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Formatting key

- ✓ Text in blue, marked by “CODE”, indicates the coding information for open-ended questions. Responses that will be recorded as qualitative are marked accordingly.
 - Coding schemes may be determined later and/or along the way as responses are provided

GAMBLING CLIENT SURVEY: 30-DAY FOLLOW-UP

Hello, is this [PARTICIPANT]?

IF NO: *My apologies. Do you know [NAME?]*

IF YES: *Do you know how I could get ahold of them?*

IF NO: *Sorry about that. Have a nice day.*

IF YES: *Great, this is [RESEARCHER] from Problem Gambling Solutions, calling to follow up on your experience with gambling treatment. Is now still a good time for you? We expect the call to last about 10 minutes.*

IF NO: *No problem, let's find a better time. RESCHEDULE.*

IF YES: *Great, thank you. Before we get started, can you confirm if this is the best number to be reaching you at? And is [email@email.com] still the best email for you?*

RECORD ANY CHANGES AND/OR PROCEED.

Great, thank you.

Today I will be asking you some questions about gambling and your experience with gambling treatment. The goal of these questions is to help gambling treatment programs find ways to improve care. I want to remind you that everything you share with me is confidential, with the only exception being for safety.

Do you have any questions for me before we begin?

ANSWER QUESTIONS.

DOMAIN	SURVEY QUESTION
Basic information	<p><i>Are you still enrolled at [treatment center] for gambling treatment?</i></p> <p style="text-align: center;">IF NO: Jump to Treatment Exit Module.</p> <p><i>Since the last time we spoke, did you go to residential gambling treatment?</i></p> <p style="text-align: center;">IF YES: Jump to Residential Module.</p>
<i>Next, I have some questions about your treatment.</i>	
Treatment Type	<i>Are you in treatment for problems with gambling, gaming, or both?</i>

	<p>IF GAMBLING ONLY: Continue this survey (Gambling client surveys) and do not administer gaming disorder module.</p> <p>IF GAMBLING + GAMING: Use this survey (Gambling client surveys) and administer gaming disorder module at each time point.</p> <p>IF GAMING ONLY: Administer Gaming client surveys now and moving forward.</p>
<p>Treatment Motivation</p>	<p><i>What led to your decision to seek help for gambling?</i></p> <p>Record qualitatively.</p> <p><i>The Oregon Health Authority, the funder of gambling treatment services, is looking for ways to encourage more people with gambling issues to connect with help before too much damage has taken place. Is there anything that could have been done that would have motivated you to seek help sooner than you did?</i></p> <p>Record qualitatively.</p> <p>[FOR GAMBLING CLIENTS ONLY]</p> <p><i>When you were at a venue where you gambled previously, did staff ever offer you information about responsible gambling, including things like how to set betting limits or a game's odds?</i></p> <p>IF YES: At which venues where you offered responsible gambling information?</p> <p>CODE: 1 = Lottery retailer, 2 = Casino, 3 = Online operator, 4 = Other (Record qualitatively)</p> <p><i>Did they ever offer you resources to get help?</i></p> <p><i>When you first started to think about making a change to your gambling, did you:</i></p> <p><i>Do your own research on tips and resources?</i></p> <p><i>Talk to friends or family?</i></p> <p><i>Talk to people in the places you were gambling at?</i></p> <p><i>Do anything else?</i></p> <p>IF YES: Record qualitatively.</p>

<p>Treatment Modalities</p>	<p><i>We want to better understand what your treatment looked like in the past 30 days. Did you attend:</i></p> <p><i>Residential treatment? [IF YES, SKIP TO RESIDENTIAL MODULE]</i></p> <p><i>Individual counseling?</i></p> <p><i>Group counseling (note: this is different from peer support like GA)?</i></p> <p><i>Couples or family counseling, where a significant other or family member participated in the counseling session with you?</i></p> <p><i>Regarding your [COUNSELING TYPE(S)], are you attending treatment sessions primarily in person or via telehealth?</i></p> <p>IF IN-PERSON:</p> <p><i>On average, how many minutes does it take you to travel to your counselor's office?</i></p> <p><i>Is in-person your preference over telehealth?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>What led you to not attend telehealth sessions?</i></p> <p>CODE: 1 = Was not offered telehealth as an option, 2 = Privacy concerns, 3 = Other (Record qualitatively)</p> <p>IF TELEHEALTH:</p> <p><i>Is telehealth your preference over in-person?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>What led to you not attending in-person sessions?</i></p> <p>CODE: 1 = Distance/transportation, 2 = Scheduling issues, 3 = Not enough providers in-person, 4 = Did not like in-person options near me, 5 = Other (Record qualitatively)</p>
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	<p><i>Counselors approach client care differently, and if yours has not done the following, that does not mean they are doing anything wrong. To get a sense of how your counselor is approaching your care, over the past 30-days:</i></p> <p><i>Were you provided homework assignments like journaling, readings, or workbook assignments?</i></p> <p><i>Were you routinely asked to create a goal or objective between sessions that your counselor followed up with you on?</i></p>
Peer Support	<p><i>Has anyone offered to help you connect with any peer support services?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p><i>Record qualitatively.</i></p> <p><i>Are you attending peer support?</i></p> <p>IF YES:</p> <p><i>Is it/are they through the treatment agency or external (in the community)?</i></p> <p><i>Does your peer mentor or peer support specialist have lived experience with gambling?</i></p> <p><i>In the past 30 days, on average, how many days per week did you interact with a peer support specialist or peer mentor?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
Recovery Support	<p><i>Has anyone recommended you connect with any community recovery support services, like Gambler’s Anonymous or another group?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p><i>Record qualitatively.</i></p> <p><i>Have you attended a community support group?</i></p>

	<p>IF YES: <i>Which community support group or groups, did you attend in the past 30 days?</i></p> <p>CODE: 1 = GA, 2 = Smart, 3 = Celebrate, 4 = NA, 5 = AA, 6 = Other (record qualitatively)</p> <p><i>In the past 30 days, on average, how many days per week did you attend a community support group?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
<p>Treatment Goals</p>	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>At some point in your treatment, your counselor may talk to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies. Is this something you have discussed in your treatment so far?</i></p> <p>IF NO: <i>Even though it hasn’t come up in treatment, is there anything you have been doing to safeguard your money?</i></p> <p>Record qualitatively.</p> <p>IF YES:</p> <p><i>In the past 30-days, have you used any of the following strategies:</i></p> <p><i>Having someone else manage your money?</i></p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>Limiting the amount of cash you have on hand, or not carrying any cash?</i></p>

IF YES: *Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?*

Closing credit cards?

IF YES: *Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?*

Having a representative payee?

IF YES: *Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?*

Providing receipts on all purchases?

IF YES: *Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?*

Using a recovery app or gambling site blocking app?

Which app or technology tool did you use?

Record qualitatively.

IF YES: *Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?*

Is there any other financial safety strategy I didn't mention that you use?

Record qualitatively.

IF YES: *Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?*

In the past 30 days, which financial safety strategy have you found to be the most helpful?

Now I have some questions about gambling.

Gambling behavior	<p>[IF PARTICIPANT’S GOAL IS TO ABSTAIN AND THEY STATED THEY ARE MEETING THIS GOAL, SKIP THIS QUESTION AND MARK “0”]</p> <p><i>In the past 30 days, how many days have you gambled, which includes buying lottery tickets and playing bingo for money?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gambling?</i></p> <p>Record qualitatively.</p> <p><i>What type of gambling activities have you participated in?</i></p> <p>CODE: 1 = Video poker, 2 = Slot machines, 3 = Cards, 4 = Animals, 5 = Keno, 6 = Bingo, 7 = Sports betting, 8 = Breakopens/Scratch, 9 = Powerball/Daily 4/Mega Bucks, 10 = Dice, 11 = Video Line Games, 12 = Other</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = Online, 2 = Video lottery (bar, pub), 3 = Traditional lottery (grocery store), 4 = Casino, 5 = Off track betting (sports, horses)</p>
Gambling Urge	<p><i>Thinking about the past week, rate your urge to gamble on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate gambling urges but not controlled by them”, and 5 means “strong urges resulting in me gambling”.</i></p>
<p>GAMING MODULE: ONLY ADMINISTER IF CLIENT IS ALSO TREATING GAMING DISORDER.</p>	
Treatment Goals	<p><i>Is your recovery goal to limit or stop gaming?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on gambling, tobacco, substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
Gaming Behavior	<p><i>During the past week, how many days did you game?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gaming?</i></p>

	<p>Record qualitatively.</p> <p>IF > “ZERO”: <i>How many of those days did you game for longer than the limits you set for yourself or struggle to stop gaming despite experiencing problems like physical pain, discomfort, or missed obligations?</i></p> <p><i>What type of gaming activities have you participated in?</i></p> <p>CODE: 1 = xx</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = xxx</p>
Gaming Urge	<p><i>Thinking about the past week, rate your urge to game on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate urges but not controlled by them”, and 5 means “strong urges resulting in gaming”.</i></p>
<p><i>I also would like to see how you are doing in general.</i></p>	
Quality of Life	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, over the past 30 days, how satisfied have you been with...</i></p> <p><i>Your quality of life?</i></p> <p><i>Your physical health?</i></p> <p><i>Your emotional or mental health?</i></p> <p><i>Your ability to perform activities of daily living?(e.g., personal care)</i></p> <p><i>Your relationships?</i></p> <p><i>Your financial health?</i></p> <p><i>Your spiritual health?</i></p> <p><i>Your occupational well-being?</i></p> <p><i>The conditions of your living place?</i></p>
Co-occurring Disorders	<p><i>Are you currently being treated for any mental health or substance use issues other than problem gambling [“or gaming” IF APPLIES]?</i></p> <p>IF YES:</p>

