

**Nebraska Gamblers Assistance Program  
GAP DATA AT INTAKE - Gambler Client**

Your answers are confidential. Thank you.

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CLIENT DOB:</b> ____/____/____	<b>CLIENT ID:</b>	
Your goal for treating your gambling addiction is:	<input type="checkbox"/> To quit gambling <input type="checkbox"/> To keep gambling but learn to gamble responsibly	
How long do you want your treatment to take?	<input type="checkbox"/> Less than six months <input type="checkbox"/> Six months <input type="checkbox"/> One year <input type="checkbox"/> Two years <input type="checkbox"/> Longer than two years	
How often can you commit to regular counseling sessions?	<input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Three times a week or more <input type="checkbox"/> Once a month <input type="checkbox"/> Twice a month <input type="checkbox"/> Three times a month or more	
What was your primary motivation to seek help for your gambling problem?		
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: _____		
Number of persons who are financially dependent upon you: _____		
Race/ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Am.Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial	
Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting	
Military status:	<input type="checkbox"/> Active duty <input type="checkbox"/> National guard <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> None	
Occupation:	<input type="checkbox"/> Clerical/Sales <input type="checkbox"/> Manager/Professional <input type="checkbox"/> Student <input type="checkbox"/> Farm/Ag <input type="checkbox"/> Retired <input type="checkbox"/> Technical/Administrative <input type="checkbox"/> Homemaker <input type="checkbox"/> Service (food, housekeeping) <input type="checkbox"/> Unemployed <input type="checkbox"/> Laborer <input type="checkbox"/> Skilled/semi-skilled crafts <input type="checkbox"/> Volunteer	
Living Situation:	<input type="checkbox"/> Private residence <input type="checkbox"/> Homeless <input type="checkbox"/> Living with relative <input type="checkbox"/> Institution (e.g., jail/correctional facility, hospital)	
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	
Employment:	<input type="checkbox"/> Employed full time for salary or wages <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Employed part time for salary or wages <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability	
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	

Income Source:	<input type="checkbox"/> Alimony	<input type="checkbox"/> Illegal activity	<input type="checkbox"/> Savings
	<input type="checkbox"/> Disability	<input type="checkbox"/> Public assistance	<input type="checkbox"/> Unemployment compensation
	<input type="checkbox"/> Employment	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> No income

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): \$ \_\_\_\_\_

Number of employers you have had in last 5 years?	
Number of jobs/positions you have had in last 5 years?	
Number of workdays you have missed in last 30 days due to gambling?	

**Age when first gambled:** \_\_\_\_\_

**Who first introduced you to gambling?**     Parent     Other relative     Friend     Self

When you started gambling, what was your <b>first</b> gambling activity?  <b>(SELECT ONE)</b>	<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	

When you started gambling, what was your <b>second</b> gambling activity?  <b>(SELECT ONE)</b>	<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	

What was your <b>first</b> choice of gambling activity in the last 12 months?  <b>(SELECT ONE)</b>	<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	

What was your <b>second</b> choice of gambling activity in the last 12 months?  <b>(SELECT ONE)</b>	<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 often have you gambled in the last 12 months?  
 1x Month    2-3x Month    1-2x Week    3-6x Week    Daily

On average, how many dollars do you wager when you gamble per month? \$ \_\_\_\_\_

Gambling <u>location</u> . ( <i>First Choice</i> ). <b>(SELECT ONE)</b>	<input type="checkbox"/> Card room	<input type="checkbox"/> Home	<input type="checkbox"/> Public libraries	<input type="checkbox"/> Social clubs
	<input type="checkbox"/> Casino	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Race track	<input type="checkbox"/> Sport Bar
	<input type="checkbox"/> Convenience store	<input type="checkbox"/> Keno venue	<input type="checkbox"/> School	<input type="checkbox"/> Work
	<input type="checkbox"/> Mobile device	<input type="checkbox"/> Computer		

