

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?

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:	☐ Married ☐ Never Married	☐ Divorced ☐ Widowed	☐ Cohabiting
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	☐ Keno	☐ Racing
	☐ Convenience store slot machine	☐ Lottery	☐ Scratch-off tickets
	☐ Day trading	☐ Poker	☐ Slot machines
	☐ Dice/Craps	☐ Other card games	☐ Sports betting
	☐ Fantasy sports	☐ Prediction Markets	☐ Video Games
	☐ Pull tabs		

How often have you gambled in the last 12 months?	☐ 1x Month	☐ 1-2x Week	☐ Daily
	☐ 2-2x Month	☐ 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)	☐ Card room	☐ Keno venue	☐ Social clubs
	☐ Casino	☐ Mobile device	☐ Sport bar
	☐ Convenience store	☐ Public libraries	☐ Work
	☐ Home	☐ Racetrack	
	☐ Jail/Prison	☐ School	
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?
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:	☐ Primary Gambling Disorder	☐ Primary GD/ Secondary SA	☐ Primary SA/ Secondary GD
	☐ Primary GD/ Secondary MH	☐ Primary MH/ Secondary GD	
Presenting problem:	☐ Family ☐ Emotional ☐ Financial	☐ Health ☐ Work ☐ Legal	☐ 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?										

INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature: _____

Date: ____/____/____