	<p><i>What are you being treated for?</i></p> <p>CODE: 1 = Depression, 2 = Anxiety, 3 = Trauma reaction, 3 = Obsessive compulsive concerns, 4 = Personality disorder concerns, 5 = Psychosis, 6 = Attention problems and/or hyperactivity, 7 = Grief, 8 = Anger/aggression, *9 = Behavioral addiction, *10 = Substance use</p> <p>*For #9 and #10, specify.</p> <p><i>What kind of treatment are you receiving?</i></p> <p>CODE: 1 = Individual counseling/therapy, 2 = Group counseling/therapy, 3 = Family/couple counseling/therapy, 4 = Self-help, 5 = Medication</p> <p><i>Are you taking any medication for mental health or recovery?</i></p>
<p>Support for Recovery/Treatment</p>	<p><i>Using a scale of 0-5, where 1 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p><i>I am very supported by my family.</i></p> <p><i>I am very supported by my friends.</i></p> <p><i>I am very supported by a community of other people in recovery.</i></p> <p>IF any > 1:</p> <p><i>Do you have a family member or partner participate with you in your gambling treatment?</i></p> <p><i>Does anyone close to you participate in counseling for loved ones of persons with a gambling disorder where you are not present?</i></p>
<p><i>The last topic I want to ask you about is your connection to your counselor and overall satisfaction with treatment.</i></p>	
<p>Therapeutic Alliance</p>	<p><i>Think about the experience you’ve had with your therapist over the last 30 days. Using a scale of 0 to 5 where 0 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p>1. <i>My therapist’s approach is a good fit for me.</i></p>

	<p>2. <i>In my sessions, we work on and talk about what I want to work on and talk about.</i></p> <p>3. <i>I feel heard, understood, and respected by my therapist.</i></p> <p>4. <i>I feel my sessions are right for me.</i></p>
Treatment Satisfaction	<p><i>Using a scale of 0 to 5 where 1 means “completely dissatisfied” and 5 means “completely satisfied”, how satisfied are you with your treatment so far?</i></p> <p><i>Would you refer a friend or family member to this treatment program?</i></p> <p><i>What do you feel has been most helpful in your treatment so far?</i></p> <p><i>Record qualitatively.</i></p> <p><i>What do you feel has been least helpful so far?</i></p> <p><i>Record qualitatively.</i></p> <p><i>Is there any other feedback about your treatment experience you would like to share?</i></p> <p><i>Record qualitatively.</i></p>
<p><i>Thank you for answering all my questions today.</i></p> <p><i>If you have a couple more minutes, would it be okay if I asked you a couple of questions about your experience with this survey?</i></p> <p><i>Was this survey length okay for you?</i></p> <p><i>CODE: 1 = Yes, 2 = Too long</i></p> <p><i>Do you think we need to revise any of the questions to be less confusing or uncomfortable?</i></p> <p><i>IF YES: Do you mind sharing which ones?</i></p> <p><i>Record qualitatively.</i></p> <p><i>Do you have anything else you would like to share with us about this survey that could help us improve upon it?</i></p> <p><i>Record qualitatively.</i></p> <p><i>To better understand your experience and help improve gambling treatment in Oregon, I would like to check in with you over time. The next follow-up call would be in about two</i></p>	

months; would it be okay if we schedule a time now? We can always reschedule later if anything changes.

Thank you so much, [NAME]! I will contact you by [their indicated preference text/email] with an appointment reminder for our next call. I will look forward to checking in with you again in about two months.

GAMBLING CLIENT SURVEY: 90-DAY FOLLOW-UP

Hello, is this [PARTICIPANT]?

IF NO: *My apologies. Do you know [NAME?]*

IF YES: *Do you know how I could get ahold of them?*

IF NO: *Sorry about that. Have a nice day.*

IF YES: *Great, this is [RESEARCHER] from Problem Gambling Solutions, calling to follow up on your experience with gambling treatment. Is now still a good time for you? We expect the call to last about 10 minutes.*

IF NO: *No problem, let's find a better time. RESCHEDULE.*

IF YES: *Great, thank you. Before we get started, can you confirm if this is the best number to be reaching you at? And is [email@email.com] still the best email for you?*

RECORD ANY CHANGES AND/OR PROCEED.

Great, thank you.

Like last time, I will be asking you some questions about gambling and your experience with treatment. I want to remind you that everything you share with me is confidential, with the only exception being for safety.

Do you have any questions for me before we begin?

ANSWER QUESTIONS.

DOMAIN	SURVEY QUESTION
Basic information	<p><i>Are you still enrolled at [treatment center] for gambling treatment?</i></p> <p style="text-align: center;">IF NO: Jump to Treatment Exit Module.</p> <p><i>Since the last time we spoke, did you go to residential gambling treatment?</i></p> <p style="text-align: center;">IF YES: Jump to Residential Module.</p>
<p><i>Next, I have some questions about your treatment. Some questions will be repetitive from the last survey in case anything has changed.</i></p>	
Treatment Type	<p><i>Are you in treatment for problems with gambling, gaming, or both?</i></p>

	<p>IF GAMBLING ONLY: Continue this survey (Gambling client surveys) and do not administer gaming disorder module.</p> <p>IF GAMBLING + GAMING: Use this survey (Gambling client surveys) and administer gaming disorder module at each time point.</p> <p>IF GAMING ONLY: Administer Gaming client surveys now and moving forward.</p>
<p>Treatment Modalities</p>	<p><i>We want to better understand what your treatment looked like in the past 30 days. Did you attend:</i></p> <p><i>Residential treatment? [IF YES, SKIP TO RESIDENTIAL MODULE]</i></p> <p><i>Individual counseling?</i></p> <p><i>Group counseling (note: this is different from peer support like GA)?</i></p> <p><i>Couples or family counseling, where a significant other or family member participated in the counseling session with you?</i></p> <p><i>Regarding your [COUNSELING TYPE(S)], are you attending treatment sessions primarily in person or via telehealth?</i></p> <p>IF IN-PERSON:</p> <p><i>On average, how many minutes does it take you to travel to your counselor's office?</i></p> <p><i>Is in-person your preference over telehealth?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>What led you to not attend telehealth sessions?</i></p> <p>CODE: 1 = Was not offered telehealth as an option, 2 = Privacy concerns, 3 = Other (Record qualitatively)</p> <p>IF TELEHEALTH:</p> <p><i>Is telehealth your preference over in-person?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p>

	<p>Record qualitatively.</p> <p>IF NO: <i>What led to you not attending in-person sessions?</i></p> <p>CODE: 1 = Distance/transportation, 2 = Scheduling issues, 3 = Not enough providers in-person, 4 = Did not like in-person options near me, 5 = Other (Record qualitatively)</p> <p><i>Counselors approach client care differently, and if yours has not done the following, that does not mean they are doing anything wrong. To get a sense of how your counselor is approaching your care, over the past 30-days:</i></p> <p><i>Were you provided homework assignments like journaling, readings, or workbook assignments?</i></p> <p><i>Were you routinely asked to create a goal or objective between sessions that your counselor followed up with you on?</i></p>
Peer Support	<p><i>Has anyone offered to help you connect with any peer support services?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p>Record qualitatively.</p> <p><i>Are you attending peer support?</i></p> <p>IF YES:</p> <p><i>Is it/are they through the treatment agency or external (in the community)?</i></p> <p><i>Does your peer mentor or peer support specialist have lived experience with gambling?</i></p> <p><i>In the past 30 days, on average, how many days per week did you interact with a peer support specialist or peer mentor?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>

<p>Recovery Support</p>	<p><i>Has anyone recommended you connect with any community recovery support services, like Gambler’s Anonymous or another group?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p>Record qualitatively.</p> <p><i>Have you attended a community support group?</i></p> <p>IF YES: <i>Which community support group or groups, did you attend in the past 30 days?</i></p> <p>CODE: 1 = GA, 2 = Smart, 3 = Celebrate, 4 = NA, 5 = AA, 6 = Other (record qualitatively)</p> <p><i>In the past 30 days, on average, how many days per week did you attend a community support group?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
<p>Treatment Goals</p>	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>At some point in your treatment, your counselor may talk to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies. Is this something you have discussed in your treatment so far?</i></p> <p>IF NO: <i>Even though it hasn’t come up in treatment, is there anything you have been doing to safeguard your money?</i></p> <p>Record qualitatively.</p> <p>IF YES:</p> <p><i>In the past 30-days, have you used any of the following strategies:</i></p>

Having someone else manage your money?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Limiting the amount of cash you have on hand, or not carrying any cash?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Closing credit cards?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Having a representative payee?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Providing receipts on all purchases?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Using a recovery app or gambling site blocking app?

Which app or technology tool did you use?

Record qualitatively.

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Is there any other financial safety strategy I didn't mention that you use?

Record qualitatively.

