CalGETS Client Outpatient Intake Form

Client Information

Client's First Name: _____ Mother's First Name: _____
DOB: ___/___/_____ Place of Birth (State): _____
Gender at Birth: ___Male
___Female

Gender: ___Male
___Female
___Male to Female Transgender
___Female to Male Transgender

Current Gender: ___Male
___Female

Additional General Information

Status*: Intake Case ID*:_____
Client ID*:_____
Provider ID*: _____
Provider Name*: _____
Intake Date: ___/___/_____
Date of Initial Contact: ___/___/_____
Type of Client: _____Patient _____Affected Individual

CalGETS Treatment Component:
___Problem Gambling Telephone Intervention
___Intensive Outpatient
___Outpatient
___Residential
___Clinical Innovations

Referral Source:

___California Council on Problem Gambling
___Casino Sign
___Community Presentation
___Family/Friends
___Former CALGETS Client
___Gamblers Anonymous
___Healthcare Professional
___Helpline (1-800-GAMBLER)
___Media (TV, Radio, Newspaper, Billboard)
___Office of Problem Gambling Website
___Other (Specify):_____
___Self-Exclusion Packet
___Telephone Book
___UCLA Gambling Studies Program

Zip Code: _____ Phone Number: _____
Email: _____ Secondary Phone Number: _____
Consents to do CalGETS Follow-up Survey: ___Yes ___No

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ENTER CLIENT DEMOGRAPHICS

Demographics

Are you Spanish, Hispanic, or Latino?
___No
___Yes, Mexican, Mexican American, Chicano
___Yes, Puerto Rican
___Yes, Cuban
___Yes, Other Hispanic
Specify: _____

Race / Ethnicity / Country of Origin: (Mark more than one if applicable)
___American Indian or Alaska Native
(*enrolled or principal tribe)*: _____
___Asian Indian
___Bangladeshi
___Black or African American
___Cambodian
___Chinese
___Fijian
___Filipino
___Guamanian or Chamorro
___Hispanic
___Hmong
___Indonesian
___Japanese
___Korean
___Laotian
___Malaysian
___Native Hawaiian
___Other Asian
___Other Pacific Islander
___Pakistani
___Samoan
___Sri Lankan
___Taiwanese
___Thai
___Tongan
___Vietnamese
___White
___Other (Specify): _____

Do you speak a language other than English at home? ___Yes ___No
If yes, what is this language? _____
If yes, how well do you speak English?
___Very well
___Well
___Not well
___Not well at all

Do you identify yourself to be:
___Heterosexual or Straight
___Gay or Lesbian
___Bisexual
___Questioning or Unsure
___Another Identification

Education:
___No schooling completed
___Grade School (5th grade)
___Junior High School (8th grade)
___High School (12th grade)
___Some college credit, less than 1 year
___1 or more years of college, no degree
___Bachelor's Degree
___Master's Degree
___Professional Degree (ex. MD, PhD, JD)

Employment Status
___Full Time
___Student, Full-time

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___Homemaker
___Part Time
___Retired
___Student, Part-time
___ Unemployed – Not Seeking Work
___ Unemployed – Seeking Work

Occupation:
___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:
___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:
___Homeless (this includes living in shelters, hotels, temporarily staying with friends)
___Private Residence
___Residential Treatment Facility
Facility type: ___ Corrections ___Health Care ___Mental Health ___Substance Abuse
Facility name: _____

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:_____

Current Marital Status: (mark only one)
___Now Married
___Divorced
___Separated
___Widowed
___Single/Never Married
___Living with Partner/Cohabitation

How many children do you have? ____

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CalGETS Outpatient Treatment Questionnaire

Date: ___/___/_____
Provider ID*: _____
Therapist/Recorder: _____
Date of last visit*: ___/___/_____
Total days since last visit*: _____
Questionnaire Type*: Intake

Client 's First Name*: _____
Client ID*: _____
Case ID*: _____
Type of Client*: Patient
Visit*: _____
Client Phone*:_____

Gambling Information Section
What type(s) of gambling have you done in the last 12 months? (Mark all that apply)

CA Card Room
□ Poker
□ Black Jack
□ Pai Gow
□ Panguingue
□ Chinese Poker
□ Other: _____

Tribal Casinos
□ Poker
□ Black Jack
□ Slot Machines
□ Cal Roulette
□ Cal Craps
□ Video Poker
□ Other: _____

□ Sporting Events
□ Stock/Financial Market
□ Lottery
□ Dog Racing
□ Horse Racing
□ Bingo
□ Dice
□ Other: _____

Internet
□ Slots
□ Poker
□ Mahjong
□ Roulette
□ Craps
□ Video Poker
□ Black Jack
□ Other: _____

Casino (e.g. Las Vegas)
□ Keno
□ Poker
□ Black Jack
□ Slot Machines
□ Video Poker
□ Roulette
□ Craps
□ Baccarat
□ Other: _____

Venues
Where do you typically gamble? (Mark all that apply)

