

Gambling Addiction Treatment Evaluation (GATE) Project in Tennessee

Institute for Substance Abuse Treatment Evaluation (I-SATE), The University of Memphis

Admission Questionnaire (May 19, 2005 version)

A. Demographic Information

(1) Client's Name _____
Last First Middle

(2) Client's Case # _____

(3) Date of Admission ____/____/____

(4) Agency Name _____

(5) Date of Intake Interview ____/____/____

(6) Interviewer's Name _____
Last First Middle

Begin asking the clients:

(7) What is your Social Security #? _____

(8) What is your age? _____

(9) What is your gender?
1. Male 2. Female

(10) What is your ethnicity?
1. White 4. Hispanic
2. African American 5. Asian/Pacific Islander
3. American Indian 6. Other

(11) Are you a veteran?
1. Yes 2. No

(12) What is your current marital status?
1. Never married 4. Separated
2. Married 5. Divorced
3. Remarried 6. Widowed

(13) What is your current living arrangement?
1. Alone
2. With immediate family
3. With other relatives
4. Other arrangement

(14) In the past 30 days, where have you been living most of the time?
1. Shelter (safe havens, TLC, low demand facilities, reception centers)
2. Street/outdoors (sidewalk, doorway, park, public or abandoned building)
3. Institution (hospital, nursing home, jail/prison)
4. Housed (own, someone else's apartment, room, halfway house, residential treatment)

(15) Do you currently live with someone who is an alcoholic or a drug abuser?
1. Yes 2. No

(16) Do you currently live with someone who has a gambling problem?
1. Yes 2. No

(17) Do you have any minor children (below 18 years of age)?
1. Yes 2. No

(18) What is the custody status of your minor children? (Mark all that apply)
0. None
1. Parental custody - Joint Custody
2. Parental custody - Mother only
3. Parental custody - Father only
4. Some children with former spouse or other family members
5. Family member custody
6. Non-family member custody
7. Department of Children's Services Custody

(19) Currently, what is your primary source of financial support or income?
1. Salaries and wages
2. Self-employment earnings
3. Social security and/or pension
4. Public assistance (welfare/AFDC)
5. Unemployment benefits
6. Alimony and/or child support
7. No source of income

(20) What is your current employment situation?
1. Full-time (30 hrs +) 4. Retired
2. Part-time 5. Homemaker
3. Unemployed 6. Student

(21) What is your occupation? _____

(22) What is the highest level of education you have completed?
1. Elementary school
2. Some high school
3. High school degree or GED
4. Some college
5. Associate degree or other degree (vocational, technical or trade school)
6. Bachelors degree
7. Masters or Doctoral Degree

(23) What is your estimated monthly household income?
\$ _____

(24) In what county do you live? _____

B. South Oaks Gambling Screen (SOGS)

(1) How often have you done the following	Never	Less than Monthly	Monthly	Weekly	Daily
a. played cards for money	—	—	—	—	—
b. bet on horses, dogs or other animals (in off-track betting, at the track or with a bookie)	—	—	—	—	—
c. bet on sports (parley cards, with a bookie, or at jai alai)	—	—	—	—	—
d. played dice games (including craps, over and under, or other dice games) for money	—	—	—	—	—
e. went to casino (legal or otherwise)	—	—	—	—	—
f. played the numbers or bet on lotteries	—	—	—	—	—
g. played bingo	—	—	—	—	—
h. played the stock and/or commodities market	—	—	—	—	—
i. played slot machines, poker machines or other gambling machines	—	—	—	—	—
j. bowled, shot pool, played golf or played some other game of skill for money	—	—	—	—	—
k. Internet gambling	—	—	—	—	—

- (2) What is the largest amount of money you have ever gambled with on any one day?
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 gamble, how often do 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) Have you ever 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 ever had a problem with gambling?
1. no
 2. yes, in the past, but not now
 3. yes

	Yes	No
(7) Did you ever gamble more than you intended?	—	—
(8) Have people criticized your gambling?	—	—
(9) Have you ever felt guilty about the way you gamble or what happens when you gamble?	—	—
(10) Have you ever felt like you would like to stop gambling but didn't think you could?	—	—
(11) Have you ever hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in your life?	—	—
(12) Have you ever argued with people that you like over how you handle money?	—	—
(13) If you answered "yes" to question 12, have money arguments ever centered on your gambling?	—	—
(14) Have you ever borrowed from someone and not paid them back as a result of your gambling?	—	—
(15) Have you ever filed bankruptcy?	—	—
(16) Have you ever lost time from work (or school) due to gambling?	—	—