	<p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>In the past 30 days, which financial safety strategy have you found to be the most helpful?</i></p>
<p><i>Now I have some questions about gambling.</i></p>	
Gambling behavior	<p>[IF PARTICIPANT’S GOAL IS TO ABSTAIN AND THEY STATED THEY ARE MEETING THIS GOAL, SKIP THIS QUESTION AND MARK “0”]</p> <p><i>In the past 30 days, how many days have you gambled, which includes buying lottery tickets and playing bingo for money?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gambling?</i></p> <p>Record qualitatively.</p> <p><i>What type of gambling activities have you participated in?</i></p> <p>CODE: 1 = Video poker, 2 = Slot machines, 3 = Cards, 4 = Animals, 5 = Keno, 6 = Bingo, 7 = Sports betting, 8 = Breakopens/Scratch, 9 = Powerball/Daily 4/Mega Bucks, 10 = Dice, 11 = Video Line Games, 12 = Other</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = Online, 2 = Video lottery (bar, pub), 3 = Traditional lottery (grocery store), 4 = Casino, 5 = Off track betting (sports, horses)</p>
Gambling Urge	<p><i>Thinking about the past week, rate your urge to gamble on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate gambling urges but not controlled by them”, and 5 means “strong urges resulting in me gambling”.</i></p>
<p>GAMING MODULE: ONLY ADMINISTER IF CLIENT IS ALSO TREATING GAMING DISORDER.</p>	
Treatment Goals	<p><i>Is your recovery goal to limit or stop gaming?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p>

	<p><i>Does your recovery goal also include cutting back on gambling, tobacco, substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
Gaming Behavior	<p><i>During the past week, how many days did you game?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gaming?</i></p> <p>Record qualitatively.</p> <p>IF > “ZERO”: <i>How many of those days did you game for longer than the limits you set for yourself or struggle to stop gaming despite experiencing problems like physical pain, discomfort, or missed obligations?</i></p> <p><i>What type of gaming activities have you participated in?</i></p> <p>CODE: 1 = xx</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = xxx</p>
Gaming Urge	<p><i>Thinking about the past week, rate your urge to game on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate urges but not controlled by them”, and 5 means “strong urges resulting in gaming”.</i></p>
<p><i>I also would like to see how you are doing in general.</i></p>	
Quality of Life	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, over the past 30 days, how satisfied have you been with...</i></p> <p><i>Your quality of life?</i></p> <p><i>Your physical health?</i></p> <p><i>Your emotional or mental health?</i></p> <p><i>Your ability to perform activities of daily living?(e.g., personal care)</i></p> <p><i>Your relationships?</i></p> <p><i>Your financial health?</i></p>

	<p><i>Your spiritual health?</i></p> <p><i>Your occupational well-being?</i></p> <p><i>The conditions of your living place?</i></p>
<p>Co-occurring Disorders</p>	<p><i>Are you currently being treated for any mental health or substance use issues other than problem gambling [“or gaming” IF APPLIES]?</i></p> <p>IF YES:</p> <p><i>What are you being treated for?</i></p> <p>CODE: 1 = Depression, 2 = Anxiety, 3 = Trauma reaction, 3 = Obsessive compulsive concerns, 4 = Personality disorder concerns, 5 = Psychosis, 6 = Attention problems and/or hyperactivity, 7 = Grief, 8 = Anger/aggression, *9 = Behavioral addiction, *10 = Substance use</p> <p>*For #9 and #10, specify.</p> <p><i>What kind of treatment are you receiving?</i></p> <p>CODE: 1 = Individual counseling/therapy, 2 = Group counseling/therapy, 3 = Family/couple counseling/therapy, 4 = Self-help, 5 = Medication</p> <p><i>Are you taking any medication for mental health or recovery?</i></p>
<p>Support for Recovery/Treatment</p>	<p><i>Using a scale of 0-5, where 1 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p><i>I am very supported by my family.</i></p> <p><i>I am very supported by my friends.</i></p> <p><i>I am very supported by a community of other people in recovery.</i></p> <p>IF any > 0:</p> <p><i>Do you have a family member or partner participate with you in your gambling treatment?</i></p> <p><i>Does anyone close to you participate in counseling for loved ones of persons with a gambling disorder where you are not present?</i></p>

The last topic I want to ask you about is your connection to your counselor and overall satisfaction with treatment.

Therapeutic Alliance

Think about the experience you've had with your therapist over the last 30 days. Using a scale of 0 to 5 where 0 means "completely disagree" and 5 means "completely agree", how much do you agree with the following statements?

- 1. My therapist's approach is a good fit for me.*
- 2. In my sessions, we work on and talk about what I want to work on and talk about.*
- 3. I feel heard, understood, and respected by my therapist.*
- 4. I feel my sessions are right for me.*

Treatment Satisfaction

Using a scale of 0 to 5 where 0 means "completely dissatisfied" and 5 means "completely satisfied", how satisfied are you with your treatment so far?

Would you refer a friend or family member to this treatment program?

What do you feel has been most helpful in your treatment so far?

Record qualitatively.

What do you feel has been least helpful so far?

Record qualitatively.

Is there any other feedback about your treatment experience you would like to share?

Record qualitatively.

Cultural Responsivity

One of the things we want to learn more about is how comfortable and respected people feel in their treatment programs based on their identity, values, or beliefs; this is referred to as cultural responsivity of care. Using a scale of 0 to 5, where 0 means "strongly disagree" and 5 means "strongly agree", how much do you agree with the following statements:

The staff here understands the importance of my cultural beliefs in my treatment process.

The staff here knows how to use their knowledge of my culture or identity to help me address my current day-to-day needs.

The staff here respects my cultural, religious, and spiritual beliefs

Some of the counselors are from my cultural or identity group.

--

Do you feel like these questions add value to the program evaluation of problem gambling treatment programs?

CODE: 1 = Yes, 2 = No; Record any qualitative feedback

As this is a new project, we want to know a little about your experience in completing this survey.

Was this survey length okay for you?

CODE: 1 = Yes, 2 = Too long

Do you think we need to revise any of the questions to be less confusing or uncomfortable?

IF YES: *Do you mind sharing which ones?*

Record qualitatively.

Those are all the questions I have for you today. Thank you so much, [NAME]! The next follow-up call would be in about three months; would it be okay if we schedule a time now? We can always reschedule later if anything changes.

I will contact you by [their indicated preference text/email] with an appointment reminder for our next call. I will look forward to checking in with you again in about three months.

GAMBLING CLIENT SURVEY: 6-MONTH FOLLOW-UP

Hello, is this [PARTICIPANT]?

IF NO: My apologies. Do you know [NAME?]

IF YES: Do you know how I could get ahold of them?

IF NO: Sorry about that. Have a nice day.

IF YES: Great, this is [RESEARCHER] from Problem Gambling Solutions, calling to follow up on your experience with gambling treatment. Is now still a good time for you? We expect the call to last about 10 minutes.

IF NO: No problem, let's find a better time. RESCHEDULE.

IF YES: Great, thank you. Before we get started, can you confirm if this is the best number to be reaching you at? And is [email@email.com] still the best email for you?

RECORD ANY CHANGES AND/OR PROCEED.

Great, thank you.

Like last time, I will be asking you some questions about gambling and your experience with treatment. I want to remind you that everything you share with me is confidential, with the only exception being for safety.

Do you have any questions for me before we begin?

ANSWER QUESTIONS.

DOMAIN	SURVEY QUESTION
Basic information	<p><i>Are you still enrolled at [treatment center] for gambling treatment?</i></p> <p style="text-align: center;"><i>IF NO: Jump to Treatment Exit Module.</i></p> <p><i>Since the last time we spoke, did you go to residential gambling treatment?</i></p> <p style="text-align: center;"><i>IF YES: Jump to Residential Module.</i></p>
<p><i>Next, I have some questions about your treatment. Some questions will be repetitive from the last survey in case anything has changed.</i></p>	
Treatment Type	<p><i>Are you in treatment for problems with gambling, gaming, or both?</i></p>

	<p>IF GAMBLING ONLY: Continue this survey (Gambling client surveys) and do not administer gaming disorder module.</p> <p>IF GAMBLING + GAMING: Use this survey (Gambling client surveys) and administer gaming disorder module at each time point.</p> <p>IF GAMING ONLY: Administer Gaming client surveys now and moving forward.</p>
<p>Treatment Modalities</p>	<p><i>We want to better understand what your treatment looked like in the past 30 days. Did you attend:</i></p> <p><i>Residential treatment? [IF YES, SKIP TO RESIDENTIAL MODULE]</i></p> <p><i>Individual counseling?</i></p> <p><i>Group counseling (note: this is different from peer support like GA)?</i></p> <p><i>Couples or family counseling, where a significant other or family member participated in the counseling session with you?</i></p> <p><i>Regarding your [COUNSELING TYPE(S)], are you attending treatment sessions primarily in person or via telehealth?</i></p> <p>IF IN-PERSON:</p> <p><i>On average, how many minutes does it take you to travel to your counselor's office?</i></p> <p><i>Is in-person your preference over telehealth?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>What led you to not attend telehealth sessions?</i></p> <p>CODE: 1 = Was not offered telehealth as an option, 2 = Privacy concerns, 3 = Other (Record qualitatively)</p> <p>IF TELEHEALTH:</p> <p><i>Is telehealth your preference over in-person?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p>

	<p>Record qualitatively.</p> <p>IF NO: <i>What led to you not attending in-person sessions?</i></p> <p>CODE: 1 = Distance/transportation, 2 = Scheduling issues, 3 = Not enough providers in-person, 4 = Did not like in-person options near me, 5 = Other (Record qualitatively)</p> <p><i>Counselors approach client care differently, and if yours has not done the following, that does not mean they are doing anything wrong. To get a sense of how your counselor is approaching your care, over the past 30-days:</i></p> <p><i>Were you provided homework assignments like journaling, readings, or workbook assignments?</i></p> <p><i>Were you routinely asked to create a goal or objective between sessions that your counselor followed up with you on?</i></p>
Peer Support	<p><i>Has anyone offered to help you connect with any peer support services?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p>Record qualitatively.</p> <p><i>Are you attending peer support?</i></p> <p>IF YES:</p> <p><i>Is it/are they through the treatment agency or external (in the community)?</i></p> <p><i>Does your peer mentor or peer support specialist have lived experience with gambling?</i></p> <p><i>In the past 30 days, on average, how many days per week did you interact with a peer support specialist or peer mentor?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>

<p>Recovery Support</p>	<p><i>Has anyone recommended you connect with any community recovery support services, like Gambler’s Anonymous or another group?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p>Record qualitatively.</p> <p><i>Have you attended a community support group?</i></p> <p>IF YES: <i>Which community support group or groups, did you attend in the past 30 days?</i></p> <p>CODE: 1 = GA, 2 = Smart, 3 = Celebrate, 4 = NA, 5 = AA, 6 = Other (record qualitatively)</p> <p><i>In the past 30 days, on average, how many days per week did you attend a community support group?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
<p>Treatment Goals</p>	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>At some point in your treatment, your counselor may talk to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies. Is this something you have discussed in your treatment so far?</i></p> <p>IF NO: <i>Even though it hasn’t come up in treatment, is there anything you have been doing to safeguard your money?</i></p> <p>Record qualitatively.</p> <p>IF YES:</p> <p><i>In the past 30-days, have you used any of the following strategies:</i></p>

Having someone else manage your money?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Limiting the amount of cash you have on hand, or not carrying any cash?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Closing credit cards?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Having a representative payee?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Providing receipts on all purchases?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Using a recovery app or gambling site blocking app?

