

Nebraska Gamblers Assistance Program GAP DATA AT INTAKE - Family Member Client

2020-2021
CONTRACT YEAR

Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

CLIENT DOB: ____/____/____	ID CLIENT:	
City:	State:	Zip:
County of residence:	County of admission:	
Is this your first admission to counseling for problem gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Gender: _____

Your Occupation:	<input type="checkbox"/> Clerical/Sales <input type="checkbox"/> Manager/Professional <input type="checkbox"/> Technical/Administrative
	<input type="checkbox"/> Farm/Ag <input type="checkbox"/> Service (food, housekeeping) <input type="checkbox"/> Unemployed
	<input type="checkbox"/> Homemaker <input type="checkbox"/> Skilled/Semi-skilled crafts <input type="checkbox"/> Volunteer
	<input type="checkbox"/> Laborer <input type="checkbox"/> Student <input type="checkbox"/> Retired

Your Living Situation:	<input type="checkbox"/> Home <input type="checkbox"/> Staying with friend
	<input type="checkbox"/> Living with relative <input type="checkbox"/> Homeless shelter

Your Education:	<input type="checkbox"/> <12 years <input type="checkbox"/> > 12 years <input type="checkbox"/> Bachelor's <input type="checkbox"/> Doctorate
	<input type="checkbox"/> HS diploma or GED <input type="checkbox"/> Associate <input type="checkbox"/> Master's

Your Employment:	<input type="checkbox"/> Employed full time for salary or wages <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student
	<input type="checkbox"/> Employed part time for salary or wages <input type="checkbox"/> Unemployed
	<input type="checkbox"/> Retired <input type="checkbox"/> Disability

Your Health Insurance:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private health insurance. Name of insurance company: _____
	<input type="checkbox"/> Medicare
	<input type="checkbox"/> No insurance

Your Income Source:	<input type="checkbox"/> Alimony <input type="checkbox"/> Public assistance <input type="checkbox"/> Unemployment compensation
	<input type="checkbox"/> Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> No income
	<input type="checkbox"/> Employment <input type="checkbox"/> Savings
	<input type="checkbox"/> Spouse's income

Your approximate annual gross income (nearest 1,000): \$ _____

Approximate annual gross household income (nearest 1,000): \$ _____

Approximate current household debt (nearest 1,000): \$ _____

Approximate gambling debt (nearest 1,000): \$ _____

Do you gamble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you gamble with your family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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To the best of your knowledge,
how long has your family member had a gambling problem? _____

Your relationship to your family member with a gambling problem: Spouse Domestic partner Son/Daughter
 Sibling Parent

Which of the following best describes your current relationship with this family member? Good Fair Bad

Which of the following best describes the effect of gambling on your relationship? Good Fair Bad

Which of the following best describes the way you feel today because of your family member's gambling? Good Fair Bad

In the past twelve months, have the gambling problems led you to think about ending your life? Yes No

In the past twelve months, have the gambling problems led you to think about ending your relationship with this person? Yes No Not applicable

In the past twelve months, has your spouse or intimate partner threatened to harm you? Yes No Not applicable

In the past twelve months, has your spouse or intimate partner physically harmed you? Yes No Not applicable

In the past twelve months, have you threatened to harm your spouse or intimate partner? Yes No Not applicable

In the past twelve months, have you physically harmed your spouse or intimate partner? Yes No Not applicable

In the past twelve months, have the gambling problems resulted in harm to children in the family? Yes No Not applicable

In the past twelve months, have the gambling problems caused a family breakup already? Yes No

In the past twelve months, have the gambling problems caused you and your family financial distress, such as foreclosure, eviction, bill collection, bankruptcy? Yes No

In the past twelve months, have you tried to get this person to go to counseling? Yes No

In the past twelve months, have you tried to stop this person from gambling on your own? Yes No

In the past twelve months, have you participated in problem gambling counseling with this person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the past twelve months, have you done problem gambling counseling for yourself alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What type of gambling does your family member play most often? (SELECT ONE)	<input type="checkbox"/> Bingo	<input type="checkbox"/> Lottery	<input type="checkbox"/> Skill Touch, Bank Shot, other "nudge" games
	<input type="checkbox"/> Day trading	<input type="checkbox"/> Poker	<input type="checkbox"/> Slot machines
	<input type="checkbox"/> Dice/Craps	<input type="checkbox"/> Other card games	<input type="checkbox"/> Sports
	<input type="checkbox"/> Internet (Daily Fantasy, etc.)	<input type="checkbox"/> Pull tabs	<input type="checkbox"/> Table games
	<input type="checkbox"/> Keno	<input type="checkbox"/> Racing	<input type="checkbox"/> Video gaming terminal
		<input type="checkbox"/> Scratch off tickets	