(17) If you borrowed money to gamble or to pay gambling debts, where did you borrow from? (Check "yes" or "no" for each)

	Yes	No		Yes	No
a. from household money	___	___	g. you 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. DSM IV Gambling Addiction Scale (Check all that apply)

- ___ (1) Are you preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)?
- ___ (2) Do you need to gamble with increasing amounts of money in order to achieve the desired excitement?
- ___ (3) Have you made repeated unsuccessful efforts to control, cut back, or stop gambling?
- ___ (4) Are you restless or irritable when attempting to cut down or stop gambling?
- ___ (5) Do you gamble as a way of escaping from problems or of relieving feelings of helplessness, guilt, anxiety, or depression?
- ___ (6) After losing money gambling, do you often return another day to get even?
- ___ (7) Do you lie to family members, therapists, or to others to conceal the extent of involvement with gambling?
- ___ (8) Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?
- ___ (9) Have you jeopardized or lost a significant relationship, job or educational or career opportunity because of gambling?
- ___ (10) Do you rely on others to provide money to relieve a desperate financial situation caused by gambling?

D. Alcohol Abuse Screen

	Very True	Somewhat True	False
(1) Did you drink too much over the past year?	___	___	___
(2) Has alcohol caused problems for you over the past year?	___	___	___
(3) Has anyone objected to your drinking because they thought you drank too much?	___	___	___

E. Drug Abuse Screen

	Very True	Somewhat True	False
(1) Have you been hooked or addicted to street drugs over the past year?	___	___	___
(2) Have you used drugs by injection with a needle over the past year?	___	___	___
(3) Have you gotten "hooked" on a prescribed medicine or taken a lot more of it than was prescribed to you by a doctor over the past one year?	___	___	___

F. Smoking Screen

- | | |
|--|---|
| <p>(1) Have you smoked at least 100 cigarettes in past year?
___ Yes ___ No</p> | <p>(2) 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</p> |
|--|---|

G. Depression Screen

	Very True	Somewhat True	False
(1) Has there been a time over the past year when you were feeling depressed or down most of the day or nearly every day for two straight weeks?	___	___	___
(2) Was there a period over the past year when for days on end (at least two weeks) you had little interest or pleasure in doing things?	___	___	___

H. Gambling History

- (1) At what age did you first gamble or place your first bet?

- (2) At what age did you start gambling regularly? _____
- (3) How many times have you gambled in the past 12 months? _____
- (4) Over the past 12 months, what is the net result of your gambling?
1. Lost money 3. Won money
2. Broke even
- (5) In the past 30 days, how many days have you gambled? _____
- (6) In the past 30 days, how many hours would you say you've spent gambling? _____
- (7) The last time you gambled, how much money did you lose, if any? \$ _____
- (8) What is the largest amount of money you have ever won gambling on any one day? \$ _____

- (9) What is your current gambling debt? (That is, how much do you currently owe family, friends, creditors, casinos, etc.) \$ _____
- (10) How much gambling debt have you accumulated in the past 12-months? \$ _____
- (11) Do you regularly gamble alone?
___ Yes ___ No
- (12) Have you ever considered yourself to be a professional gambler?
___ Yes ___ No
- (13) Please check which (if any) of the following family members had or currently have a gambling problem? (Mark all that apply)
___ My father
___ My mother
___ A sibling
___ Grandparent
___ No one in my family has or has had a gambling problem

I. Legal Problems

(1) Have you ever engaged in the following illegal activities? If Yes, please specify the number of times.

	Have you ever done it?		If Yes, # of times in past 12 months	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)	___	___	___	___	___

J. Treatment History

- (1) How many times have you been treated in last three years for the following?
 ___ Gambling Addiction ___ Alcohol Abuse
 ___ Drug Abuse ___ Mental Health problems

K. Treatment Motivation

- (1) Please check the statement that best applies to you right now.
 _____ I have no intentions of changing my gambling behaviors
 _____ I am seriously considering reducing or stopping my gambling behaviors in the next twelve months
 _____ I plan to reduce or quit my gambling behaviors in the next thirty days
 _____ I have already begun to reduce or quit my gambling behaviors within the last six months
 _____ I reduced or quit my gambling behaviors over six months ago and have been able to maintain these changes during this period of time.