Which app or technology tool did you use?

Record qualitatively.

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Is there any other financial safety strategy I didn't mention that you use?

Record qualitatively.

	<p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>In the past 30 days, which financial safety strategy have you found to be the most helpful?</i></p>
<p><i>Now I have some questions about gambling.</i></p>	
Gambling behavior	<p>[IF PARTICIPANT’S GOAL IS TO ABSTAIN AND THEY STATED THEY ARE MEETING THIS GOAL, SKIP THIS QUESTION AND MARK “0”]</p> <p><i>In the past 30 days, how many days have you gambled, which includes buying lottery tickets and playing bingo for money?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gambling?</i></p> <p>Record qualitatively.</p> <p><i>What type of gambling activities have you participated in?</i></p> <p>CODE: 1 = Video poker, 2 = Slot machines, 3 = Cards, 4 = Animals, 5 = Keno, 6 = Bingo, 7 = Sports betting, 8 = Breakopens/Scratch, 9 = Powerball/Daily 4/Mega Bucks, 10 = Dice, 11 = Video Line Games, 12 = Other</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = Online, 2 = Video lottery (bar, pub), 3 = Traditional lottery (grocery store), 4 = Casino, 5 = Off track betting (sports, horses)</p>
Gambling Urge	<p><i>Thinking about the past week, rate your urge to gamble on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate gambling urges but not controlled by them”, and 5 means “strong urges resulting in me gambling”.</i></p>
<p>GAMING MODULE: ONLY ADMINISTER IF CLIENT IS ALSO TREATING GAMING DISORDER.</p>	
Treatment Goals	<p><i>Is your recovery goal to limit or stop gaming?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p>

	<p><i>Does your recovery goal also include cutting back on gambling, tobacco, substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
Gaming Behavior	<p><i>During the past week, how many days did you game?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gaming?</i></p> <p>Record qualitatively.</p> <p>IF > “ZERO”: <i>How many of those days did you game for longer than the limits you set for yourself or struggle to stop gaming despite experiencing problems like physical pain, discomfort, or missed obligations?</i></p> <p><i>What type of gaming activities have you participated in?</i></p> <p>CODE: 1 = xx</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = xxx</p>
Gaming Urge	<p><i>Thinking about the past week, rate your urge to game on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate urges but not controlled by them”, and 5 means “strong urges resulting in gaming”.</i></p>
<p><i>I also would like to see how you are doing in general.</i></p>	
Quality of Life	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, over the past 30 days, how satisfied have you been with...</i></p> <p><i>Your quality of life?</i></p> <p><i>Your physical health?</i></p> <p><i>Your emotional or mental health?</i></p> <p><i>Your ability to perform activities of daily living?(e.g., personal care)</i></p> <p><i>Your relationships?</i></p> <p><i>Your financial health?</i></p>

	<p><i>Your spiritual health?</i></p> <p><i>Your occupational well-being?</i></p> <p><i>The conditions of your living place?</i></p>
<p>Co-occurring Disorders</p>	<p><i>Are you currently being treated for any mental health or substance use issues other than problem gambling [“or gaming” IF APPLIES]?</i></p> <p>IF YES:</p> <p><i>What are you being treated for?</i></p> <p>CODE: 1 = Depression, 2 = Anxiety, 3 = Trauma reaction, 3 = Obsessive compulsive concerns, 4 = Personality disorder concerns, 5 = Psychosis, 6 = Attention problems and/or hyperactivity, 7 = Grief, 8 = Anger/aggression, *9 = Behavioral addiction, *10 = Substance use</p> <p>*For #9 and #10, specify.</p> <p><i>What kind of treatment are you receiving?</i></p> <p>CODE: 1 = Individual counseling/therapy, 2 = Group counseling/therapy, 3 = Family/couple counseling/therapy, 4 = Self-help, 5 = Medication</p> <p><i>Are you taking any medication for mental health or recovery?</i></p>
<p>Support for Recovery/Treatment</p>	<p><i>Using a scale of 0-5, where 1 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p><i>I am very supported by my family.</i></p> <p><i>I am very supported by my friends.</i></p> <p><i>I am very supported by a community of other people in recovery.</i></p> <p>IF any > 0:</p> <p><i>Do you have a family member or partner participate with you in your gambling treatment?</i></p> <p><i>Does anyone close to you participate in counseling for loved ones of persons with a gambling disorder where you are not present?</i></p>

The last topic I want to ask you about is your connection to your counselor and overall satisfaction with treatment.

Therapeutic Alliance

Think about the experience you've had with your therapist over the last 30 days. Using a scale of 0 to 5 where 0 means "completely disagree" and 5 means "completely agree", how much do you agree with the following statements?

- 1. My therapist's approach is a good fit for me.*
- 2. In my sessions, we work on and talk about what I want to work on and talk about.*
- 3. I feel heard, understood, and respected by my therapist.*
- 4. I feel my sessions are right for me.*

Treatment Satisfaction

Using a scale of 0 to 5 where 0 means "completely dissatisfied" and 5 means "completely satisfied", how satisfied are you with your treatment so far?

Would you refer a friend or family member to this treatment program?

What do you feel has been most helpful in your treatment so far?

Record qualitatively.

What do you feel has been least helpful so far?

Record qualitatively.

Is there any other feedback about your treatment experience you would like to share?

Record qualitatively.

Those are all the questions I have for you today. Thank you so much, [NAME]! The next follow-up call would be in about six months; would it be okay if we schedule a time now? We can always reschedule later if anything changes.

I will contact you by [their indicated preference text/email] with an appointment reminder for our next call. I will look forward to checking in with you again in about six months.

GAMBLING CLIENT SURVEY: 12-MONTH FOLLOW-UP

Hello, is this [PARTICIPANT]?

IF NO: *My apologies. Do you know [NAME?]*

IF YES: *Do you know how I could get ahold of them?*

IF NO: *Sorry about that. Have a nice day.*

IF YES: *Great, this is [RESEARCHER] from Problem Gambling Solutions, calling to follow up on your experience with gambling treatment. Is now still a good time for you? We expect the call to last about 10 minutes.*

IF NO: *No problem, let's find a better time. RESCHEDULE.*

IF YES: *Great, thank you. Before we get started, can you confirm if this is the best number to be reaching you at? And is [email@email.com] still the best email for you?*

RECORD ANY CHANGES AND/OR PROCEED.

Great, thank you.

Like last time, I will be asking you some questions about gambling and your experience with treatment. I want to remind you that everything you share with me is confidential, with the only exception being for safety.

Do you have any questions for me before we begin?

ANSWER QUESTIONS.

DOMAIN	SURVEY QUESTION
Basic information	<p><i>Are you still enrolled at [treatment center] for gambling treatment?</i></p> <p style="text-align: center;">IF NO: Jump to Treatment Exit Module.</p> <p><i>Since the last time we spoke, did you go to residential gambling treatment?</i></p> <p style="text-align: center;">IF YES: Jump to Residential Module.</p>
<p><i>Next, I have some questions about your treatment. Some questions will be repetitive from the last survey in case anything has changed.</i></p>	
Treatment Type	<p><i>Are you in treatment for problems with gambling, gaming, or both?</i></p>

	<p>IF GAMBLING ONLY: Continue this survey (Gambling client surveys) and do not administer gaming disorder module.</p> <p>IF GAMBLING + GAMING: Use this survey (Gambling client surveys) and administer gaming disorder module at each time point.</p> <p>IF GAMING ONLY: Administer Gaming client surveys now and moving forward.</p>
<p>Treatment Modalities</p>	<p><i>We want to better understand what your treatment looked like in the past 30 days. Did you attend:</i></p> <p><i>Residential treatment? [IF YES, SKIP TO RESIDENTIAL MODULE]</i></p> <p><i>Individual counseling?</i></p> <p><i>Group counseling (note: this is different from peer support like GA)?</i></p> <p><i>Couples or family counseling, where a significant other or family member participated in the counseling session with you?</i></p> <p><i>Regarding your [COUNSELING TYPE(S)], are you attending treatment sessions primarily in person or via telehealth?</i></p> <p>IF IN-PERSON:</p> <p><i>On average, how many minutes does it take you to travel to your counselor's office?</i></p> <p><i>Is in-person your preference over telehealth?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>What led you to not attend telehealth sessions?</i></p> <p>CODE: 1 = Was not offered telehealth as an option, 2 = Privacy concerns, 3 = Other (Record qualitatively)</p> <p>IF TELEHEALTH:</p> <p><i>Is telehealth your preference over in-person?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p>

	<p>Record qualitatively.</p> <p>IF NO: <i>What led to you not attending in-person sessions?</i></p> <p>CODE: 1 = Distance/transportation, 2 = Scheduling issues, 3 = Not enough providers in-person, 4 = Did not like in-person options near me, 5 = Other (Record qualitatively)</p> <p><i>Counselors approach client care differently, and if yours has not done the following, that does not mean they are doing anything wrong. To get a sense of how your counselor is approaching your care, over the past 30-days:</i></p> <p><i>Were you provided homework assignments like journaling, readings, or workbook assignments?</i></p> <p><i>Were you routinely asked to create a goal or objective between sessions that your counselor followed up with you on?</i></p>
Peer Support	<p><i>Has anyone offered to help you connect with any peer support services?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p>Record qualitatively.</p> <p><i>Are you attending peer support?</i></p> <p>IF YES:</p> <p><i>Is it/are they through the treatment agency or external (in the community)?</i></p> <p><i>Does your peer mentor or peer support specialist have lived experience with gambling?</i></p> <p><i>In the past 30 days, on average, how many days per week did you interact with a peer support specialist or peer mentor?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>

<p>Recovery Support</p>	<p><i>Has anyone recommended you connect with any community recovery support services, like Gambler’s Anonymous or another group?</i></p> <p>IF YES:</p> <p><i>Who recommended this to you?</i></p> <p>Record qualitatively.</p> <p><i>Have you attended a community support group?</i></p> <p>IF YES: <i>Which community support group or groups, did you attend in the past 30 days?</i></p> <p>CODE: 1 = GA, 2 = Smart, 3 = Celebrate, 4 = NA, 5 = AA, 6 = Other (record qualitatively)</p> <p><i>In the past 30 days, on average, how many days per week did you attend a community support group?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
<p>Treatment Goals</p>	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>At some point in your treatment, your counselor may talk to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies. Is this something you have discussed in your treatment so far?</i></p> <p>IF NO: <i>Even though it hasn’t come up in treatment, is there anything you have been doing to safeguard your money?</i></p> <p>Record qualitatively.</p> <p>IF YES:</p> <p><i>In the past 30-days, have you used any of the following strategies:</i></p>

Having someone else manage your money?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Limiting the amount of cash you have on hand, or not carrying any cash?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Closing credit cards?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Having a representative payee?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Providing receipts on all purchases?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Using a recovery app or gambling site blocking app?

