

**ELLIOTT-HUDSON COUNSELING SERVICES LLC
3200 N. Dobson Rd. Building C, Chandler, AZ 85224
8040 Morgan Trail, Suite 4, Scottsdale, AZ 85258**

Affected Individual – Assessment Session

Client Information

Client's First Legal Name: _____ Mother's First Name: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male Female

Additional General Information

Date: _____

Referral Source

- AZ Council on Problem Gambling Casino Community Presentation
 Family / Friends Former OPG Client Gamblers Anonymous
 Healthcare Professional Helpline (1-800-NEXTSTEP)
 Self-exclusion Packet Media (TV, Radio, Newspaper, Billboard)
 Office of Problem Gambling Website Telephone Book Other _____

Zip code: _____

Phone Number: _____

Secondary Phone Number: _____

Email: _____

Consents to do Arizona Follow-up Survey: YES NO

DEMOGRAPHICS:

Race, Ethnicity, Country of Origin (Mark more than one if applicable):

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hmong | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Black, African American, Negro | <input type="checkbox"/> Korean | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic | | |

Do you speak a language other than English at home? YES NO

What is the Language _____

How well do you speak English? Very Well Well
 Not well Not well at all

Are you a veteran? YES NO

Education (Mark all that apply)

- No schooling completed
- Grade school (5th Grade)
- Junior High School (8th grade)
- GED/High School Diploma
- Some college credit, less than 1 year
- Vocational certification
- Associate degree
- Bachelor's Degree
- Master's Degree
- Professional Degree (ex. MD, PhD, JD)
- 1 or more years of college, no degree

Employment Status (Mark one)

- Full Time
- Homemaker
- Part Time
- Retired
- Student, Full time
- Student, Part time
- Unemployed – not seeking work
- Unemployed – seeking work

Occupation (Mark one)

- Arts, Media, Entertainment
- Business, Finance
- Construction, Maintenance
- Education
- Food, Beverage
- Gambling Industry
- Government
- Health Care, Social Services
- Information Technology
- Legal
- Military
- Retail, Sales
- Other
- Office, Administration Support
- NA

Estimated Household Income (Mark one)

- Less than \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 and above
- Decline to State

What is your personal annual income before taxes (estimate)? _____

Housing Status (Mark one)

- Homeless
- Private Residence
- Residential Treatment Facility

Over the last 30 days, with whom do you live with? (Mark all that apply):

- Live alone
- Unmarried partner
- Friend
- Spouse
- Parent
- Other unrelated roommate
- Children
- Relative

Total Number of Household Occupants: _____

Number in Household under 18: _____

Marital Status (Mark one)

- Now married
- Divorced
- Separated
- Widowed
- Single / Never married
- Living with Partner/Cohabitation

How many children do you have? _____

What is your relationship with the problem gambler? _____

Is the problem gambler that affects you currently receiving or participating in: (check all that apply)

- Public problem gambling treatment (Paid for by State)
- Gamblers Anonymous
- Private problem gambling treatment (Paid by self, Insurance)
- No treatment
- Mental health treatment.
- Other Clarification: _____

In the last 12 months, which of the following have you done? (check all that apply)

- Loaned money to problem gambler.
- Bailed problem gambler out of jail.
- Lied for or made excuses for the problem gambler.
- Denied that the problem gambler has a problem.
- Paid bills for problem gambler.
- Given the problem gambler an ultimatum.
- None of the above.
- Other Clarification _____

When did you become aware of the gambling problem? (Check all that apply)

- Within the Last Week
- Within the Last Month
- Within the Last Year
- 1 - 5 Years
- 5 Years or more

GAMBLING INFORMATION SECTION

What types of gambling have you done in the last 12 months (Mark all that apply)

Card Room

- Poker
- Panguingue
- Blackjack
- Chinese Poker
- Pai Gow
- Other

Tribal Casinos

- Poker
- Video Poker
- Blackjack
- Other
- Slot machines

Casino (e.g. Las Vegas)

- Keno
- Poker
- Blackjack

- Slots
- Video Poker
- Roulette
- Craps
- Baccarat
- Other

Other

- Sporting Events
- Stock Market
- Lottery
- Dog Racing
- Bingo
- Dice
- Other

Internet

- Slot Machines
- Poker
- Mahjong
- Roulette
- Craps
- Video Poker
- Blackjack
- Other

VENUES

Where do you typically gamble (Mark all that apply)

- Bingo hall
- Family/friends' house
- School
- Casino
- Food/Convenience Store
- Internet
- Community Event
- Off track betting facility
- Work
- Private Club / Lodge
- Day trading / Brokerage House
- Dog/horse track
- Restaurant/Bar

RANKING

Rank your top 5 most recent activities using 1 to 5. Only use the numbers you need starting with 1 as the highest value.

