



- (2) What is the largest amount of money you have gambled with on any one day over the last 30 days?
1. never have gambled
  2. \$10 or less
  3. more than \$10 up to \$100
  4. more than \$100 up to \$1000
  5. more than \$1000 up to \$10,000
  6. more than \$10,000

- (3) Do (did) your parents have a gambling problem?
1. both my father and mother gamble (or gambled) too much
  2. my father gambles (or gambled) too much
  3. my mother gambles (or gambled) too much
  4. neither gambles (or gambled) too much

- (4) When you gambled over the last 30 days, how often did you go back another day to win back money you lost?
1. never
  2. some of the time (less than half the time) I lost
  3. most of the time I lost
  4. every time I lost

- (5) Over the last 30 days, have you claimed to be winning money gambling but weren't really? In fact, you lost.
1. never (or never gamble)
  2. yes, less than half the time I lost
  3. yes, most of the time

- (6) Do you feel you have had a problem with gambling over the last 30 days?
1. no
  2. yes, in the past, but not in the last 30 days
  3. yes

**Yes    No**

- |   |            |           |  |           |
|---|------------|-----------|--|-----------|
| (7) <u>Over the last 30 days</u> did you gamble more than you intended?   | ___        | ___       |  |           |
| (8) <u>Over the last 30 days</u> have people criticized your gambling?  | ___        | ___       |  |           |
| (9) <u>Over the last 30 days</u> have you felt guilty about the way you gamble or what happens when you gamble?   | ___        | ___       |  |           |
| (10) <u>Over the last 30 days</u> have you felt like you would like to stop gambling but didn't think you could?  | ___        | ___       |  |           |
| (11) <u>Over the last 30 days</u> have you hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in you life? | ___        | ___       |  |           |
| (12) <u>Over the last 30 days</u> have you argued with people that you like over how you handle money?  | ___        | ___       |  |           |
| (13) If you answered "yes" to question 12, have money arguments centered on your gambling?  | ___        | ___       |  |           |
| (14) <u>Over the last 30 days</u> have you borrowed from someone and not paid them back as a result of your gambling?   | ___        | ___       |  |           |
| (15) <u>Over the last 30 days</u> have you filed bankruptcy?  | ___        | ___       |  |           |
| (16) <u>Over the last 30 days</u> have you lost time from work (or school) due to gambling?   | ___        | ___       |  |           |
| (17) <u>Over the last 30 days</u> if you borrowed money to gamble or to pay gambling debts, where did you borrow from?<br>(Check "yes" or "no" for each)  | <b>Yes</b> | <b>No</b> | <b>Yes</b>   | <b>No</b> |
| a. from household money   | ___        | ___       | g. your cashed in stocks, bonds or other securities          | ___       |
| b. from your spouse   | ___        | ___       | h. you sold personal or family property                      | ___       |
| c. from other relatives or in-laws  | ___        | ___       | i. you borrowed on your checking account (passed bad checks) | ___       |
| d. from banks, loan companies or credit unions  | ___        | ___       | j. you have (had) a credit line with a bookie                | ___       |
| e. from credit cards  | ___        | ___       | k. you have (had) a credit line with a casino                | ___       |
| f. from loan sharks (Shylocks)  | ___        | ___       |  |           |

**C. Alcohol Abuse Screen**

**Very True    Somewhat True    False**

- |  |     |     |     |
|--|-----|-----|-----|
| (1) <u>Over the last 30 days</u> was there a period in your life when you drank too much?                      | ___ | ___ | ___ |
| (2) <u>Over the last 30 days</u> has alcohol caused problems for you?  | ___ | ___ | ___ |
| (3) <u>Over the last 30 days</u> has anyone objected to your drinking because they thought you drank too much? | ___ | ___ | ___ |

**D. Drug Abuse Screen**

**Very True    Somewhat True    False**

- |  |     |     |     |
|--|-----|-----|-----|
| (1) <u>Over the last 30 days</u> have you been hooked or addicted to street drugs?   | ___ | ___ | ___ |
| (2) <u>Over the last 30 days</u> have you used drugs by injection with a needle?   | ___ | ___ | ___ |
| (3) <u>Over the last 30 days</u> have you gotten "hooked" on a prescribed medicine or taken a lot more of it than was prescribed to you by a doctor? | ___ | ___ | ___ |

**E. Smoking Screen**

(1) Are you currently a cigarette smoker?