Which app or technology tool did you use?

Record qualitatively.

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Is there any other financial safety strategy I didn't mention that you use?

Record qualitatively.

	<p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>In the past 30 days, which financial safety strategy have you found to be the most helpful?</i></p>
<p><i>Now I have some questions about gambling.</i></p>	
Gambling behavior	<p>[IF PARTICIPANT’S GOAL IS TO ABSTAIN AND THEY STATED THEY ARE MEETING THIS GOAL, SKIP THIS QUESTION AND MARK “0”]</p> <p><i>In the past 30 days, how many days have you gambled, which includes buying lottery tickets and playing bingo for money?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gambling?</i></p> <p>Record qualitatively.</p> <p><i>What type of gambling activities have you participated in?</i></p> <p>CODE: 1 = Video poker, 2 = Slot machines, 3 = Cards, 4 = Animals, 5 = Keno, 6 = Bingo, 7 = Sports betting, 8 = Breakopens/Scratch, 9 = Powerball/Daily 4/Mega Bucks, 10 = Dice, 11 = Video Line Games, 12 = Other</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = Online, 2 = Video lottery (bar, pub), 3 = Traditional lottery (grocery store), 4 = Casino, 5 = Off track betting (sports, horses)</p>
Gambling Urge	<p><i>Thinking about the past week, rate your urge to gamble on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate gambling urges but not controlled by them”, and 5 means “strong urges resulting in me gambling”.</i></p>
<p>GAMING MODULE: ONLY ADMINISTER IF CLIENT IS ALSO TREATING GAMING DISORDER.</p>	
Treatment Goals	<p><i>Is your recovery goal to limit or stop gaming?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p>

	<p><i>Does your recovery goal also include cutting back on gambling, tobacco, substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
Gaming Behavior	<p><i>During the past week, how many days did you game?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gaming?</i></p> <p>Record qualitatively.</p> <p>IF > “ZERO”: <i>How many of those days did you game for longer than the limits you set for yourself or struggle to stop gaming despite experiencing problems like physical pain, discomfort, or missed obligations?</i></p> <p><i>What type of gaming activities have you participated in?</i></p> <p>CODE: 1 = xx</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = xxx</p>
Gaming Urge	<p><i>Thinking about the past week, rate your urge to game on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate urges but not controlled by them”, and 5 means “strong urges resulting in gaming”.</i></p>
<p><i>I also would like to see how you are doing in general.</i></p>	
Quality of Life	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, over the past 30 days, how satisfied have you been with...</i></p> <p><i>Your quality of life?</i></p> <p><i>Your physical health?</i></p> <p><i>Your emotional or mental health?</i></p> <p><i>Your ability to perform activities of daily living?(e.g., personal care)</i></p> <p><i>Your relationships?</i></p> <p><i>Your financial health?</i></p>

	<p><i>Your spiritual health?</i></p> <p><i>Your occupational well-being?</i></p> <p><i>The conditions of your living place?</i></p>
<p>Co-occurring Disorders</p>	<p><i>Are you currently being treated for any mental health or substance use issues other than problem gambling [“or gaming” IF APPLIES]?</i></p> <p>IF YES:</p> <p><i>What are you being treated for?</i></p> <p>CODE: 1 = Depression, 2 = Anxiety, 3 = Trauma reaction, 3 = Obsessive compulsive concerns, 4 = Personality disorder concerns, 5 = Psychosis, 6 = Attention problems and/or hyperactivity, 7 = Grief, 8 = Anger/aggression, *9 = Behavioral addiction, *10 = Substance use</p> <p>*For #9 and #10, specify.</p> <p><i>What kind of treatment are you receiving?</i></p> <p>CODE: 1 = Individual counseling/therapy, 2 = Group counseling/therapy, 3 = Family/couple counseling/therapy, 4 = Self-help, 5 = Medication</p> <p><i>Are you taking any medication for mental health or recovery?</i></p>
<p>Support for Recovery/Treatment</p>	<p><i>Using a scale of 0-5, where 1 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p><i>I am very supported by my family.</i></p> <p><i>I am very supported by my friends.</i></p> <p><i>I am very supported by a community of other people in recovery.</i></p> <p>IF any > 0:</p> <p><i>Do you have a family member or partner participate with you in your gambling treatment?</i></p> <p><i>Does anyone close to you participate in counseling for loved ones of persons with a gambling disorder where you are not present?</i></p>

The last topic I want to ask you about is your connection to your counselor and overall satisfaction with treatment.

Therapeutic Alliance

Think about the experience you've had with your therapist over the last 30 days. Using a scale of 0 to 5 where 0 means "completely disagree" and 5 means "completely agree", how much do you agree with the following statements?

- 1. My therapist's approach is a good fit for me.*
- 2. In my sessions, we work on and talk about what I want to work on and talk about.*
- 3. I feel heard, understood, and respected by my therapist.*
- 4. I feel my sessions are right for me.*

Treatment Satisfaction

Using a scale of 0 to 5 where 0 means "completely dissatisfied" and 5 means "completely satisfied", how satisfied are you with your treatment so far?

Would you refer a friend or family member to this treatment program?

What do you feel has been most helpful in your treatment so far?

Record qualitatively.

What do you feel has been least helpful so far?

Record qualitatively.

Is there any other feedback about your treatment experience you would like to share?

Record qualitatively.

Those are all the questions I have for you today. Thank you so much, [NAME]! The next follow-up call would be in about six months; would it be okay if we schedule a time now? We can always reschedule later if anything changes.

I will contact you by [their indicated preference text/email] with an appointment reminder for our next call. I will look forward to checking in with you again in about six months.

GAMBLING CLIENT SURVEY: 6-MONTH POST-TREATMENT

Hello, is this [PARTICIPANT]?

IF NO: *My apologies. Do you know [NAME?]*

IF YES: *Do you know how I could get ahold of them?*

IF NO: *Sorry about that. Have a nice day.*

IF YES: *Great, this is [RESEARCHER] from Problem Gambling Solutions, calling to follow up on your experience with gambling recovery. Is now still a good time for you? We expect the call to last about 10 minutes.*

IF NO: *No problem, let's find a better time. RESCHEDULE.*

IF YES: *Great, thank you. Before we get started, can you confirm if this is the best number to be reaching you at? And is [email@email.com] still the best email for you?*

RECORD ANY CHANGES AND/OR PROCEED.

Like last time, I will be asking you some questions about gambling and your experience with treatment. I want to remind you that everything you share with me is confidential, with the only exception being for safety.

Do you have any questions for me before we begin?

ANSWER QUESTIONS.

DOMAIN	SURVEY QUESTION
Relapse & Re-enrollment	<p><i>Have you reenrolled in treatment since [discharge date]?</i></p> <p>IF YES:</p> <p><i>What motivated you to re-enroll?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>Did you ever consider reenrolling?</i></p> <p>IF YES: <i>Tell me a little about what led to you consider reenrolling?</i></p> <p>Record qualitatively.</p> <p>IF YES: <i>What prevented you from reenrolling? [help connect to treatment if relevant/interested]</i></p>

	Record qualitatively
Peer Support	<p><i>Since [discharge date], have you utilized peer support services from a certified peer mentor or peer support specialist?</i></p> <p>IF YES:</p> <p><i>Is it/are they through the treatment agency or external (in the community)?</i></p> <p><i>Does your peer mentor/supporter have lived experience with gambling?</i></p> <p><i>In the past 30 days, on average, how many days per week did you interact with a peer mentor or peer support specialist?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
Recovery Support	<p><i>Since [discharge date], have you attended any community support groups?</i></p> <p>IF YES:</p> <p><i>Which community support group or groups, did you attend in the past 30 days?</i></p> <p>CODE: 1 = GA, 2 = Smart, 3 = Celebrate, 4 = Other (record qualitatively)</p> <p><i>In the past 30 days, on average, how many days per week did you attend a community support group?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
Treatment Goals	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>

<p>Gambling behavior</p>	<p>[IF PARTICIPANT’S GOAL IS TO ABSTAIN AND THEY STATED THEY ARE MEETING THIS GOAL, SKIP THIS QUESTION AND MARK “0”]</p> <p><i>In the past 30 days, how many days have you gambled, which includes buying lottery tickets and playing bingo for money?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gambling?</i></p> <p>Record qualitatively.</p> <p><i>What type of gambling activities have you participated in?</i></p> <p>CODE: 1 = Video poker, 2 = Slot machines, 3 = Cards, 4 = Animals, 5 = Keno, 6 = Bingo, 7 = Sports betting, 8 = Breakopens/Scratch, 9 = Powerball/Daily 4/Mega Bucks, 10 = Dice, 11 = Video Line Games, 12 = Other</p> <p><i>Where did you gamble?</i></p> <p>CODE: 1 = Online, 2 = Video lottery (bar, pub), 3 = Traditional lottery (grocery store), 4 = Casino, 5 = Off track betting (sports, horses)</p>
<p>Gambling Urge</p>	<p><i>Thinking about the past week, rate your urge to gamble on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate gambling urges but not controlled by them”, and 5 means “strong urges resulting in me gambling”.</i></p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>Over the course of your treatment, did anyone talk to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies?</i></p> <p>IF NO: Even though it did not come up in treatment, is there anything you have been doing to safeguard your money?</p> <p>Record qualitatively.</p> <p>IF YES: <i>In the past 30-days, have you used any of the following strategies:</i></p> <p><i>Having someone else manage your money?</i></p>

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Limiting the amount of cash you have on hand, or not carrying any cash?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Closing credit cards?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Having a representative payee?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Providing receipts on all purchases?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Using a recovery app or gambling site blocking app?