How did you find out about this problem gambling counseling service? (SELECT ONE):	<input type="checkbox"/> BetCareful Prevention Campaign
	<input type="checkbox"/> LifeAfterBet Statewide Campaign
	<input type="checkbox"/> Name of Therapist _____
	<input type="checkbox"/> Nebraska Gamblers Assistance Program Helpline 833-BETOVER (238-6837)
	<input type="checkbox"/> Nebraska Council on Compulsive Gambling Helpline 800-522-4700
	<input type="checkbox"/> Iowa Helpline 1800BetsOff
	<input type="checkbox"/> Name of Therapist 24/7 Helpline _____
	<input type="checkbox"/> Nebraska Gamblers Assistance Program via internet search
<input type="checkbox"/> Nebraska Lottery advertising	
<input type="checkbox"/> Other (please specify) _____	

Did you know, prior to your first session that problem gambling counseling provided through the NE Gamblers Assistance Program (GAP) is paid for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is it important to you that gambling counseling services are paid for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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From whom (full name) or where (specific location) did you learn that GAP problem gambling counseling is paid for?	
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Would you like this service provided in whole, or in part, through problem gambling counseling Telehealth? (This is interacting with your counselor from your home or office computer or mobile device over a confidential connection.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The following questions ask you to describe your life and the life of the person with the gambling problem:

You:	Family member with gambling problem:
How would you describe your financial status presently? <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> Lower	How would you describe his/her financial status presently? <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> Lower
How would you describe the number of friends you have presently? <input type="checkbox"/> Many Friends <input type="checkbox"/> Few Friends <input type="checkbox"/> A Few Good Friends <input type="checkbox"/> No Friends	How would you describe the number of friends he/she has presently? <input type="checkbox"/> Many Friends <input type="checkbox"/> Few Friends <input type="checkbox"/> A Few Good Friends <input type="checkbox"/> No Friends
Do you have friends who get into trouble? <input type="checkbox"/> Often <input type="checkbox"/> Some <input type="checkbox"/> Never	Does he/she have friends who get into trouble? <input type="checkbox"/> Often <input type="checkbox"/> Some <input type="checkbox"/> Never
Your alcohol use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None	His/her alcohol use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None
Your tobacco use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None	His/her tobacco use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None
Your drug use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None	His/her drug use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None
Your sense of well-being: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad	His/her sense of well-being: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
Your temperament: <input type="checkbox"/> Even <input type="checkbox"/> Changeable	His/her temperament: <input type="checkbox"/> Even <input type="checkbox"/> Changeable
Your mood: <input type="checkbox"/> Happy <input type="checkbox"/> Fair <input type="checkbox"/> Sad	His/her mood: <input type="checkbox"/> Happy <input type="checkbox"/> Fair <input type="checkbox"/> Sad
How do you make decisions today? <input type="checkbox"/> Rationally <input type="checkbox"/> Emotionally	How does he/she make decisions? <input type="checkbox"/> Rationally <input type="checkbox"/> Emotionally
How did you do in school? <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poorly	How did he/she do in school? <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poorly
Your problem gambling presently: <input type="checkbox"/> Better <input type="checkbox"/> No change <input type="checkbox"/> Worse <input type="checkbox"/> Not applicable	His/her problem gambling presently: <input type="checkbox"/> Better <input type="checkbox"/> No change <input type="checkbox"/> Worse <input type="checkbox"/> Don't know

<p>What are your hopes and expectations regarding this counseling? (Check <u>all</u> that apply)</p>	<input type="checkbox"/> Help with financial problems <input type="checkbox"/> Reduce family member's gambling problem <input type="checkbox"/> Regain trust in family member <input type="checkbox"/> Improve communication <input type="checkbox"/> Improve marital life <input type="checkbox"/> Improve social life <input type="checkbox"/> Decrease emotional distress <input type="checkbox"/> Improve health
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THIS PAGE TO BE COMPLETED BY THE COUNSELOR

Counselor - Score Gambler's Anonymous (GAM-ANON) – 20 questions: Gam-Anon states that a "yes" answer to at least six of the 20 questions indicates the individual is living with a compulsive gambler.	
If the score is 0 – 5, is the clinical justification for admitting the client into counseling documented in the client record?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Was this client seen in urgent care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of last urgent care session?: ____/____/____
Admission Date: ____/____/____	Assessment Date: ____/____/____

INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS (please sign and date below):

Signature

____/____/____
Date