GAMBLING TREATMENT ADMISSION INTERVIEW

ID#	Today's Date (n	nm/dd/yr): / /
1. What is your date of t	oirth? (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 is Single / never in 2 Married / partner is Widowed 4 Separated 5 Divorced 6 Living together 4a. (if yes to Q4) How m	narried ered	4. Do you have children? 1 Yes 2 No
4b. (If yes to Q4), what a 5. With whom do you live	•	dren?,,,,,,,,,
 1 Alone 2 Spouse/signifi 3 Children/step- 4 Parents 5 Roommate 	cant other	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 of (if retired, what was your of	•	 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?:	10. As I read each of the following 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	sources, please tell me which ones you receive: Wage or Salary Alimony Child support Retirement/Pension Disability Public Assistance Social Security Income (SSI) Inheritance/Trust fund Gambling Other (Specify) Yes No Yes No 1 2 2 2 2 4 5 5 6 7 7 8 7 8 7 8 7 9 8 7 9 8 7 9 9 9 9 1 1 2 9 9 9 9 9 1 2 9 9 9 9 9 1 2 9 9 9 9
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 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) 13. How many times in your life, before now, have	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
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 <u>individual treatment</u> of: Yes No	15. Have you ever seen a professional (such as a counselor, psychologist, psychiatrist) for group treatment of: Yes No
a. tobacco b. alcohol/drugs c. other addictions 1 2 2 2 2 2 3 3 3 3 3 4 3 3 3 3 4 3 5 5 7 6 3 7 6 3 7 6 3 7 6 3 7 6 7 6 7 7 7 7	a. tobacco b. alcohol/drugs c. other addictions 1 2 1 2 2 2
(such as compulsive shopping, sexual addiction. etc.) d. mental health problems	(such as compulsive shopping, sexual addiction. etc.) d. mental health problems 1 2
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 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:

-	If yes, where						
	Once 1-3 Days 1-2 Days 3-6 days						do you most
	Never	A Month	Month	A Week	Per Week I	Daily	frequently play?
a. Played cards (e.g. blackjack, 21, poker, etc)	0	1	2	3	4	5	CasinoAway from casinointernet 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	InternetOffice/workplace Casino Bookie 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?	<u></u>	1)	2	3	4	5	Casino Internet Other
g. Played bingo for money?	•	1)	2	3	4	5	Casino Internet Charitable Event Other
h. Bet on horses, dogs, or other animal racing	•	1	2	3	4	5	Track Off-Track Bookie Internet Other
i. Played dice games for money (i.e. craps, over and under)	0	1	2	3	4	5	Casino Internet Other
j. Played Keno (at a bar, restaurant, casino, or other public place)	0	1	2	3	4	5	Bar/ restaurant/etc Casino Internet Other
k. Wagered or gambled on <u>high risk</u> stocks, commodities or real estate?	0	1	2	3	4	5	
I. Played other forms of gambling (Please specify)			(2)	3		(5)	

Timeline Follow Back

This section of the questionnaire takes a more detailed look at your gambling habits over the past 4 weeks (or PRE-TREATMENT). Please think of which **days** you gambled over this time period, which **games** you gambled on those days, how many **hours** you spent gambling each day, and how much **money** you won or lost each day. Your win or loss refers to the net amount – that is, the amount you walked out with minus the amount you walked in with. I will show you a calendar to help you recall special days or events that will trigger more specific memories. Again, your answers will be kept confidential, so please respond open and honestly

Past 28 days or Typical month (please circle)

of Interviewer	 	
Date TREATMENT		Da
Туре		Ту
Time		Tiı
Win or Loss		W
	 1 1	
Date		Da
Туре		Ту
Time		Ti
Win or Loss		W
Date		Da
Туре		Ту
Time		Ti
Win or Loss		W
Date		Di
Туре		Ty
Time		Ti
Win or Loss		W

