Gambling Addiction Treatment Evaluation (GATE) Project in Tennessee

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

Collateral Six-Month Follow-up Questionnaire (May 19, 2005 version)

A. Demographic Information

(1) Client's Name _____
Last First Middle

(2) Client's Case # _____

(3) Date of Admission _____/_____/_____

(4) Date of Follow-up Interview _____/_____/_____

(5) Interviewer's Name _____
Last First Middle

Begin asking the collateral about him/herself:

(6) What is your relationship to [Client's name]?
1. Spouse/Significant other
2. Parent
3. Child
4. Sibling
5. Other relative
6. Friend
7. Other

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

(8) How frequently do you see or talk with [client]?
1. Daily
2. Every other day
3. Twice per week
4. Weekly
5. Biweekly
6. Monthly
7. Bimonthly
8. Other

(9) When was the last time you saw or talked with [client]?
1. Today
2. Yesterday
3. Day before yesterday
4. During the past week
5. During the past two weeks
6. During the past month
7. During the past 2 months
8. Other

Begin asking the collateral about the client:

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

B. Gambling History

(1) How many days did the client gamble during the past month? _____

(2) How frequent is the client gambling as compared to 6 months ago?
1. Gambling more
2. Less frequent
3. About the same
4. Not at all

(3) If the client currently gambles, as compared to before treatment, does he/she generally wager
1. Less money
2. About the same amount
3. More money

(4) How confident are you that you know about the client's gambling?
1. Extremely well
2. Very well
3. Fairly well
4. Not at all

C. Other Co-occuring Problems

	Yes	No
(1) Over the last 30 days did the client abuse alcohol?	___	___
(2) Over the last 30 days did the client abuse drugs?	___	___
(3) Over the last 30 days has the client been smoking regularly?	___	___
(4) Over the last 30 days was the client feeling depressed?	___	___

D. Treatment History

(1) Has the client been treated in last 6 months for
____ Alcohol Abuse ____ Drug Abuse
____ Mental Health Problems

E. Treatment Features

(1) Did the client complete the entire course of gambling treatment at (name of the treatment center)?
1. All of treatment
2. More than half
3. Half of treatment
4. Less than half

F. Legal Problems

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

	Over the last 30 days has client done it?		If Yes, # of times over the last 30 days	Was the client 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)	___	___	___	___	___

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