

## FAMILY CLIENT SURVEY - ENROLLMENT

### Family Client Enrollment Self-Report Survey

This instrument is similar to the gambling client instrument. The instrument should be completed by all family member clients enrolling for treatment.

PLEASE ENSURE THE CLIENT'S CASE IDENTIFICATION CODE, YOUR PROGRAM NAME, AND THE DATE THE SURVEY WAS COMPLETED APPEAR ON THE FORM THAT IS RETURNED TO THE EVALUATOR.

Case No. \_\_\_\_\_

Program: \_\_\_\_\_

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



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

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

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

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

## *Family Client Survey – Enrollment*

### SECTION 1: General Demographics

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

1. Marital Status

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

2. Employment Status

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

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

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

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

5. Health Insurance?

05	Veterans Administration
08	MEDICAID / OHP
09	MEDICARE
11	Other Private Insurance
12	Other Public Assistance
13	None

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

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

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

**INSTRUCTIONS**

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

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

**SECTION 2: General Satisfaction**

**During the past six months, how frequently were you satisfied with each of the following?**

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

**SECTION 3: General Activities**

**During the past six months, how frequently did you ...?**

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

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<b>SECTION 4: Other Services in the PAST 6 MONTHS</b>	
35.	Number of times in the PAST 6 MONTHS that you went to an Emergency Room or Urgent Care Center? Times _____
36.	In the PAST 6 MONTHS, did you enroll in a treatment program for the treatment of alcohol and/or drug abuse problems? Inpatient A&D Program ___Yes ___No      Outpatient A&D Program ___Yes ___No
37.	In the PAST 6 MONTHS, did you enroll in a treatment program for mental health problems (other than the gambling program you attended)? Inpatient Program ___Yes ___No      Outpatient Program ___Yes ___No
38.	In the PAST 6 MONTHS, did you enroll in another gambling treatment program, or see another therapist or doctor outside the staff of the gambling program you attended? Inpatient Program ___Yes ___No      Outpatient Program ___Yes ___No
39.	In the PAST 6 MONTHS, have you filed for bankruptcy?      ___Yes ___No
40.	In the PAST 6 MONTHS, have you been convicted of any crime?      ___Yes ___No
41.	In the PAST 6 MONTHS, have you experienced physical violence in a relationship?      ___Yes ___No
42.	In the PAST 6 MONTHS, have you experienced verbal, emotional, or psychological abuse in a relationship?      ___Yes ___No
43.	In the PAST 6 MONTHS, have you felt controlled, trapped, or manipulated by a significant other?      ___Yes ___No

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