19. Of the games listed in section E, which is your preferred game or type of gambling?	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 If "yes" specify type of machine Bingo H Horse/dog races, other animals Dice games Keno (using a card, at a restaurant, bar, etc.) K Stocks, commodities, etc. C Other	A Cards (at a table, with friends or at a casino) B Lottery C Pull tabs D Sporting events G Games of skill (pool, bowling, etc.) Slot machines, poker machines, video lottery terminals (VLTs), or other gambling machines (Type?) Bingo H Horse/dog races, other animals Dice games Keno (using a card, at a restaurant, bar, etc.) Stocks, commodities, etc. C Other
21. Do you currently have a gambling debt? 1 Yes 2 No	22. (If yes to Q21) What is your current gambling debt? (how much do you currently owe family, friends, creditors, casinos, etc) \$
23. How much of this debt have you accumulated in the past 12 months?	23a. To whom do you owe money, and how much do you owe? <u>relationship</u> <u>amount</u>
\$	a1. a2. \$ b1. b2. \$ c1. c2. \$ d1. d2. \$ e1. e2. \$
24. How much of your gambling debt is from (the game you listed on Q20)?	25. At what age did you first gamble or place your first bet?
\$	years old
26. At what age did you start gambling regularly? (i.e. weekly or more often?) years old	27. In the past 30 days, how many days have you gambled, including lottery, pull tabs, etc.? days
28. In the past 30 days, how many hours would you say you've spent gambling? hours	29. The LAST time you gambled, how much money did you lose, if any? \$
30. What is the largest amount of money you have ever <i>lost</i> gambling on any one day?	31. What is the largest amount of money you have ever <i>won</i> gambling on any one day?
\$	\$

22. De veu uguelly gemble alone?	Yes	<u>No</u>
32. Do you usually gamble alone?	(1)	<u>e</u>
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) ① None ② Less than half ③ About half ④ Over half ⑤ All ③ All 35. Among the people we which ones currently (mark all that apply) ① I live alone ② Spouse/signit ③ Children/step ④ Parents ⑤ Roommate ⑥ Other (Specification of the people we which ones currently (mark all that apply) ② Spouse/signit ③ Children/step ④ Parents ⑥ Other (Specification of the people we which ones currently (mark all that apply) ③ I live alone ③ Children/step ④ Parents	y gamble? ficant other -children	
36. Which, if any, family members have had or currently have a gambling prob 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 <u>past 12 is</u> a "yes" or "no".	<u>months,</u> resp	onding with
37. Have there been periods when you spent a lot of time thinking about	Yes	No
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.	5. Have you almost lost or actually lost someone or something important to you because of gambling?					
46.	After you lose money gambling, do you often return another day to back your losses?	try to win	1	2		
47.	another day to win back the money you lost? 1 Never 2 Some of the time (but less than half the time) I lost 2	e you ever claimed gambling but weren Never Yes, less than ha Yes, most of the t	i't really?	?		
		<u>-</u>	Yes	No		
49.	Do you feel you have a problem with gambling?		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 me	oney?	1	2		
55a	a. (If yes to Q55), Have money arguments ever centered on your gar	mbling?	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 t	o gambling?	1	2		
57a	a. (If yes to Q57) How many days have you lost from work (or school during the past 12 months? days)				

(i.e. prescription drugs, doctor bills, etc)

58. I'm going to read a list of	f diffe	rent fir	nancia	ıl so	ourc	es.	Ple	ease	ind	icate	e if y	yo u	've l	borro	we	d from the
following in the past 12 more	nths?											Yes	S		<u>No</u>	
 a. Household money (mortg	age/rer	nt, gro	ceri	es,	etc)						1			2	
b. Spouse (if applicable)																
c. Other relatives or in-laws										1			2			
d. Banks, loan companies, or credit unions										1			2			
e. Credit cards												1			2	
f. Loan sharks											1			2		
g. Cashed in stocks, b	onds,	or othe	er secu	uritie	es							1			2	
h. Sold personal or far												1			2	
 Borrowed on your ch 			unt (or	wr	ote l	bad	che	cks)				1			2	
j. Have (had) a credit l		•	•					,				(1)			2	
k. Have (had) a credit												1			2	
		_		•							_	_				
59. In the past 12 months, ha gambling problems, or to pa					he 1	tolle	owir	ng a	ctivi	ties,		<u>ord</u> Yes		_	<u>ıble</u> Vo	e, due to
a) spent money saved for					nen	t						<i>1</i> C3	,		<u>10</u>	
or other future needs		i umiga	. as ic	uici	11011							1		(2	
b) Taken an item to a pay		on?										$\bigcirc \bigcirc $			2)	
c) become indebted to cr																
d) canceled or cashed in			02									\bigcirc			う う	
,					n o o '	2									و ا	
e) canceled or stopped p							- 2					\odot			ر ف	
f) canceled or stopped p							e?								2)	
g) canceled or stopped p						,								(2)	
h) taken out a second mo				me?	•							\bigcirc		(2)	
i) taken out a home impr	ovem	ent Ioai	n?									(1)		(2)	
j) taken out a car loan?												(1)		(2)	
k) taken out a business long	oan?											(1)		(2)	
 incurred business deb 	t?											1		(2)	
m) been unable to pay tax	xes?											1		(2	
n) taken out other kinds of		s or de	bts?									1		(2	
o) filed bankruptcy?												1		(2)	
If yes, how much mone	ey did	you file	for?	\$_												
CO. Due to sembling house		!I	-1-!	1		. :	اء ماء			.	41	£ _ 1	l =!	! a. la	:11-	!:: 4b= ::==4
60. Due to gambling, have y 12 months:	ou m	issea,	sкірр	ea,	or a	IVOI	aea	pay	mer	it of	tne	τοι	IOW	ing b	IIIS	ın tne past
12 1110110101				(If ye	es) l	how	ma	ny ti	imes	dic	th	is o	ccurí	?	
	Yes	No	0	1	2	3	4	5	6	7	8	9	10	11 1	12	<u>13+</u>
a) mortgage/rent	1	2	0	Ο	Ο	О	0	Ο	0	0	0	0	0	0	0	0
b) utilities	1	2	0	0	0	0	О	Ο	Ο	Ο	0	0	Ο	Ο	0	0
2) 222 22 22 24			_	_	_	_	_	^	_	_	_	_	^	_	_	0
c) car payment	1	2	0	0	0	O	O	0	0	0	0	0	0	0	0	O
d) credit cards	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
e) food/groceries																
or clothing	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
f) medical expenses	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0

