

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

Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

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| How did you learn about the Nebraska Gamblers Assistance Program? | |
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| How long did you think about getting help before you decided to get help? | |
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| CLIENT DOB: | CLIENT ID: |
| 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? | |

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| 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 | |

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| Gender: Male Female Other | |
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| Number of persons who are financially dependent upon you: _____ |
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| Race/ethnicity | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial |
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| Marital status: | <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting |
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| Military status: | <input type="checkbox"/> Active duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> None |
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| 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 |
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| 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) |
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| 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 |
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| Employment: | <input type="checkbox"/> Employed full time for salary or wages <input type="checkbox"/> Employed part time for salary or wages <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Disability | <input type="checkbox"/> Student |
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| Health Insurance: | <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> No insurance | <input type="checkbox"/> Private health insurance. Name of insurance company: _____ |
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| Income Source: | <input type="checkbox"/> Alimony <input type="checkbox"/> Disability <input type="checkbox"/> Employment | <input type="checkbox"/> Illegal activity <input type="checkbox"/> Public assistance <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Savings <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> No income |
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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 workdays you have missed in last 30 days due to gambling? _____

Age when first gambled: _____

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| Who first introduced you to gambling? | <input type="checkbox"/> Parent <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> Self |
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| When you started gambling, what was your first gambling activity? (SELECT ONE) | <input type="checkbox"/> Bingo <input type="checkbox"/> Day trading <input type="checkbox"/> Dice/Craps <input type="checkbox"/> Internet (Daily Fantasy, etc.) <input type="checkbox"/> Keno | <input type="checkbox"/> Lottery <input type="checkbox"/> Mechanical amusement cash device (e.g., video gaming terminal; Bankshot/skill touch) <input type="checkbox"/> Poker <input type="checkbox"/> Other card games | <input type="checkbox"/> Pull tabs <input type="checkbox"/> Racing <input type="checkbox"/> Scratch off tickets <input type="checkbox"/> Slot machines <input type="checkbox"/> Sports <input type="checkbox"/> Table games |
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| What was your first choice of gambling activity in the last 12 months? (SELECT ONE) | <input type="checkbox"/> Bingo <input type="checkbox"/> Day trading <input type="checkbox"/> Dice/Craps <input type="checkbox"/> Internet (Daily Fantasy, etc.) <input type="checkbox"/> Keno | <input type="checkbox"/> Lottery <input type="checkbox"/> Mechanical amusement cash device (e.g., video gaming terminal; Bankshot/skill touch) <input type="checkbox"/> Poker <input type="checkbox"/> Other card games | <input type="checkbox"/> Pull tabs <input type="checkbox"/> Racing <input type="checkbox"/> Scratch off tickets <input type="checkbox"/> Slot machines <input type="checkbox"/> Sports <input type="checkbox"/> Table games |
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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? \$ _____

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

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| 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? _____ |
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| In the past twelve months, number of times in prior substance abuse counseling? _____ |
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| In the past twelve months, number of times in prior mental health counseling? _____ |
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| 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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| 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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THIS PAGE IS TO BE COMPLETED BY THE COUNSELOR

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| 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: <input type="checkbox"/> Primary Gambling Disorder <input type="checkbox"/> Primary MH/Secondary GD <input type="checkbox"/> Primary GD/Secondary MH <input type="checkbox"/> Primary SA/ Secondary GD <input type="checkbox"/> Primary GD/Secondary SA | |
| Presenting problem: <input type="checkbox"/> Family <input type="checkbox"/> Emotional <input type="checkbox"/> Financial <input type="checkbox"/> Health <input type="checkbox"/> Work <input type="checkbox"/> Legal <input type="checkbox"/> Relapse | |
| Primary diagnostic impression: | <input type="checkbox"/> Gambling Disorder 312.31 (F63.0) |
| DSM 5 Score: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <i>(DSM 5 score must match level of gambling severity.)</i> | |
| 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 |
| ASSESSMENT ONLY | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Signature

Date