant/etc. <input type="checkbox"/> Casino <input type="checkbox"/> Internet <input type="checkbox"/> Other
k. Wagered or gambled on <u>high risk</u> stocks, commodities or real estate?	0	1	2	3	4	5	
l. Played other forms of gambling (Please specify)_____	0	1	2	3	4	5	

19. Of the games listed in section E, which is your preferred game or type of gambling?

- (A) Cards (at a table, with friends or at a casino)
- (B) Lottery
- (C) Pull tabs
- (D) Sporting events
- (E) Games of skill (pool, bowling, etc.)
- (F) Slot machines, poker machines, video lottery terminals (VLTs) or other gambling machines
If "yes" specify type of machine _____
- (G) Bingo
- (H) Horse/dog races, other animals
- (I) Dice games
- (J) Keno (using a card, at a restaurant, bar, etc.)
- (K) Stocks, commodities, etc.
- (L) Other _____

21. Do you currently have a gambling debt?

- (1) Yes
- (2) No

23. How much of this debt have you accumulated in the past 12 months?

\$ _____

24. How much of your gambling debt is from _____ (the game you listed on Q20)?

\$ _____

26. At what age did you start gambling regularly? (i.e. weekly or more often?)

_____ years old

28. In the past 30 days, how many hours would you say you've spent gambling?

_____ hours

30. What is the largest amount of money you have ever lost gambling on any one day?

\$ _____

20. Of the games listed in section E, on which ONE have you lost most of your money, in the past 12 months?

- (A) Cards (at a table, with friends or at a casino)
- (B) Lottery
- (C) Pull tabs
- (D) Sporting events
- (E) Games of skill (pool, bowling, etc.)
- (F) Slot machines, poker machines, video lottery terminals (VLTs), or other gambling machines (Type? _____)
- (G) Bingo
- (H) Horse/dog races, other animals
- (I) Dice games
- (J) Keno (using a card, at a restaurant, bar, etc.)
- (K) Stocks, commodities, etc.
- (L) Other _____

22. (If yes to Q21) What is your current gambling debt? (how much do you currently owe family, friends, creditors, casinos, etc.)

\$ _____

23a. To whom do you owe money, and how much do you owe?

<i>relationship</i>	<i>amount</i>
a1. _____	a2. \$ _____
b1. _____	b2. \$ _____
c1. _____	c2. \$ _____
d1. _____	d2. \$ _____
e1. _____	e2. \$ _____

25. At what age did you first gamble or place your first bet?

_____ years old

27. In the past 30 days, how many days have you gambled, including lottery, pull tabs, etc.?

_____ days

29. The LAST time you gambled, how much money did you lose, if any?

\$ _____

31. What is the largest amount of money you have ever won gambling on any one day?

\$ _____

- | | Yes | No |
|--|--|----|
| 32. Do you usually gamble alone? | ① | ② |
| 33. Have you ever considered yourself to be a professional gambler? | ① | ② |
| 34. Of the friends with whom you have spent time in the past 12 months, how many friends gamble? (Refer to section F) <ul style="list-style-type: none"> ① None ② Less than half ③ About half ④ Over half ⑤ All | 35. Among the people with whom you live, which ones currently gamble?
(mark all that apply) <ul style="list-style-type: none"> ① I live alone ② Spouse/significant other ③ Children/step-children ④ Parents ⑤ Roommate ⑥ Other (Specify) _____ ⑦ None of the people with whom I live | |

36. Which, if any, family members have had or currently have a gambling problem? (mark all that apply)
- ① My father
 - ② My mother
 - ③ A sibling
 - ④ My son/daughter
 - ⑤ Grandparent
 - ⑥ No one in my family has or has had a gambling problem

For the next set of questions, please rate your experiences during the past 12 months, responding with a “yes” or “no”.

- | | Yes | No |
|---|-----|----|
| 37. Have there been periods when you spent a lot of time thinking about gambling, such as past gambling experiences, future gambling ventures, or ways of getting money with which to gamble? | ① | ② |
| 38. Have you needed to gamble with larger amounts of money or with larger bets in order to feel the same feeling of excitement? | ① | ② |
| 39. Have you tried to cut down or stop your gambling several times and been unsuccessful? | ① | ② |
| 40. Did you feel quite restless or irritable after you tried to cut down or stop gambling? | ① | ② |
| 41. Do you feel that you gamble as a way to run away from personal problems or to relieve uncomfortable emotions, such as nervousness or sadness? | ① | ② |
| 42. Have you relied on others to bail you out and pay your gambling debts or to pay your bills when you have financial problems caused by gambling? | ① | ② |
| 43. Have you lied to family members, friends, or others in order to hide your gambling from them? | ① | ② |
| 44. Have you committed any illegal acts (such as writing bad checks, theft, forgery, embezzlement, or fraud) to finance your gambling? | ① | ② |

45. Have you almost lost or actually lost someone or something important to you because of gambling? Yes No
① ②

46. After you lose money gambling, do you often return another day to try to win back your losses? ① ②

47. When you gamble, *how often* do you go back another day to win back the money you lost?
 ① Never
 ② Some of the time (but less than half the time) I lost
 ③ Most of the time I lost
 ④ Every time I lost

48. Have you ever claimed to be winning money gambling but weren't really?
 ① Never
 ② Yes, less than half the time I lost
 ③ Yes, most of the time

49. Do you feel you have a problem with gambling? Yes No
① ②

50. Did you ever gamble more than you intended? ① ②

51. Have people criticized your gambling? ① ②

52. Have you felt guilty about the way you gamble or what happens when you gamble? ① ②

53. Have you felt like you would like to stop gambling but you didn't think you could? ① ②

54. Have you hidden betting slips, lottery tickets, I.O.U.'s, gambling money, or other signs of gambling from your spouse, children, or other important people in your life? ① ②

