

Nebraska Problem Gamblers Assistance Program

GAMBLER INTAKE DATA

2024–2025
Contract Year
Rev. May 2024

AGENCY NAME:

DATE: _____ / _____ / _____

CITY:

STATE:

ZIP:

CLIENT ID: **H** **I**

CLIENT DOB: _____ / _____ / _____

COUNTY OF
RESIDENCE:

COUNTY OF
ADMISSION:

What year did you know you had a gambling problem?

Before you knew you had a gambling problem, how many years had you gambled?

Your goal for changing your gambling is:

To quit gambling

To change my gambling from harming me

How long do you believe it will take to change
your gambling?

< 6 months

1 year

> 2 years

6 months

2 years

Have you tried to change your
gambling before now?

Do you believe today that you are
able to change your gambling?

Is this the first time you have
consulted professional help for
your gambling?

What is your primary motivation now to seek
professional help to change your gambling?

Number of persons who are
financially dependent upon you: _____

Gender:

Male

Female

Other

Race/ethnicity:

White

Black

Asian

Native American

Pacific Islander

Hispanic

Multiracial

Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Cohabiting
Occupation:	<input type="checkbox"/> Clerical/Sales <input type="checkbox"/> Farm/Ag <input type="checkbox"/> Homemaker <input type="checkbox"/> Laborer <input type="checkbox"/> Manager/ Professional	<input type="checkbox"/> Retired <input type="checkbox"/> Service (food, housekeeping) <input type="checkbox"/> Skilled/ Semi-skilled crafts <input type="checkbox"/> Student	<input type="checkbox"/> Technical/ Administrative <input type="checkbox"/> Unemployed <input type="checkbox"/> Volunteer
Education:	<input type="checkbox"/> < 12 years <input type="checkbox"/> HS diploma or GED <input type="checkbox"/> > 12 years	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate
Employment:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed part-time for salary or wages	<input type="checkbox"/> Employed full-time for salary or wages <input type="checkbox"/> Self-employed	<input type="checkbox"/> Disability <input type="checkbox"/> Student
Income Source:	<input type="checkbox"/> Savings <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"/> Unemployment compensation <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 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

What was your main gambling activity in the last 12 months? (SELECT ONE)	<input type="checkbox"/> Bingo	<input type="checkbox"/> Keno	<input type="checkbox"/> Racing
	<input type="checkbox"/> Convenience store slot machine	<input type="checkbox"/> Lottery	<input type="checkbox"/> Scratch-off tickets
	<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 betting
	<input type="checkbox"/> Fantasy sports	<input type="checkbox"/> Pull tabs	<input type="checkbox"/> Video Games

How often have you gambled in the last 12 months?	<input type="checkbox"/> 1x Month	<input type="checkbox"/> 1-2x Week	<input type="checkbox"/> Daily
	<input type="checkbox"/> 2-2x Month	<input type="checkbox"/> 3-6x Week	

On average, how much money do you wager each time you gamble? \$ _____

On average, how much money do you lose each time you gamble? \$ _____

Where do you gamble most often? (SELECT ONE)	<input type="checkbox"/> Card room	<input type="checkbox"/> Keno venue	<input type="checkbox"/> Social clubs
	<input type="checkbox"/> Casino	<input type="checkbox"/> Mobile device	<input type="checkbox"/> Sport bar
	<input type="checkbox"/> Convenience store	<input type="checkbox"/> Public libraries	<input type="checkbox"/> Work
	<input type="checkbox"/> Home	<input type="checkbox"/> Racetrack	
	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> School	
If you gamble at a casino:	List location:		
	Type of casino gambling preference:		

In the past 12 months, have you thought that you needed to break the law in order to support your gambling?
Have you considered ending your life in the past 12 months?
Have you attempted to end your life in the last 12 months?
Do you know that services provided through the Nebraska Problem Gamblers Assistance Program are paid for?
Is it important to you that Nebraska Problem Gamblers Assistance Program services are paid for?

THIS SECTION COMPLETED BY COUNSELOR

Was this client seen in urgent care? Yes No

If yes, date of last urgent care session: _____ / _____ / _____

Was this client referred by Helpline: Yes No

Admission Date: _____ / _____ / _____

Assessment Date: _____ / _____ / _____

Reason for admission:	<input type="checkbox"/> Primary Gambling Disorder	<input type="checkbox"/> Primary GD/ Secondary SA	<input type="checkbox"/> Primary SA/ Secondary GD
	<input type="checkbox"/> Primary GD/ Secondary MH	<input type="checkbox"/> Primary MH/ Secondary GD	
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: Gambling Disorder 312.31 (F63.0)

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?										
ASSESSMENT ONLY										

INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: _____

Date: _____ / _____ / _____