Which app or technology tool did you use?

Record qualitatively.

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Is there any other financial safety strategy I didn't mention that you use?

Record qualitatively.

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

	<i>In the past 30 days, which financial safety strategy have you found to be the most helpful?</i>
GAMING MODULE: ONLY ADMINISTER IF CLIENT IS ALSO TREATING GAMING DISORDER.	
Treatment Goals	<p><i>Is your recovery goal to limit or stop gaming?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on gambling, tobacco, substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
Gaming Behavior	<p><i>During the past week, how many days did you game?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gaming?</i></p> <p>Record qualitatively.</p> <p>IF > “ZERO”: <i>How many of those days did you game for longer than the limits you set for yourself or struggle to stop gaming despite experiencing problems like physical pain, discomfort, or missed obligations?</i></p> <p><i>What type of gaming activities have you participated in?</i></p> <p>CODE: 1 = xx</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = xxx</p>
Gaming Urge	<p><i>Thinking about the past week, rate your urge to game on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate urges but not controlled by them”, and 5 means “strong urges resulting in gaming”.</i></p>
<i>I also would like to see how you are doing in general.</i>	
Quality of Life	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, over the past 30 days, how satisfied have you been with...</i></p> <p><i>Your quality of life?</i></p>

	<p><i>Your physical health?</i></p> <p><i>Your emotional or mental health?</i></p> <p><i>Your ability to perform activities of daily living?(e.g., personal care)</i></p> <p><i>Your relationships?</i></p> <p><i>Your financial health?</i></p> <p><i>Your spiritual health?</i></p> <p><i>Your occupational well-being?</i></p> <p><i>The conditions of your living place?</i></p>
<p>Co-occurring Disorders</p>	<p><i>Are you currently being treated for any mental health or substance use issues?</i></p> <p>IF YES:</p> <p><i>What are you being treated for?</i></p> <p>CODE: 1 = Depression, 2 = Anxiety, 3 = Trauma reaction, 3 = Obsessive compulsive concerns, 4 = Personality disorder concerns, 5 = Psychosis, 6 = Attention problems and/or hyperactivity, 7 = Grief, 8 = Anger/aggression, *9 = Behavioral addiction, *10 = Substance use</p> <p>*For #9 and #10, specify.</p> <p><i>What kind of treatment are you receiving?</i></p> <p>CODE: 1 = Individual counseling/therapy, 2 = Group counseling/therapy, 3 = Family/couple counseling/therapy, 4 = Self-help, 5 = Medication</p> <p><i>Are you taking any medication for mental health or recovery?</i></p>
<p>Support for Recovery/Treatment</p>	<p><i>Using a scale of 0-5, where 1 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p><i>I am very supported by my family.</i></p> <p><i>I am very supported by my friends.</i></p> <p><i>I am very supported by a community of other people in recovery.</i></p>

IF any > 0:

Did anyone close to you participate in counseling for loved ones of persons with a gambling disorder where you are not present?

Is there any other feedback about your recovery experience you would like to share?

Record qualitatively.

Thank you so much, [NAME]! The next follow-up call would be in about six months; would it be okay if we schedule a time now? I know that is pretty far out, so we can always reschedule later if anything changes.

I will contact you by [their indicated preference text/email] with an appointment reminder for our next call. I will look forward to checking in with you again in about six months

GAMBLING CLIENT SURVEY: 12-MONTH POST-TREATMENT

Hello, is this [PARTICIPANT]?

IF NO: *My apologies. Do you know [NAME?]*

IF YES: *Do you know how I could get ahold of them?*

IF NO: *Sorry about that. Have a nice day.*

IF YES: *Great, this is [RESEARCHER] from Problem Gambling Solutions, calling to follow up on your experience with gambling recovery. Is now still a good time for you? We expect the call to last about 10 minutes.*

IF NO: *No problem, let's find a better time. RESCHEDULE.*

IF YES: *Great, thank you. Before we get started, can you confirm if this is the best number to be reaching you at? And is [email@email.com] still the best email for you?*

RECORD ANY CHANGES AND/OR PROCEED.

Like last time, I will be asking you some questions about gambling and your experience with treatment. I want to remind you that everything you share with me is confidential, with the only exception being for safety.

Do you have any questions for me before we begin?

ANSWER QUESTIONS.

DOMAIN	SURVEY QUESTION
Relapse & Re-enrollment	<p><i>Have you reenrolled in treatment since [discharge date]?</i></p> <p>IF YES:</p> <p><i>What motivated you to re-enroll?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>Did you ever consider reenrolling?</i></p> <p>IF YES: <i>Tell me a little about what led to you consider reenrolling?</i></p> <p>Record qualitatively.</p> <p>IF YES: <i>What prevented you from reenrolling? [help connect to treatment if relevant/interested]</i></p>

	Record qualitatively
Peer Support	<p><i>Since [discharge date], have you utilized peer support services from a certified peer mentor or peer support specialist?</i></p> <p>IF YES:</p> <p><i>Is it/are they through the treatment agency or external (in the community)?</i></p> <p><i>Does your peer mentor/supporter have lived experience with gambling?</i></p> <p><i>In the past 30 days, on average, how many days per week did you interact with a peer mentor or peer support specialist?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
Recovery Support	<p><i>Since [discharge date], have you attended any community support groups?</i></p> <p>IF YES:</p> <p><i>Which community support group or groups, did you attend in the past 30 days?</i></p> <p>CODE: 1 = GA, 2 = Smart, 3 = Celebrate, 4 = Other (record qualitatively)</p> <p><i>In the past 30 days, on average, how many days per week did you attend a community support group?</i></p> <p><i>Using a scale of 0-5 where 0 means “not at all helpful” and 5 means “very helpful”, how helpful has individual peer support been for you?</i></p>
Treatment Goals	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>

<p>Gambling behavior</p>	<p>[IF PARTICIPANT’S GOAL IS TO ABSTAIN AND THEY STATED THEY ARE MEETING THIS GOAL, SKIP THIS QUESTION AND MARK “0”]</p> <p><i>In the past 30 days, how many days have you gambled, which includes buying lottery tickets and playing bingo for money?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gambling?</i></p> <p>Record qualitatively.</p> <p><i>What type of gambling activities have you participated in?</i></p> <p>CODE: 1 = Video poker, 2 = Slot machines, 3 = Cards, 4 = Animals, 5 = Keno, 6 = Bingo, 7 = Sports betting, 8 = Breakopens/Scratch, 9 = Powerball/Daily 4/Mega Bucks, 10 = Dice, 11 = Video Line Games, 12 = Other</p> <p><i>Where did you gamble?</i></p> <p>CODE: 1 = Online, 2 = Video lottery (bar, pub), 3 = Traditional lottery (grocery store), 4 = Casino, 5 = Off track betting (sports, horses)</p>
<p>Gambling Urge</p>	<p><i>Thinking about the past week, rate your urge to gamble on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate gambling urges but not controlled by them”, and 5 means “strong urges resulting in me gambling”.</i></p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>Over the course of your treatment, did anyone talk to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies?</i></p> <p>IF NO: Even though it did not come up in treatment, is there anything you have been doing to safeguard your money?</p> <p>Record qualitatively.</p> <p>IF YES: <i>In the past 30-days, have you used any of the following strategies:</i></p> <p><i>Having someone else manage your money?</i></p>

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Limiting the amount of cash you have on hand, or not carrying any cash?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Closing credit cards?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Having a representative payee?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Providing receipts on all purchases?

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Using a recovery app or gambling site blocking app?

Which app or technology tool did you use?

Record qualitatively.

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

Is there any other financial safety strategy I didn't mention that you use?

Record qualitatively.

IF YES: Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?