- | | | |
|------------------|--------------------|----------------------------|
| ___ Bingo | ___ Keno | ___ Slot Machines |
| ___ Blackjack | ___ Lottery | ___ Sporting events |
| ___ Cards | ___ Games of skill | ___ Stock/Financial Market |
| ___ Dice | ___ Poker | ___ Video Poker |
| ___ Dog racing | ___ Raffles | ___ Internet gambling |
| ___ Horse racing | ___ Roulette | ___ Other |

How much are you or your household currently in debt?

<u>Venues:</u>	<u>Amount:</u>	<u>Months Behind:</u>
Casinos	\$ _____	_____
Credit cards	\$ _____	_____
Family / Friends	\$ _____	_____
Banks (Loans)	\$ _____	_____
Rent / Mortgage	\$ _____	_____
Other	\$ _____	_____

Have you filed or are you in the process of filing for bankruptcy? YES NO

TREATMENT HISTORY

Prior to today, how many therapists or counselors have you seen for treatment

of your gambling problem? _____

Illegal Acts and Consequences

Do you have any current or pending civil or criminal legal problems? Yes No Not Applicable

Are you currently awaiting trial or sentencing? Yes No Not Applicable

Was the charge related to gambling? Yes No Not Applicable

Was the charge related to: (Mark all that apply)

- | | | |
|---|--------------------------------|----------------------------------|
| <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Theft | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Passing Bad Checks | <input type="checkbox"/> Fraud | <input type="checkbox"/> Other |

How many days in the last 12 months were you detained or incarcerated? _____

Are you currently on probation or parole in any jurisdiction? Yes No Not Applicable

Co-Occurring Issues

How would you rate your overall health right now?

- | | | |
|------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | |

Family Member(s) with substance abuse problem? (Mark all that apply)

- | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Parents | <input type="checkbox"/> Siblings |
| <input type="checkbox"/> Children | <input type="checkbox"/> Aunts/Uncles | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Grandparents | | |

Family Member(s) with Gambling Problem (Mark all that apply)

- | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Parents | <input type="checkbox"/> Siblings |
| <input type="checkbox"/> Children | <input type="checkbox"/> Aunts/Uncles | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Grandparents | | |

In the past 12 months, has a doctor diagnosed or treated you for any of the following disorders? (Mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chronic Respiratory Diseases | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Ulcer Disease | <input type="checkbox"/> Other |

Do you currently have health insurance? Yes No

Do you have a primary doctor? Yes No

When was the last time you had a full check-up from your doctor?

- Within the last 12 months
- 1-2 years ago
- 2-5 years ago
- 5 or more years ago

What was the date you saw a medical doctor? _____

What was the reason for the visit? _____

Has your primary doctor ever asked about your gambling? Yes No

Do you Smoke? Yes No

Do you drink alcoholic beverages? Yes No

How many alcoholic beverages do you drink per week? _____

In the past 12 months, how many times have you had more than 5 drinks at a sitting? _____

In the past 12 months, have you used any of the following substances? (Mark all that apply)

- None
- Marijuana
- Hallucinogens
- Inhalants
- Stimulants (non-prescribed)
- Other _____
- Methamphetamine
- Tranquilizers/Sedatives (non-prescribed)
- Cocaine
- Narcotics/Opiates (non-prescribed)
- PCP

In the past 12 months, have you been treated for any of the following? (Mark all that apply)

- None
- Mood Disorders (ex. Depression, bipolar)
- Psychotic Disorders (ex. Schizophrenia)
- Anxiety Disorders (ex. Obsessive compulsive disorder)
- Substance Abuse or Dependence
- Personality Disorder (ex. Borderline)
- Attention Deficit Disorder

What is your current height? Feet: _____ Inches: _____

What is your current weight? _____

Quality of Life

Answer the following questions about how you have felt about your life over the last 7 days

(Mark an X on the line)

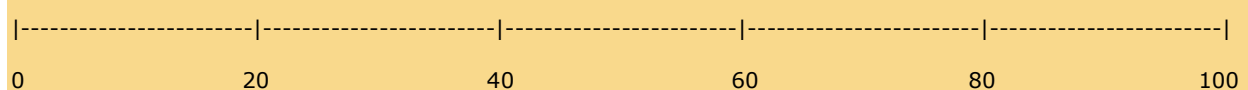
How would you rate your overall life satisfaction?



How much responsibility do you have for the problem gambler's treatment and recovery?



What percentage of your time do you spend dealing with the consequences of problem gambling?



How much has the problem gambler's behavior interfered with your normal activities?

