Nebraska Problem Gamblers Assistance Program

GAMBLER INTAKE DATA

2026–2027
Contract Year
Rev. July 2026

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?	[Select]	What is your primary motivation now to seek professional help to change your gambling?
Do you believe today that you are able to change your gambling?	[Select]	
Is this the first time you have consulted professional help for your gambling?	[Select]	Number of persons who are financially dependent upon you: _____

Gender:	❑ Male	❑ Female	❑ Other
Race/ethnicity:	❑ White ❑ Black ❑ Asian	❑ Native American ❑ Pacific Islander ❑ Hispanic	❑ Multiracial

Your answers are confidential. Thank you.

Marital status:	❑ Married ❑ Never Married	❑ Divorced ❑ Widowed	❑ Cohabitating
Occupation:	❑ Clerical/Sales ❑ Farm/Ag ❑ Homemaker ❑ Laborer ❑ Manager/ Professional	❑ Retired ❑ Service (food, housekeeping) ❑ Skilled/ Semi-skilled crafts ❑ Student	❑ Technical/ Administrative ❑ Unemployed ❑ Volunteer
Education:	❑ < 12 years ❑ HS diploma or GED ❑ > 12 years	❑ Associate ❑ Bachelor's ❑ Master's	❑ Doctorate
Employment:	❑ Unemployed ❑ Employed part-time for salary or wages	❑ Employed full-time for salary or wages ❑ Self-employed	❑ Disability ❑ Student ❑ Retired
Income Source:	❑ Savings ❑ Alimony ❑ Disability ❑ Employment	❑ Illegal activity ❑ Public assistance ❑ Retirement/Pension	❑ Unemployment compensation ❑ 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**)	❑ Bingo ❑ Convenience store slot machine ❑ Day trading ❑ Dice/Craps ❑ Fantasy sports	❑ Keno ❑ Lottery ❑ Poker ❑ Other card games ❑ Prediction Markets ❑ Pull tabs	❑ Racing ❑ Scratch-off tickets ❑ Slot machines ❑ Sports betting ❑ Video Games

How often have you gambled in the last 12 months?	❑ 1x Month ❑ 2–2x Month	❑ 1–2x Week ❑ 3–6x Week	❑ Daily

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**)	❑ Card room ❑ Casino ❑ Convenience store ❑ Home ❑ Jail/Prison	❑ Keno venue ❑ Mobile device ❑ Public libraries ❑ Racetrack ❑ School	❑ Social clubs ❑ Sport bar ❑ Work
If you gamble at a casino:	List location (casino name and 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?	[Select]
Have you considered ending your life in the past 12 months?	[Select]
Have you attempted to end your life in the last 12 months?	[Select]
Do you know that services provided through the Nebraska Problem Gamblers Assistance Program are paid for?	[Select]
Is it important to you that Nebraska Problem Gamblers Assistance Program services are paid for?	[Select]

THIS SECTION COMPLETED BY COUNSELOR

Was this client seen in a Brief Intervention? ☐ Yes ☐ No

If yes, date of last Brief Intervention session: ____ / ____ / ____

Was this client referred by Helpline: ☐ Yes ☐ No

Admission Date: ____ / ____ / ____

Assessment Date: ____ / ____ / ____

The intake assessment required in Part 3 of the Contract Provider Manual is complete and documented in the client record.

Time of intake assessment: Start: ____ Finish: ____

Reason for admission:	☐ Primary Gambling Disorder	☐ Primary GD/ Secondary SA	☐ Primary SA/ Secondary GD
	☐ Primary GD/ Secondary MH	☐ Primary MH/ Secondary GD	
Presenting problem:	☐ Family	☐ Health	☐ Relapse
	☐ Emotional	☐ Work	
	☐ Financial	☐ Legal	

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? [Select]

INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: ____ Date: ____ / ____ / ____