	<i>In the past 30 days, which financial safety strategy have you found to be the most helpful?</i>
GAMING MODULE: ONLY ADMINISTER IF CLIENT IS ALSO TREATING GAMING DISORDER.	
Treatment Goals	<p><i>Is your recovery goal to limit or stop gaming?</i></p> <p>IF “LIMIT”: <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on gambling, tobacco, substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
Gaming Behavior	<p><i>During the past week, how many days did you game?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gaming?</i></p> <p>Record qualitatively.</p> <p>IF > “ZERO”: <i>How many of those days did you game for longer than the limits you set for yourself or struggle to stop gaming despite experiencing problems like physical pain, discomfort, or missed obligations?</i></p> <p><i>What type of gaming activities have you participated in?</i></p> <p>CODE: 1 = xx</p> <p><i>Where did you play?</i></p> <p>CODE: 1 = xxx</p>
Gaming Urge	<p><i>Thinking about the past week, rate your urge to game on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate urges but not controlled by them”, and 5 means “strong urges resulting in gaming”.</i></p>
<i>I also would like to see how you are doing in general.</i>	
Quality of Life	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, over the past 30 days, how satisfied have you been with...</i></p> <p><i>Your quality of life?</i></p>

	<p><i>Your physical health?</i></p> <p><i>Your emotional or mental health?</i></p> <p><i>Your ability to perform activities of daily living?(e.g., personal care)</i></p> <p><i>Your relationships?</i></p> <p><i>Your financial health?</i></p> <p><i>Your spiritual health?</i></p> <p><i>Your occupational well-being?</i></p> <p><i>The conditions of your living place?</i></p>
<p>Co-occurring Disorders</p>	<p><i>Are you currently being treated for any mental health or substance use issues?</i></p> <p>IF YES:</p> <p><i>What are you being treated for?</i></p> <p>CODE: 1 = Depression, 2 = Anxiety, 3 = Trauma reaction, 3 = Obsessive compulsive concerns, 4 = Personality disorder concerns, 5 = Psychosis, 6 = Attention problems and/or hyperactivity, 7 = Grief, 8 = Anger/aggression, *9 = Behavioral addiction, *10 = Substance use</p> <p>*For #9 and #10, specify.</p> <p><i>What kind of treatment are you receiving?</i></p> <p>CODE: 1 = Individual counseling/therapy, 2 = Group counseling/therapy, 3 = Family/couple counseling/therapy, 4 = Self-help, 5 = Medication</p> <p><i>Are you taking any medication for mental health or recovery?</i></p>
<p>Support for Recovery/Treatment</p>	<p><i>Using a scale of 0-5, where 1 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p><i>I am very supported by my family.</i></p> <p><i>I am very supported by my friends.</i></p> <p><i>I am very supported by a community of other people in recovery.</i></p>

IF any > 0:

Did anyone close to you participate in counseling for loved ones of persons with a gambling disorder where you are not present?

Is there any other feedback about your recovery experience you would like to share?

Record qualitatively.

Thank you so much, [NAME]! You reached the end of our survey period. I've enjoyed speaking with you and appreciate all of the feedback and information you have provided to help Oregon improve gambling treatment services.

GAMBLING CLIENT SURVEY: TREATMENT EXIT MODULE

Hello, is this [PARTICIPANT]?

IF NO: *My apologies. Do you know [NAME?]*

IF YES: *Do you know how I could get ahold of them?*

IF NO: *Sorry about that. Have a nice day.*

IF YES: *This is [RESEARCHER] from Problem Gambling Solutions.*

In reviewing the gambling treatment reporting from clinicians, I see there was a break in your attending gambling treatment. Were you planning to resume treatment or have you already?

**START HERE IF
MODULE PROMPTED
DURING A SURVEY**

→ IF TRANSFERRED: *What led to your decision to switch to a different treatment provider?*

Record qualitatively.

IF NO: *What led to your decision to stop attending gambling treatment?*

Record qualitatively.

Would it be okay if I ask you some questions about your experience in treatment?

IF NO: *Can I send you an electronic version that you can complete on your own?*

We appreciate your feedback to help improve these programs.

DOMAIN	SURVEY QUESTION
<p>IF UNENROLLED FROM TREATMENT BEFORE THE 30-DAY SURVEY WAS COMPLETED, ADMINISTER BLUE BOXES. IF THE PARTICIPANT HAS ALREADY COMPLETED THE 30-DAY SURVEY, SKIP TO UNFILLED BOXES.</p>	
<p>Treatment Motivation</p>	<p><i>What led to your decision to seek help for gambling?</i></p> <p><i>Record qualitatively.</i></p> <p><i>The Oregon Health Authority, the funder of gambling treatment services, is looking for ways to encourage more people with gambling issues to connect with help before too much damage has taken place. Is there anything that could have been done that would have motivated you to seek help sooner than you did?</i></p>

	<p>Record qualitatively.</p> <p>[FOR GAMBLING CLIENTS ONLY]</p> <p><i>When you were at a venue where you gambled previously, did staff ever offer you information about responsible gambling, including things like how to set betting limits or a game's odds?</i></p> <p>IF YES: At which venues where you offered responsible gambling information?</p> <p>CODE: 1 = Lottery retailer, 2 = Casino, 3 = Online operator, 4 = Other (Record qualitatively)</p> <p><i>Did they ever offer you resources to get help?</i></p> <p><i>When you first started to think about making a change to your gambling, did you:</i></p> <p><i>Do your own research on tips and resources?</i></p> <p><i>Talk to friends or family?</i></p> <p><i>Talk to people in the places you were gambling at?</i></p> <p><i>Do anything else?</i></p> <p>IF YES: Record qualitatively.</p>
<p>Treatment Modalities</p>	<p><i>We want to better understand what your treatment looked like in the past 30 days. Did you attend:</i></p> <p><i>Residential treatment? [IF YES, SKIP OTHERS]</i></p> <p><i>Individual counseling?</i></p> <p><i>Group counseling (note: this is different from peer support like GA)?</i></p> <p><i>Couples or family counseling, where a significant other or family member participated in the counseling session with you?</i></p> <p><i>Regarding your [COUNSELING TYPE(S)], are you attending treatment sessions primarily in person or via telehealth?</i></p> <p>IF IN-PERSON:</p> <p><i>On average, how many minutes does it take you to travel to your counselor's office?</i></p>

	<p><i>Is in-person your preference over telehealth?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>What led you to not attend telehealth sessions?</i></p> <p>CODE: 1 = Was not offered telehealth as an option, 2 = Privacy concerns, 3 = Other (Record qualitatively)</p> <p>IF TELEHEALTH:</p> <p><i>Is telehealth your preference over in-person?</i></p> <p>IF YES: <i>What do you prefer about it?</i></p> <p>Record qualitatively.</p> <p>IF NO: <i>What led to you not attending in-person sessions?</i></p> <p>CODE: 1 = Distance/transportation, 2 = Scheduling issues, 3 = Not enough providers in-person, 4 = Did not like in-person options near me, 5 = Other (Record qualitatively)</p> <p><i>Counselors approach client care differently, and if yours has not done the following, that does not mean they are doing anything wrong. To get a sense of how your counselor is approaching your care, over the past 30-days:</i></p> <p><i>Were you provided homework assignments like journaling, readings, or workbook assignments?</i></p> <p><i>Were you routinely asked to create a goal or objective between sessions that your counselor followed up with you on?</i></p>
Treatment Goals	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p>IF "LIMIT": <i>What does that look like for you?</i></p> <p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>

	<p>IF NO: <i>Do you feel like it would be helpful to reenroll in treatment?</i></p> <p>IF YES: Help the client reconnect with services.</p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>At some point in your treatment, your counselor may have talked to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies. Is this something you have discussed in your treatment so far?</i></p> <p>IF NO: <i>Even though it hasn't come up in treatment, is there anything you have been doing to safeguard your money?</i></p> <p>Record qualitatively.</p> <p>IF YES:</p> <p><i>In the past 30-days, have you used any of the following strategies:</i></p> <p><i>Having someone else manage your money?</i></p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Limiting the amount of cash you have on hand, or not carrying any cash?</i></p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Closing credit cards?</i></p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Having a representative payee?</i></p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Providing receipts on all purchases?</i></p>

	<p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>Using a recovery app or gambling site blocking app?</i></p> <p><i>Which app or technology tool did you use?</i></p> <p>Record qualitatively.</p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>Is there any other financial safety strategy I didn’t mention that you use?</i></p> <p>Record qualitatively.</p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>In the past 30 days, which financial safety strategy have you found to be the most helpful?</i></p>
Treatment Satisfaction	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, how satisfied were you with your treatment?</i></p> <p><i>Would you refer a friend or family member to this treatment program?</i></p> <p><i>What do you feel was most helpful in your treatment?</i></p> <p>Record qualitatively.</p> <p><i>What do you feel was least helpful?</i></p> <p>Record qualitatively.</p> <p><i>Is there any other feedback about your treatment experience you would like to share?</i></p> <p>Record qualitatively.</p>
Co-occurring Disorders	<p><i>Are you currently being treated for any mental health or substance use issues other than problem gambling?</i></p>

IF YES:

What are you being treated for?

CODE: 1 = Depression, 2 = Anxiety, 3 = Trauma reaction, 3 = Obsessive compulsive concerns, 4 = Personality disorder concerns, 5 = Psychosis, 6 = Attention problems and/or hyperactivity, 7 = Grief, 8 = Anger/aggression, *9 = Behavioral addiction, *10 = Substance use

*For #9 and #10, specify.

What kind of treatment are you receiving?

CODE: 1 = Individual counseling/therapy, 2 = Group counseling/therapy, 3 = Family/couple counseling/therapy, 4 = Self-help, 5 = Medication

Are you taking any medication for mental health or recovery?

IF UNENROLLED FROM TREATMENT BEFORE THE 90-DAY SURVEY WAS COMPLETED, ADMINISTER GREY BOXES. IF THE PARTICIPANT HAS ALREADY COMPLETED THE 90-DAY SURVEY, SKIP THESE QUESTIONS.

One of the things we want to learn more about is how comfortable and respected people feel in their treatment programs based on their identity, values, or beliefs. And as a new project, we want to know how these types of questions come across. After the next set of questions, I would be interested to hear how it felt to be asked about this.

Cultural
Responsivity

I am going to ask about the cultural responsivity of care you have received from your treatment agency, which references the way your identity and culture are taken into account in your treatment experience. Using a scale of 0 to 5, where 0 means “strongly disagree” and 5 means “strongly agree”, how much do you agree with the following statements:

The staff here understands the importance of my cultural beliefs in my treatment process.

The staff here knows how to use their knowledge of my culture or identity to help me address my current day-to-day needs.

The staff here respects my cultural, religious, and spiritual beliefs

Some of the counselors are from my cultural or identity group.

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Do you feel like these questions add value to the program evaluation of problem gambling treatment programs?

CODE: 1 = Yes, 2 = No; Record any qualitative feedback

Is there any other feedback about your treatment experience you would like to share?

Record qualitatively.