____ Bingo Hall
____ Casino
____ Community Event
____ Private Club/Lodge
____ Dog/Horse Track
____ Other *(specify)*: _____

____ Family/Friends House
____ Food/Convenience Store
____ Off Track Betting Facility
____ Day Trading/Brokerage House
____ Restaurant/Bar

____ School
____ Internet
____ Work

Percentages
1. What percentage of total gambling time do you spend on the following activities? (must equal 100%)

____ Bingo
____ Black Jack
____ Cards

____ Keno
____ Lottery
____ Games of Skill

____ Slot Machines
____ Sporting Events
____ Stock/Financial Market

____ Dice	____ Poker	____ Video Poker
____ Dog racing	____ Raffles	____ Internet Gambling
____ Horse Racing	____ Roulette	____ Other *(specify)*: _____
		Gambling Percentage*:_____

2. How much are you or your household currently in debt?

Casinos	Amount $_____	(Months behind: _____)
Credit Cards	Amount $_____	(Months behind: _____)
Family/Friends	Amount $_____	(Months behind: _____)
Banks (loans)	Amount $_____	(Months behind: _____)
Rent/Mortgage	Amount $_____	(Months behind: _____)
Other: _____	Amount $_____	(Months behind: _____)

3. Have you filed or are you in the process of filing for bankruptcy? ___Yes ___No

Frequency Questions

1. In the past 12 months, on the days that you gambled, about how many hours did you spend gambling per day? _____
2. In the past 12 months, on the days that you gambled, about how much money have you lost gambling? _____
3. How many days has it been since your last bet? (If you don't know, approximate) _____
4. At what age did you gamble for the first time? _____
5. At what age did you start having problems because of gambling? _____

Gambler's Anonymous

a. In the past 12 months, how many Gamblers Anonymous (GA) meetings have you attended? _____

b. If you have attended GA in the last 12 months:
   i. Do you have a sponsor? ___Yes ___No
   ii. Do you have a commitment to the meeting? (set up chairs, pass out books, make coffee) ___Yes ___No
   iii. If you have **NOT** attended GA in the last 12 months, what is the main reason?
      ___ No convenient meeting times
      ___ GA meetings are too spiritual / too religious
      ___ Not comfortable sharing about my problems
      ___ Lack of confidentiality
      ___ Did not know where meetings are
      ___ Did not have access to meetings (no transportation, childcare etc.. .)

___ GA meetings are not led by a professional mental health provider
___ Other (please describe)_____

Treatment Goals

What is your goal in treatment right now?

___Stop gambling completely
___Reduce time spent gambling
___Reduce amount of money lost gambling

CalGETS Assessments

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

1. 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? ___NA ___Yes ___No

2. 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? ___NA ___Yes ___No

3. Have you ever felt restless or irritable when trying to stop, cut down, or control your gambling? ___NA ___Yes ___No

4. Have you ever tried and not succeeded in stopping, cutting down, or controlling your gambling three or more times in your life? ___NA ___Yes ___No

5. Have you ever gambled to escape from personal problems or to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression? ___NA ___Yes ___No

6. Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even? ___NA ___Yes ___No

7. 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? ___NA ___Yes ___No

8. 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? ___NA ___Yes ___No

9. 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? ___NA ___Yes ___No

10. 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? ___NA ___Yes ___No

CalGETS Score*: _____

Treatment History

Prior to today, how many therapists or counselors have you seen for treatment of your gambling problem? ___0 ___1 ___2 ___3 or more

Illegal Acts and Consequences

1. Do you have any current or pending civil or criminal legal problems? ___NA ___Yes ___No

2. Are you currently awaiting trial or sentencing? ___NA ___Yes ___No

3. Was the charge related to gambling? ___NA ___Yes ___No

4. What was the charge? (Mark all that apply)
   ___ Embezzlement
   ___ Theft
   ___ Robbery
   ___ Passing Bad Checks
   ___ Fraud
   ___ Other (Specify):_____

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

6. Are you currently on probation or parole in any jurisdiction? ___NA ___Yes ___No

Co-occurring Issues

1. How would you rate your overall health right now?
   ___ Excellent
   ___ Very Good
   ___ Good
   ___ Fair
   ___ Poor

2. Family Member(s) with substance abuse problem: (mark all that apply)
   ___ None ___ Spouse ___ Aunts/Uncles ___ Siblings
   ___ Children ___ Parents ___ Grandparents

3. Family Member(s) with Gambling Problem: (Mark all that apply)
   ___ None ___ Spouse ___ Aunts/Uncles ___ Siblings
   ___ Children ___ Parents ___ Grandparents

4. 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 (Specify): _____

5. Do you currently have health insurance? ___NA ___Yes ___No

6. Do you have a primary health doctor? ___NA ___Yes ___No

7. 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
8. When was the last time you saw a medical doctor?
   Date: (mm/dd/yyyy) _____
   Reason for visit: _____

9. Has your primary doctor ever asked about your gambling? ___NA ___Yes ___No

10. Do you Smoke? ___NA ___Yes ___No
    If Yes: How many cigarettes do you smoke per day? _____
    How many minutes after waking up do you smoke? _____

