



*CREATING EXCELLENCE IN BEHAVIORAL HEALTH CARE*

Thank you for completing this survey. The information you provide is confidential and very important in helping us to evaluate the usefulness of the services that have been provided to you. The information you provide will be combined with information from a large number of other consumers into reports in a manner that your individual identity can not be identified.

The survey should take between 10 and 15 minutes to complete. Once completed, please return the survey to the counselor.

If you have any questions regarding this survey, or the evaluation of the state funded treatment programs please feel free to contact me directly. You may remove this page from the survey packet and keep it for your records

A handwritten signature in black ink that reads "Tom Moore". The signature is written in a cursive style with a long horizontal line above the first few letters.

Thomas L. Moore, PhD  
CEO  
Herbert & Louis LLC  
PO Box 304  
Wilsonville, OR 97070-0304  
(503) 685-6100  
tlmoore@herblou.com

***Gambling Client Survey - Enrollment***

Case No. _____
Program: _____
Today's Date: _____



Herbert & Louis, LLC  
PO Box 304  
Wilsonville, OR 97070-0304  
(503) 685-6100  
*admin@herblou.com*

***PLEASE DO NOT PUT YOUR NAME ON THIS FORM***

## Gambling Client Survey - Enrollment

### SECTION 1: General Demographics

Today's Date: \_\_\_\_\_

1. Marital Status

1	Never Married
2	Married
3	Widowed
4	Divorced
5	Separated
6	Living as Married

2. Employment Status

1	Full Time (35 or more hrs/wk)
2	Part Time (17 - 34 hrs / wk)
3	Irregular (Less than 17 hrs/wk)
4	Looking for Work
6	Unemployed - Not looking
7	Retired
8	Disabled
5	Other

3. Estimated total monthly household income before taxes? \$ \_\_\_\_\_

4. Primary Source of Household Income? (*Check only one.*)

1	Wages, Salary
5	Public Assistance
7	Pension
9	Other
0	None

5. Health Insurance?

05	Veterans Administration
08	MEDICAID / OHP
09	MEDICARE
11	Other Private Insurance
12	Other Public Assistance
65	OMHAS/AMH
66	State / County Corrections
67	Other State / Federal Grant
13	None

6. Total number of dependents living with you including yourself? \_\_\_\_\_

7. Highest number of years of school completed? (GED = 12) \_\_\_\_\_

8. Total estimated debt related to gambling? \$ \_\_\_\_\_

**INSTRUCTIONS**

Please use the scale to the left to score your responses. Use a pen or pencil to mark your choice. Place an "X" over the number that most closely matches your answer.

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always
?	Don't Know/ Doesn't Apply

**SECTION 2: General Satisfaction**

**During the PAST 6 MONTHS, how frequently were you satisfied with each of the following?**

9.	1	2	3	4	5	?	Life in general ?
10.	1	2	3	4	5	?	Overall physical health?
11.	1	2	3	4	5	?	Overall emotional wellbeing?
12.	1	2	3	4	5	?	Relationship with my spouse or significant other?
13.	1	2	3	4	5	?	Relationship with my children?
14.	1	2	3	4	5	?	Relationship with my friends?
15.	1	2	3	4	5	?	Relationship with other family members?
16.	1	2	3	4	5	?	Job?
17.	1	2	3	4	5	?	School (only answer if you are enrolled as a student)?
18.	1	2	3	4	5	?	Spiritual wellbeing?