55. Have you argued with people you live with over how you handle money? ① ②

55a. (If yes to Q55), Have money arguments ever centered on your gambling? ① ②

56. Have you borrowed money from someone and not paid them back as a result of your gambling? ① ②

57. Have you lost time from work, school, or other responsibilities due to gambling? ① ②

57a. (If yes to Q57) How many days have you lost from work (or school) during the past 12 months? _____ **days**

68. How many days in the past 30 have you had serious conflicts with your family?
 _____ days

69. How many days in the past 30 have you had serious conflicts with other people?
 _____ days

70. Do you receive a pension for psychiatric disability or alcohol/drug problems?

	Yes	No
Psychiatric	①	②
Alcohol/Drug Dependency	①	②

Have you had a significant period that was not a direct result of alcohol or drug use in which you experienced: (for questions 71 through 87, if “no” to lifetime question, skip to next psychiatric screen)

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
71. Depression in lifetime	①	②	72. Depression in past 30 days	①	②
73. Anxiety or tension in lifetime	①	②	74. Anxiety or tension in past 30 days	①	②
75. Hallucinations in lifetime	①	②	76. Hallucinations in past 30 days	①	②
77. Trouble understanding, concentrating, or remembering in lifetime	①	②	78. Trouble understanding, concentrating, or remembering in past 30 days	①	②

Have you had a significant period, whether alcohol or drug related or not, in which you experienced:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
79. Compulsive behavior, such as binge-eating, fasting, or sexual activity in lifetime	①	②	80. Compulsive behavior, such as binge-eating, fasting, or sexual activity in past 30 days	①	②
81. Violent behavior in lifetime	①	②	82. Violent behavior in past 30 days	①	②
83. Thoughts of suicide in lifetime	①	②	84. Thoughts of suicide in past 30 days	①	②
85. Attempted suicide in lifetime	①	②	86. Attempted suicide in past 30 days	①	②
87. Have you been prescribed medication for any psychological or emotional problems in lifetime?	①	②	88. Have you been prescribed medication for any psychological or emotional problems in past 30 days?	①	②

89. How many days in the past 30 days have you experienced these emotional or behavioral problems?
 _____ days

90. How much have you been troubled or bothered by these emotional or behavioral problems in the past 30 days?

- ① not at all
- ② slightly
- ③ moderately
- ④ considerably
- ⑤ extremely

91. How important to you now is treatment for these emotional or behavioral problems?

- ① not at all
- ② slightly
- ③ moderately
- ④ considerably
- ⑤ extremely

92. Referring to section I on the response option sheet, please indicate the amount of difficulty you have been having in the past week in the area of:

	No Difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extreme Difficulty
a. managing day-to-day life (i.e. getting places on time, handling money, making everyday decisions)	①	②	③	④	⑤
b. household responsibilities (i.e. shopping, cooking, laundry, cleaning, other chores)	①	②	③	④	⑤
c. work (i.e. completing tasks, performance level, finding/keeping a job)	①	②	③	④	⑤
d. school (i.e. academic performance, completing assignments, attendance)	①	②	③	④	⑤
e. leisure time or recreational activities	①	②	③	④	⑤
f. adjusting to major life stresses (i.e. separation, divorce, moving, new job, new school, a death)	①	②	③	④	⑤
g. relationships with family members	①	②	③	④	⑤
h. getting along with people outside of the family	①	②	③	④	⑤
i. Isolation or feelings of loneliness	①	②	③	④	⑤
j. being able to feel close to others	①	②	③	④	⑤
k. being realistic about yourself or others	①	②	③	④	⑤
l. recognizing and expressing feelings appropriately	①	②	③	④	⑤
m. developing independence, autonomy	①	②	③	④	⑤
n. goals or directions in life	①	②	③	④	⑤
o. lack of self-confidence, feeling bad about yourself	①	②	③	④	⑤
p. apathy, lack of interest in things	①	②	③	④	⑤
q. depression, hopelessness	①	②	③	④	⑤

	No Difficulty	A little difficulty	Moderate difficulty	Quite a bit Of difficulty	Extreme Difficulty
r. suicidal feelings or behavior	①	②	③	④	⑤
s. physical symptoms (i.e. headaches, aches and pains, sleep disturbance, stomach aches, dizziness)	①	②	③	④	⑤
t. fear, anxiety, or panic	①	②	③	④	⑤
u. confusion, concentration, memory	①	②	③	④	⑤
v. disturbing or unreal thoughts or beliefs	①	②	③	④	⑤
w. hearing voices, seeing things	①	②	③	④	⑤
x. manic, bizarre behavior (i.e. racing thoughts, increased talking, less need for sleep)	①	②	③	④	⑤
y. mood swings, unstable moods	①	②	③	④	⑤
z. uncontrollable, compulsive behavior (i.e. eating disorder, hand-washing, hurting yourself)	①	②	③	④	⑤
aa. sexual activity or preoccupation	①	②	③	④	⑤
bb. drinking alcoholic beverages	①	②	③	④	⑤
cc. taking illegal drugs, misusing drugs	①	②	③	④	⑤
dd. controlling temper, outbursts of anger/violence	①	②	③	④	⑤
ee. impulsive, illegal, or reckless behavior	①	②	③	④	⑤
ff. feeling satisfaction with your life	①	②	③	④	⑤

Items 45 to 56k are derived from the South Oaks Gambling Screen with permission.
 Items 68 to 91 are derived from the Addiction Severity Index with permission
 Items 92a-92ff are derived from the McLean Basis-32 questionnaire with permission.

Client Intake Form revised 11/02.