11. Do you drink alcoholic beverages? ___NA ___Yes ___No
    If Yes: How many alcoholic beverages do you drink per week? ____
    In the past 12 months, how many times have you had more than 5 drinks in one sitting? _____

12. In the past 12 months, have you used any of the following substances? (Mark all that apply)
    ___None ___Methamphetamine ___Tranquilizers/Sedatives (non-prescribed)
    ___Marijuana ___Hallucinogens ___PCP
    ___Cocaine ___Inhalants ___Other (Specify):_____
    ___Narcotics/Opiates (non-prescribed) ___Stimulants (non-prescribed)

13. In the past 12 months, have you been treated for any of the following? (Mark all that apply)
    ___None ___Substance Abuse or Dependence
    ___Mood Disorders (ex. depression, bipolar) ___Personality Disorder (ex. Borderline)
    ___Psychiatric Disorders (ex. schizophrenia) ___Attention Deficit Disorder
    ___Anxiety Disorders (ex. obsessive compulsive disorder)

14. What is your current height? Feet _____ Inches _____

15. What is your current weight? _____ lbs.

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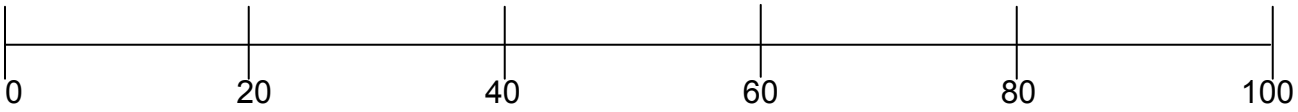
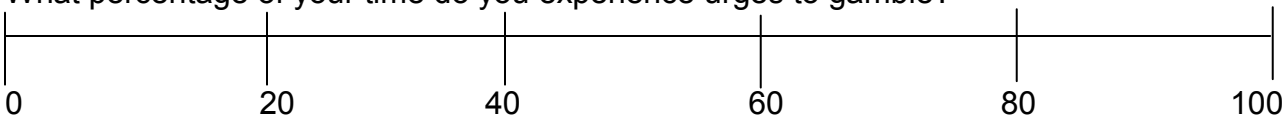
Quality of Life
Answer the following questions about how you have felt over the last 7 days

How would you rate your overall life satisfaction?

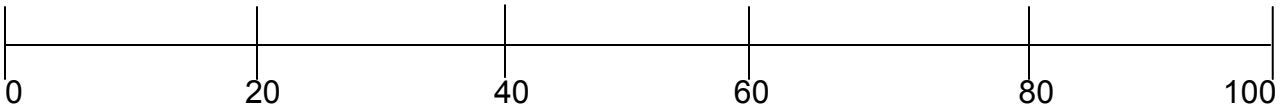


How strong are your urges to gamble?

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



How much has gambling interfered with your normal activities?



Challenges

Over the last week, how often have you been bothered by any of the following problems? Read each item carefully, and mark your response.

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
a. Little interest or pleasure in doing things				
b. Feeling down, depressed, or hopeless				
c. Trouble falling asleep, staying asleep, or sleeping too much				
d. Feeling tired or having little energy				
e. Poor appetite or overeating				
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you				

have let yourself or your family down				
g. Trouble concentrating on things such as reading the newspaper or watching television				
h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual				
i. Thinking that you would be better off dead or that you want to hurt yourself in some way				
Totals				

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to get along with other people or participate in the treatment activities?

Not Difficult At All	Somewhat Difficult	Very Difficult	Extremely Difficult
0	1	2	3

Completed by the provider:

1. Based on your clinical experience, how severe is this client's gambling behavior?

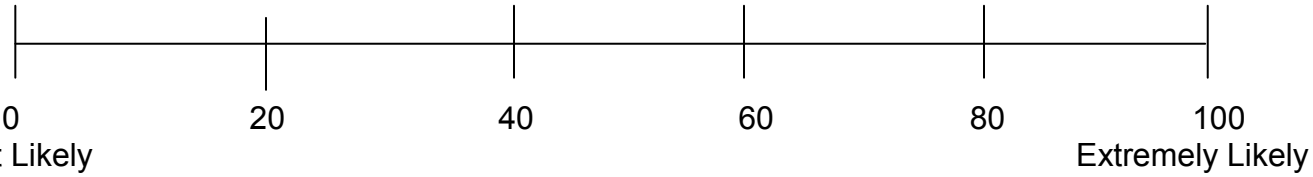
   ___Normal/No gambling problem

   ___ Mild (2-3 DSM symptoms)

   ___ Moderate (3-5 DSM symptoms)

   ___ Severe (5 or more)

2. Based on your clinical experience and the client's presentation, how likely is it that this client will complete all of the state-funded treatment sessions?



3. Based on your clinical experience and the client's presentation, how would you rate this client's prognosis for recovery from problem gambling?

Invoicing (Read Only)

Invoiced*:_____ Invoiced Date*:_____

Invoiced Number*:_____