

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

**PROBLEM GAMBLER – 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)  
 Media (TV, Radio, Newspaper, Billboard)  Office of Problem Gambling Website  
 Other  Self-exclusion Packet  Telephone Book

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

**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  NA  
 Office, Administration Support  Other \_\_\_\_\_  
 Retail, Sales

**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)**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Live alone | <input type="checkbox"/> Unmarried partner | <input type="checkbox"/> Friend                   |
| <input type="checkbox"/> Spouse     | <input type="checkbox"/> Parent            | <input type="checkbox"/> Other unrelated roommate |
| <input type="checkbox"/> Children   | <input type="checkbox"/> Relative          |   |

**Total Number of Household Occupants:** \_\_\_\_\_

**Number in Household under 18:** \_\_\_\_\_

**Marital Status (Mark one)**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Now married | <input type="checkbox"/> Divorced               | <input type="checkbox"/> Separated                        |
| <input type="checkbox"/> Widowed     | <input type="checkbox"/> Single / Never married | <input type="checkbox"/> Living with Partner/Cohabitation |

**How many children do you have?** \_\_\_\_\_

**GAMBLING INFORMATION SECTION**

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

**Card Room**

- |                                     |  |                                      |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Poker      | <input type="checkbox"/> Blackjack     | <input type="checkbox"/> Pai Gow     |
| <input type="checkbox"/> Panguingue | <input type="checkbox"/> Chinese Poker | <input type="checkbox"/> Other _____ |

**Tribal Casinos**

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Poker       | <input type="checkbox"/> Blackjack   | <input type="checkbox"/> Slot machines |
| <input type="checkbox"/> Video Poker | <input type="checkbox"/> Other _____ |  |

**Casino (e.g. Las Vegas)**

- |                                |                                      |                                      |
|--------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Keno  | <input type="checkbox"/> Poker       | <input type="checkbox"/> Blackjack   |
| <input type="checkbox"/> Slots | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Roulette    |
| <input type="checkbox"/> Craps | <input type="checkbox"/> Baccarat    | <input type="checkbox"/> Other _____ |

**Other**

- |  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Sporting Events | <input type="checkbox"/> Stock Market | <input type="checkbox"/> Lottery |
| <input type="checkbox"/> Dog Racing      | <input type="checkbox"/> Bingo        | <input type="checkbox"/> Dice    |
| <input type="checkbox"/> Other _____     |                                       |                                  |

**Internet**

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Slot Machines | <input type="checkbox"/> Poker       | <input type="checkbox"/> Mahjong     |
| <input type="checkbox"/> Roulette      | <input type="checkbox"/> Craps       | <input type="checkbox"/> Video Poker |
| <input type="checkbox"/> Blackjack     | <input type="checkbox"/> Other _____ |                                      |

**Where do you typically gamble (Mark all that apply)**

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

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>Creditors:</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

### FREQUENCY QUESTIONS

In the past year, on days that you gambled, about how many hours did you spend gambling per day? \_\_\_\_\_

In the past year, on days that you gambled, about how much money have you lost gambling? \$ \_\_\_\_\_

How many days has it been since your last bet? (If you don't know, approximate) \_\_\_\_\_

At what age did you gamble for the first time? \_\_\_\_\_

At what age did you start having problems because of gambling? \_\_\_\_\_

### TREATMENT GOALS

What is your goal in treatment right now?

- Stop gambling completely
- Reduce time spent gambling
- Reduce amount of money lost gambling

### ASSESSMENTS

Think about the **last 12 months** of your gambling when answering these questions:

Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, planning out future gambling ventures, bets, or thinking about ways of getting money to gamble with?  Yes  No  Not Applicable

Have there ever been periods when you needed to gamble increasing amounts of money or place larger bets than before in order to get the same feeling of excitement?  Yes  No  Not Applicable

Have you ever felt restless or irritable when trying to stop, cut down, or control your gambling?  Yes  No  Not Applicable

Have you ever tried and not succeeded in stopping, cutting down, or controlling your gambling three or more times in your life?  Yes  No  Not Applicable

Have you ever gambled to escape from personal problems or to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?  Yes  No  Not Applicable

Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?  Yes  No  Not Applicable

Have you lied to family members, friends, or others about how much you gamble, and/or about how much money you lost on at least three occasions?  Yes  No  Not Applicable

Have you ever written a bad check or taken money that didn't belong to you from family members, friends, or anyone else in order to pay for your gambling?  Yes  No  Not Applicable

Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends, or has your gambling ever caused you problems at work or school?  Yes  No  Not Applicable

Have you ever needed to ask family members, friends, a lending institution, or anyone else to loan you money or otherwise bail you out of a desperate situation that was largely caused by your gambling?  Yes  No  Not Applicable

## 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?

- Excellent  Very Good  Good  
 Fair  Poor

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

- None  Parents  Siblings  
 Children  Aunts/Uncles  Spouse  
 Grandparents

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

- None  Parents  Siblings  
 Children  Aunts/Uncles  Spouse  
 Grandparents

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

- None  Liver Disease  Hypertension  
 Diabetes  Obesity  Cancer  
 Chronic Respiratory Diseases  HIV/AIDS  Heart Disease  
 Stroke  Ulcer Disease  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

When was the last time you saw a medical doctor? \_\_\_\_\_ (mm/dd/yy)

Reason for the visit? \_\_\_\_\_

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

Do you Smoke?  Yes  No

How many cigarettes do you smoke per day? \_\_\_\_\_

How many minutes after waking up do you smoke? \_\_\_\_\_

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)
- Methamphetamine
- Tranquilizers/Sedatives (non-prescribed)
- Cocaine
- Narcotics/Opiates (non-prescribed)
- PCP
- Other \_\_\_\_\_

**In the past 12 months, have you been treated for any of the following substances? (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: \_\_\_\_\_**

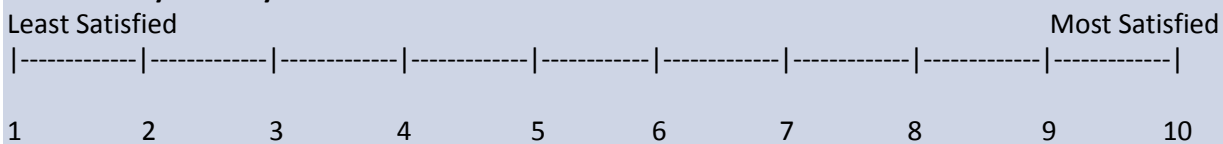
**What is your current weight? \_\_\_\_\_**

## QUALITY OF LIFE

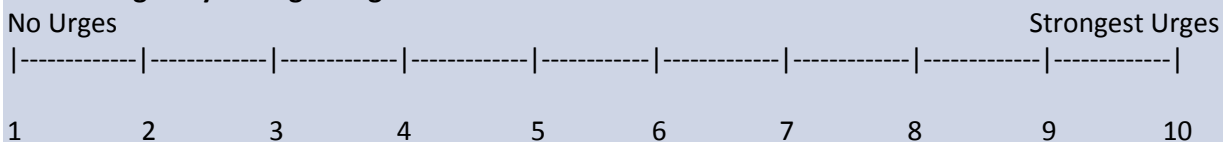
**Answer the following questions about how you have felt about your life over the last 7 days**

(Mark an X on the line)

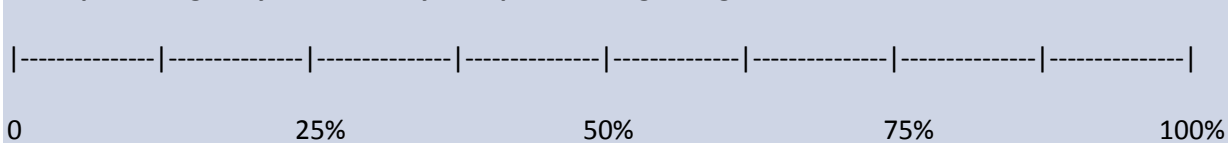
**How would you rate your overall life satisfaction?**



**How strong are your urges to gamble?**



**What percentage of your time do you experience urges to gamble?**



**How much has gambling interfered with your normal activities?**