Yes, I currently smoke

No, I have never smoked

No, I quit within the last 6 months

No, I quit more than 6 months ago

**F. Depression Screen**

**Very True      Somewhat True      False**

(1) Over the last 30 days has there been a time when you were feeling depressed or down most of the day or nearly every day for two straight weeks?

                                          

(2) Over the last 30 days was there a period when for days on end (at least two weeks) you had little interest or pleasure in doing things)?

                                          

**G. Gambling History**

(1) Over the last 30 days how many times have you gambled? \_\_\_\_\_

(2) Over the last 30 days, how many days have you gambled? \_\_\_\_\_

(3) Over the last 30 days, how many hours would you say you've spent gambling? \_\_\_\_\_

(4) The last time you gambled, how much money did you lose, if any? \$ \_\_\_\_\_

**H. Legal Problems**

(1) Over the last 30 days have you engaged in the following illegal activities? If Yes, please specify the number of times.

	<u>Over the last 30 days</u> have you done it?		<b>If Yes,</b> # of times <u>over the last 30 days</u>	Were you arrested?	
	Yes	No		Yes	No
a. Shoplifting	___	___	___	___	___
b. Other types of theft (stealing, burglary, robbery, etc)	___	___	___	___	___
c. Forgery/Fraud	___	___	___	___	___
d. Drug charges (drug use, possession, selling)	___	___	___	___	___
e. Assault or Domestic Violence	___	___	___	___	___
f. Prostitution	___	___	___	___	___
g. Illegal gambling offenses (such as book-making)	___	___	___	___	___

**I. Treatment History**

(1) Have you been treated in last 6 months for the following?

Alcohol Abuse

Mental Health problems

Drug Abuse

**J. Gambling Treatment Features**

(1) Did you have to wait for treatment?

1. Yes

2. No

(2) If there was a waiting period, how long did you have to wait to enter treatment? Please specify.

\_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_ Days

(3) Did you complete the entire course of gambling treatment?

1. Complete treatment

2. More than half

3. Half treatment

4. Less than half

(4) Have you been treated at any other facility since leaving treatment at this facility?

1. Yes

2. No

(5) When discharged, what was your discharge status?

1. discharged with staff approval

2. discharged against staff advice

3. discharged at staff request

4. absent without leave

5. transfer

(6) How many number of treatment sessions did you attend since admission?

1. 0-9

2. 10-19

3. 20-29

4. 30-39

5. 40-49

6. 50+

(7) How many Gamblers Anonymous meetings have you attended during last 6 months?

1. 0

2. 1-5

3. 6-10

4. 11-20

5. 21+

**K. Treatment Services**

Please rate the level of helpfulness of each service by placing a mark on the appropriate line

	Did You Receive		If Yes, was it		
	Yes	No	Very Helpful	Somewhat Helpful	Not Helpful
(1) Assessment process	___	___	___	___	___
(2) Individual counseling	___	___	___	___	___
(3) Group counseling	___	___	___	___	___
(4) Family counseling	___	___	___	___	___
(5) Peer support group	___	___	___	___	___
(6) Financial counseling	___	___	___	___	___
(7) Lectures	___	___	___	___	___
(8) Homework assignments	___	___	___	___	___
(9) Films	___	___	___	___	___
(10) Orientation to Gamblers Anonymous	___	___	___	___	___
(11) Legal Assistance (i.e meet w/ attorney, probation officer)	___	___	___	___	___