Thank you so much, [NAME]! We are very interested in learning more about how people do after leaving gambling treatment. Can we make an appointment now for another check-in about five months from now?

[Note. Schedule an appointment 6 months from their last gambling treatment encounter].

IF NO: Can I send you a text or email closer to our 6-month after-treatment date to schedule a check-in with you?

IF YES: Great, I will look forward to speaking with you again in a few months. We very much appreciate your willingness to participate in this project and help us in improving gambling treatment services in Oregon.

GAMBLING CLIENT SURVEY: RESIDENTIAL TREATMENT MODULE

Hello, is this [PARTICIPANT]?

IF NO: My apologies. Do you know [NAME?]

IF YES: Do you know how I could get ahold of them?

IF NO: Sorry about that. Have a nice day.

IF YES: Great, this is [RESEARCHER] from the evaluation team at Problem Gambling Solutions. In reviewing the gambling treatment reporting from clinicians, I see you attended a residential gambling treatment program. I'm calling to ask you some questions about your experience with Oregon's residential gambling treatment program. Is now a good time for you? We expect the call to last about 10 minutes.

IF NO: No problem, let's find a better time. RESCHEDULE.

IF YES: Great, thank you.

**START HERE IF
MODULE PROMPTED
DURING A SURVEY**

I have some questions about your experience.

DOMAIN	SURVEY QUESTION
Residential Experience	<p><i>Tell me a little about your decision process to enroll in residential treatment.</i></p> <p><i>Record qualitatively.</i></p> <p><i>Did you have to wait to get in?</i></p> <p style="padding-left: 40px;"><i>IF YES: How many days?</i></p> <p><i>Were you in outpatient gambling treatment before entering residential treatment?</i></p> <p style="padding-left: 40px;"><i>IF YES: Did anyone on your care team assist you with the transition from outpatient treatment to residential treatment?</i></p> <p style="padding-left: 40px;"><i>IF YES: Tell me a little about the assistance you received in helping you access residential treatment or making your transition go well.</i></p>
<i>Next, I have some questions about your residential gambling treatment.</i>	
Treatment Goals	<p><i>Is your recovery goal to limit or stop gambling?</i></p> <p style="padding-left: 40px;"><i>IF "LIMIT": What does that look like for you?</i></p>

	<p><i>Does your recovery goal also include cutting back on tobacco or other substance use, or other concerning behavior?</i></p> <p><i>Are you meeting this goal?</i></p>
<p>Financial Safety Strategies / Money Barriers</p>	<p><i>At some point in your treatment, your counselor may talk to you about strategies to safeguard your money from being lost to gambling, sometimes called money barriers or financial safety strategies. Is this something you have discussed in your treatment so far?</i></p> <p>IF NO: Even though it hasn't come up in treatment, is there anything you have been doing to safeguard your money?</p> <p><i>Record qualitatively.</i></p> <p>IF YES:</p> <p><i>In the past 30-days, have you used any of the following strategies:</i></p> <p><i>Having someone else manage your money?</i></p> <p><i>IF YES: Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Limiting the amount of cash you have on hand, or not carrying any cash?</i></p> <p><i>IF YES: Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Closing credit cards?</i></p> <p><i>IF YES: Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Having a representative payee?</i></p> <p><i>IF YES: Using a scale of 0 to 5 where 0 means "very unhelpful" and 5 means "very helpful satisfied", how helpful has [strategy] been in your recovery?</i></p> <p><i>Providing receipts on all purchases?</i></p>

	<p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>Using a recovery app or gambling site blocking app?</i></p> <p><i>Which app or technology tool did you use?</i></p> <p>Record qualitatively.</p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>Is there any other financial safety strategy I didn’t mention that you use?</i></p> <p>Record qualitatively.</p> <p>IF YES: <i>Using a scale of 0 to 5 where 0 means “very unhelpful” and 5 means “very helpful satisfied”, how helpful has [strategy] been in your recovery?</i></p> <p><i>In the past 30 days, which financial safety strategy have you found to be the most helpful?</i></p>
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Now I have some questions about gambling.

<p>Gambling behavior</p>	<p>[IF PARTICIPANT’S GOAL IS TO ABSTAIN AND THEY STATED THEY ARE MEETING THIS GOAL, SKIP THIS QUESTION AND MARK “0”]</p> <p><i>In the past 30 days, how many days have you gambled, which includes buying lottery tickets and playing bingo for money?</i></p> <p>Record number.</p> <p>IF “ZERO”: <i>What do you attribute to you not gambling?</i></p> <p>Record qualitatively.</p> <p><i>What type of gambling activities have you participated in?</i></p> <p>CODE: 1 = Video poker, 2 = Slot machines, 3 = Cards, 4 = Animals, 5 = Keno, 6 = Bingo, 7 = Sports betting, 8 = Breakopens/Scratch, 9 = Powerball/Daily 4/Mega Bucks, 10 = Dice, 11 = Video Line Games, 12 = Other</p>
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	<p><i>Where did you play?</i></p> <p>CODE: 1 = Online, 2 = Video lottery (bar, pub), 3 = Traditional lottery (grocery store), 4 = Casino, 5 = Off track betting (sports, horses)</p>
Gambling Urge	<p><i>Thinking about the past week, rate your urge to gamble on a scale of 0-5, where 0 means “no urges”, 1-2 means “mild urges that I can control”, 3-4 means “moderate gambling urges but not controlled by them”, and 5 means “strong urges resulting in me gambling”.</i></p>
<p><i>I also would like to see how you are doing in general.</i></p>	
Quality of Life	<p><i>Using a scale of 0 to 5 where 0 means “completely dissatisfied” and 5 means “completely satisfied”, over the past 30 days, how satisfied have you been with...</i></p> <p><i>Your quality of life?</i></p> <p><i>Your physical health?</i></p> <p><i>Your emotional or mental health?</i></p> <p><i>Your ability to perform activities of daily living?(e.g., personal care)</i></p> <p><i>Your relationships?</i></p> <p><i>Your financial health?</i></p> <p><i>Your spiritual health?</i></p> <p><i>Your occupational well-being?</i></p> <p><i>The conditions of your living place?</i></p>
Support for Recovery/Treatment	<p><i>Using a scale of 0-5, where 1 means “completely disagree” and 5 means “completely agree”, how much do you agree with the following statements?</i></p> <p><i>I am very supported by my family.</i></p> <p><i>I am very supported by my friends.</i></p> <p><i>I am very supported by a community of other people in recovery.</i></p> <p>IF any > 0:</p>

	<p><i>Did you have anyone participate with you in your gambling treatment?</i></p> <p><i>Does anyone close to you participate in counseling for loved ones of persons with a gambling disorder where you are not present?</i></p>
<p><i>The last topic I want to ask you about is your connection to your primary residential treatment counselor and overall satisfaction with residential treatment.</i></p>	
<p>Therapeutic Alliance</p>	<p><i>Think about the experience you've had in residential gambling treatment. Using a scale of 0 to 5 where 0 means "completely disagree" and 5 means "completely agree", how much do you agree with the following statements?</i></p> <ol style="list-style-type: none"> <i>1. The program's approach is a good fit for me.</i> <i>2. In groups and individual sessions, we worked on and talked about what I wanted to work on and talk about.</i> <i>3. I feel heard, understood, and respected by the residential treatment counselor who worked most closely with me.</i> <i>4. I feel like the program was right for me.</i>
<p>Treatment Satisfaction</p>	<p><i>Using a scale of 0 to 5 where 0 means "completely dissatisfied" and 5 means "completely satisfied", how satisfied are you with the residential treatment you received?</i></p> <p><i>Would you refer a friend or family member to this treatment program?</i></p> <p><i>What do you feel was most helpful in your residential treatment?</i></p> <p><i>Record qualitatively.</i></p> <p><i>What do you feel was least helpful about your residential treatment?</i></p> <p><i>Record qualitatively.</i></p> <p><i>Is there any other feedback about your residential treatment experience you would like to share?</i></p> <p><i>Record qualitatively.</i></p>
<p><i>One of the things we want to learn more about is how comfortable and respected people feel in their treatment programs based on their identity, values, or beliefs.</i></p>	
<p>Cultural Responsivity</p>	<p><i>I am going to ask about the cultural responsivity of care you have received from the residential treatment program you attended, Using</i></p>

a scale of 0 to 5, where 0 means “strongly disagree” and 5 means “strongly agree”, how much do you agree with the following statements:

The staff here understands the importance of my cultural beliefs in my treatment process.

The staff here knows how to use their knowledge of my culture or identity to help me address my current day-to-day needs.

The staff here respects my cultural, religious, and spiritual beliefs

Some of the counselors are from my cultural or identity group.

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Do you feel like these questions add value to the program evaluation of problem gambling treatment programs?

CODE: 1 = Yes, 2 = No; Record any qualitative feedback

Is there any other feedback about your residential treatment experience you would like to share?

Record qualitatively.

Thank you so much, [NAME]! Are you planning to enroll in outpatient counseling soon?

IF RE-ENROLLED IN OUTPATIENT: To see how treatment differs across sites, would it be okay if I follow up with you to see how things are going? The next follow-up would be [check status on follow-up schedule]. We can schedule it today and we can always change the details later if we need.

IF YES, SCHEDULE APPT: Great, I will look forward to speaking with you again. We very much appreciate your willingness to participate in this project and help us in improving gambling treatment services in Oregon.

IF NO: No problem. Thank you for all of the feedback you have provided.

IF NOT ENROLLED IN TREATMENT: We are very interested in learning more about how people do after leaving gambling treatment. Can we make an appointment now for another check-in about five months from now?

[Note. Schedule an appointment 6 months from their last gambling treatment encounter].

IF NO: *Can I send you a text or email closer to our 6-month after-treatment date to schedule a check-in with you?*

IF YES: *Great, I will look forward to speaking with you again in a few months. We very much appreciate your willingness to participate in this project and help us in improving gambling treatment services in Oregon.*

IF NO: No problem. Thank you for all of the feedback you have provided.