**SECTION 3: General Activities**

**During the PAST 6 MONTHS, how frequently did you ...?**

19.	1	2	3	4	5	?	Accomplish responsibilities at home?
20.	1	2	3	4	5	?	Accomplish responsibilities at work?
21.	1	2	3	4	5	?	Pay bills on time?
22.	1	2	3	4	5	?	Have thoughts of suicide?
23.	1	2	3	4	5	?	Attempt to commit suicide?
24.	1	2	3	4	5	?	Drink alcohol?
25.	1	2	3	4	5	?	Have problems associated with my use of alcohol?
26.	1	2	3	4	5	?	Use illegal drugs?
27.	1	2	3	4	5	?	Have problems associated with my use of illegal drugs?
28.	1	2	3	4	5	?	Use tobacco - smoked or chewed?
29.	1	2	3	4	5	?	Commit illegal acts to get money to gamble with?
30.	1	2	3	4	5	?	Maintain a supportive network of family and/or friends?
31.	1	2	3	4	5	?	Take time off to relax and rest?
32.	1	2	3	4	5	?	Eat healthy foods?
33.	1	2	3	4	5	?	Exercise?
34.	1	2	3	4	5	?	Attend community support (GA, NA AA, etc)?

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always
?	Don't Know/ Doesn't Apply

#### SECTION 4: Gambling

**During the PAST 6 MONTHS, how frequently did you ...?**

35.	1	2	3	4	5	?	Often find yourself thinking about gambling, for example reliving past gambling experiences, planning the next time you would play or thinking of ways to get money for gambling?
36.	1	2	3	4	5	?	Need to gamble with more and more money to get the amount of excitement you were looking for?
37.	1	2	3	4	5	?	Make repeated unsuccessful attempts to control, cut back or stop gambling?
38.	1	2	3	4	5	?	Become restless or irritable when trying to cut down or stop gambling?
39.	1	2	3	4	5	?	Gamble to escape from problems or when you were feeling depressed, anxious, or bad about yourself?
40.	1	2	3	4	5	?	After losing money gambling, return another day in order to get even?
41.	1	2	3	4	5	?	Lie to your family or others to hide the extent of your gambling?
42.	1	2	3	4	5	?	Go beyond what is strictly legal to in order to finance gambling or to pay gambling debts?
43.	1	2	3	4	5	?	Risk or lose a significant relationship, job, educational or career opportunity because of gambling?
44.	1	2	3	4	5	?	Seek help from others to provide money to relieve a desperate financial situation caused by gambling?

**SECTION 5: Gambling Activities**

45.	Number of days gambled during the last 30 days? Days _____
46.	Average amount gambled for each day that you gambled during the past 30 days? (Actual amount of money that came out of your pocket each day gambled.) \$ _____
47.	What was the primary gambling activity (game) played during the past 30 days? _____
48.	Where did you primarily gamble in the past 30 days? (Bingo hall, card room, bar, casino, home, internet, convenience store, track, restaurant, etc.) _____

**SECTION 6: Other Services in the PAST 6 MONTHS**

49.	Number of times in the PAST 6 MONTHS that you went to an Emergency Room or Urgent Care Center? Times _____
50.	In the PAST 6 MONTHS, did you enroll in a treatment program for the treatment of alcohol and/or drug abuse problems? Inpatient A&D Program ___Yes ___No      Outpatient A&D Program ___Yes ___No
51.	In the PAST 6 MONTHS, did you enroll in a treatment program for mental health problems (other than the gambling program you attended)? Inpatient Program ___Yes ___No      Outpatient Program ___Yes ___No
52.	In the PAST 6 MONTHS, did you enroll in another gambling treatment program, or see another therapist or doctor outside the staff of the gambling program you attended? Inpatient Program ___Yes ___No      Outpatient Program ___Yes ___No
53.	In the PAST 6 MONTHS, have you filed for bankruptcy? ___Yes ___No
54.	In the PAST 6 MONTHS, have you been convicted of any gambling related crime? ___Yes ___No
55.	In the PAST 6 MONTHS, have your experience physical violence in a relationship? ___Yes ___No
56.	In the PAST 6 MONTHS, have you experienced verbal, emotional, or psychological abuse in a relationship? ___Yes ___No
57.	In the PAST 6 MONTHS, have you felt controlled, trapped, or manipulated by a significant other? ___Yes ___No

Thank you for completing this survey. Your assistance is greatly appreciated.