61. I'll read a list of various activities. Please indicate if you have <u>ever</u> engaged in any of the following. If you have, please specify the number of times. (Remember your answers are confidential; please respond honestly).

respond nonestly).				If Voc		v	Voro v	ou orroct	60d
	d	you eve		If Yes, # of times past 12 mo		<u>E</u>	ver?	ou arrest In the p 12 mor	ast <u>nths</u> ?
a. Forgery/Counterfeiting (e.g. check forgery)	Yes	No 2			_	Yes 1	No ②	Yes ①	No ②
b. Theft by check (e.g. writing bad checks; issuance of a worthless check; dishonored check)	1	2			_	1	2	1	2
c. Embezzlement (from employer, clients, or other source)	1	2			_	1	2	1	2
d. Robbery or Burglary (e.g. convenience store, private home, purse snatching, etc.	1)	2			_	1	2	1	2
e. Drug charges (e.g. drug use, possession, selling, or intent to sell)	1	2			_	1	2	1	2
f. Assault or Domestic Violence	1	2			_	1	2	1	2
g. Prostitution	1	2			_	1	2	1	2
h. Gambling offenses (e.g. alter tickets, counterfeit ticket, cheating, book-making)	1	2			_	1	2	1	2
i. Violation of probation/parole	1	2			_	1	2	1	2
62. What is your current legal status? (Please refer to section G on the respons 1 none 2 parole 3 probation 4 awaiting charges, trial, or sentence	-	ions)							
(For the next set of questions, please refease you used:	Les	ss than	D). Durin 1-3 days				<u>s</u> , how	frequent	ly
63. Tobacco (cigarettes, chew) 64. Alcohol (beer, wine, liquor) 65. Marijuana or hash 66. Other drugs (not for medical purposes) please specify:			A Month 3 3 3 3 3	a Week 4 4 4 4	5 5 5 5	k Da	aily 5 5 5 5		

67. In the past 12 months, how often did you drink alcohol or use drugs while gambling? (Please use response options in Section H.)

INCVCIA			
seldom	Sometimes	Often	Always
1	(2)	(3)	(4)

Novor/

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 psydisability or alcohol/drug problems? Yes Psychiatric Alcohol/Drug Dependency	No ② ②	C							
Have you had a significant period that experienced: (for questions 71 through 87	7, if "no"	to lifetime							
71. Depression in lifetime	Yes 1	<u>No</u>	72. Depression in past 30 days Yes No 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, concentration remembering in lifetime	ng, or	2	78. Trouble understanding, concentrating, or remembering in past 30 days	2					
Have you had a significant period, wh	ether a	alcohol (or drug related or not, in which you experience	ed:					
79. Compulsive behavior, such as binge fasting, or sexual activity in lifetime	Yes -eating	No	80. Compulsive behavior, such as binge-eating, fasting, or sexual activity in past 30 days ①	No 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 psychological or emotional problems in I		-	88. Have you been prescribed medication for an psychological or emotional problems in past 30 of						
89. How many days in the past 30 days experienced these emotional or behavio day	ral prob								
90. How much have you been troubled of these emotional or behavioral problems days? 1 not at all 2 slightly 3 moderately 4 considerably 5 extremely			91. How important to you now is treatment for the emotional or behavioral problems? 1 not at all 2 slightly 3 moderately 4 considerably 5 extremely	nese					

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:

have been having in the past week in the	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
I. 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
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.