Gambling <u>location</u> . ( <i>Second choice</i> ). <b>(SELECT ONE)</b>	<input type="checkbox"/> Card room	<input type="checkbox"/> Home	<input type="checkbox"/> Public libraries	<input type="checkbox"/> Social clubs
	<input type="checkbox"/> Casino	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Race track	<input type="checkbox"/> Sport Bar
	<input type="checkbox"/> Convenience store	<input type="checkbox"/> Keno venue	<input type="checkbox"/> School	<input type="checkbox"/> Work
	<input type="checkbox"/> Mobile device	<input type="checkbox"/> Computer		

In the past twelve months, have you thought that you needed to break the law to support your gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the past twelve months, number of times in prior gambling counseling? \_\_\_\_\_

In the past twelve months, number of times in prior substance abuse counseling? \_\_\_\_\_

In the past twelve months, number of times in prior mental health counseling? \_\_\_\_\_

In the past twelve months, have you attended any self-help support groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you considered ending your life in the past twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you attempted to end your life in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the past twelve months, has your spouse or intimate partner threatened to harm you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, has your spouse or intimate partner physically harmed you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have you threatened to harm your spouse or intimate partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have you physically harmed your spouse or intimate partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have the gambling problems resulted in harm to children in the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have the gambling problems caused a family breakup already?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have the gambling problems caused you and your family financial distress, such as foreclosure, eviction, bill collection, bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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Did you know 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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Does your spouse or domestic partner currently gamble?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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Does your spouse or domestic partner currently abuse alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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Does your spouse or domestic partner currently abuse drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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**The following questions ask you to compare your life when you were living with your parents or caregivers and your life today:**

How would you describe your financial status when living with your parents or caregivers? <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> Lower	How would you describe your financial status presently? <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> Lower
How would you describe the way your parents or caregivers supervised you? <input type="checkbox"/> Highly supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Moderately supervised	How would you describe the way you supervise your children presently, if applicable? <input type="checkbox"/> Highly supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Moderately supervised <input type="checkbox"/> Not applicable
How would you describe the number of friends you had? <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 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
Did you have friends who got into trouble? <input type="checkbox"/> Often <input type="checkbox"/> Some <input type="checkbox"/> Never	Do you have friends today who get into trouble? <input type="checkbox"/> Often <input type="checkbox"/> Some <input type="checkbox"/> Never
Your alcohol use when living with your parents or caregivers: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None	Your alcohol use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None

Your tobacco use when living with your parents or caregivers: <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
Your drug use when living with your parents or caregivers: <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
Your sense of well-being when living with your parents or caregivers: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad	Your sense of well-being presently: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
Your temperament when living with your parents or caregivers: <input type="checkbox"/> Even <input type="checkbox"/> Changeable	Your temperament presently: <input type="checkbox"/> Even <input type="checkbox"/> Changeable
Your mood when living with your parents or caregivers: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad	Your mood presently: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
How did you make decisions when living with your parents or caregivers? <input type="checkbox"/> Rationally <input type="checkbox"/> Emotionally	How do you make decisions presently? <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	

Did you grow up in a household where there was gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you grow up in a household where there was tobacco used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you grow up in a household where there was alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you grow up in a household where there was drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**THIS PAGE IS TO BE COMPLETED BY THE COUNSELOR**

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: ____/____/____

Reason for admission:

Primary Gambling Disorder       Primary MH/Secondary GD

Primary GD/Secondary MH       Primary SA/ Secondary GD

Primary GD/Secondary SA

Presenting problem:

Family  Emotional  Financial  Health  Work  Legal  Relapse

Primary diagnostic impression:	<input type="checkbox"/> Gambling Disorder 312.31 (F63.0)
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DSM 5 Score:

0    1    2    3    4

5    6    7    8    9

*(DSM 5 score must match level of gambling severity.)*

If the score is 0 – 3, is the clinical justification for admitting the client into counseling documented in the client record?	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
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<b>ASSESSMENT ONLY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS** (please sign and date below):

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**