

Gambling Services Admission

First Name **Middle Name** **Last Name** **Suffix**

Mother's Maiden Name:

Address **Apt #** **City** **State** **Zip Code**

Date of Birth

Phone Number

Email Address

Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender Male (FTM)
- ☐ Transgender Female (MTF)
- ☐ Genderqueer / Nonconforming
- ☐ Other

Pronouns:

Veteran Service Status:

- ☐ Yes (Veteran)
- ☐ No (Not a Veteran)

Highest Grade Completed:

Marital Status:

- ☐ Never Married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Monthly Household Income Before Tax:

\$ _____

Employment:

- ☐ Full Time (35+ hours/week)
- ☐ Part Time (17-34 hours/week)
- ☐ Irregular (Under 17 hours/week)
- ☐ Unemployed
- ☐ Not in Labor Force
- ☐ Retired
- ☐ Disabled

Sexual Orientation:

- ☐ Straight or Heterosexual
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Questioning
- ☐ Queer
- ☐ Pansexual
- ☐ Asexual
- ☐ Other

Military Service Status:

- ☐ No Military Experience
- ☐ Current Active Duty,
Been in Combat Zone
- ☐ Current Active Duty,
No Combat Zone
- ☐ Prior Military Service,
Been in Combat Zone
- ☐ Prior Military Service,
No Combat Zone
- ☐ Retired from Military Service,
Been in Combat Zone
- ☐ Retired from Military Service,
No Combat Zone

Income Source:

- ☐ Wages / Salary
- ☐ Public Assistance
- ☐ Retirement / Pension
- ☐ Disability
- ☐ None
- ☐ Other

Health Insurance:

- ☐ Private Insurance
☐ Medicare
☐ Medicaid/OHP (ID: _____)
☐ Veterans Administration
☐ None
☐ Other

Number of Dependents in Household (Including Yourself):

- _____ Ages 0-5
 _____ Ages 6-17
 _____ Ages 18-25
 _____ Ages 26-40
 _____ Ages 41-64
 _____ Ages 65+

Which of the following describes your racial or ethnic identity? Select ALL that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Filipino/a | <input type="checkbox"/> African American |
| <input type="checkbox"/> Canadian Inuit, Metis, or First Nation | <input type="checkbox"/> Japanese | <input type="checkbox"/> African (Black) |
| <input type="checkbox"/> Indigenous Mexican, Central American, or South American | <input type="checkbox"/> South Asian | <input type="checkbox"/> Caribbean (Black) |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Black |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Western European |
| <input type="checkbox"/> South American | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Other Hispanic or Latino/a/x | <input type="checkbox"/> Chamorro | <input type="checkbox"/> Slavic |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Micronesia /
Marshallse /
Palauan (COFA) | <input type="checkbox"/> North African |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Tongan | <input type="checkbox"/> Other White |
| <input type="checkbox"/> Hmong | | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Don't know |

Housing:

- | | |
|--|--|
| <input type="checkbox"/> Own | <input type="checkbox"/> Houseless / Shelter |
| <input type="checkbox"/> Rent – No Subsidies | <input type="checkbox"/> Staying with Others (Not Paying Rent) |
| <input type="checkbox"/> Rent – With Subsidies | <input type="checkbox"/> Recovery Housing |
| <input type="checkbox"/> Institution or Group Home | <input type="checkbox"/> Incarcerated |

How did you hear about this program?

- | | |
|---|---|
| <input type="checkbox"/> GEAR | <input type="checkbox"/> Web / Internet |
| <input type="checkbox"/> Helpline / OPR | <input type="checkbox"/> TV News Program |
| <input type="checkbox"/> Gambler's Anonymous | <input type="checkbox"/> Radio News Program |
| <input type="checkbox"/> Inpatient Gambling | <input type="checkbox"/> Newspaper or Magazine |
| <input type="checkbox"/> Other Outpatient Gambling | <input type="checkbox"/> Previous / Current Client from the Program |
| <input type="checkbox"/> Lottery Employee (Server, Bartender, etc.) | <input type="checkbox"/> Family / Friend / Attorney |
| <input type="checkbox"/> Previous Client Re-Enrolling | <input type="checkbox"/> Employer or EAP |
| <input type="checkbox"/> Peer Mentor | <input type="checkbox"/> Self Help Group (NA, CA, etc.) |
| <input type="checkbox"/> Sticker on Video Lottery Machine | <input type="checkbox"/> Community Social Services |
| <input type="checkbox"/> Sign in a Casino | <input type="checkbox"/> Criminal Justice System |
| <input type="checkbox"/> Other Oregon Lottery Retailer Source | <input type="checkbox"/> Behavioral Health Provider |
| <input type="checkbox"/> Other Oregon Casino Source | <input type="checkbox"/> Physical Health Provider |
| <input type="checkbox"/> TV Ad | <input type="checkbox"/> Other |
| <input type="checkbox"/> Radio Ad | |

Did anyone refer you to seek services?

- | | |
|---|--|
| <input type="checkbox"/> GEAR | <input type="checkbox"/> Other |
| <input type="checkbox"/> Helpline / OPGR | <input type="checkbox"/> None |
| <input type="checkbox"/> Inpatient Gambling | <input type="checkbox"/> Internal Referral within Agency |
| <input type="checkbox"/> Other Outpatient Gambling | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Courts |
| <input type="checkbox"/> Employer or EAP | <input type="checkbox"/> Probation / Parole |
| <input type="checkbox"/> Peer Mentor | <input type="checkbox"/> Other Community Agency |
| <input type="checkbox"/> School | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Behavioral Health Provider | <input type="checkbox"/> Support Services for Adults |
| <input type="checkbox"/> Physical Health Provider | <input type="checkbox"/> Support Services for Children |
| <input type="checkbox"/> Private Practitioner | <input type="checkbox"/> Support Services for Seniors |

In the last 30 days, how satisfied were you with:

- | | |
|---|---------------------------------------|
| Life in general? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Overall physical health? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Overall emotional well-being? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Relationship with your spouse or significant other? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Occupational well-being? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Intellectual well-being? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Day to day living environment? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Financial well-being? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Social well-being? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |
| Spiritual well-being? | <input type="checkbox"/> Satisfied |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Dissatisfied |

How many times have you had prior services for:

_____ Gambling
_____ Substance Use
_____ Mental Health
_____ Gaming

In the last 6 months, have you had problems with:

- | | | |
|---------------|------------------------------|-----------------------------|
| Job / School | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Legal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bankruptcy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Finances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In the last 6 months, have you had:

- ☐ Suicidal thoughts
☐ Threats of suicide
☐ Made a plan for suicide
☐ Action / Behavior towards suicide
☐ None of the above

In the last 6 months, have you had problems with:

- | | | |
|------------------|------------------------------|-----------------------------|
| Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cannabis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other substances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nicotine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you required to enroll in services?

- ☐ Yes ☐ No

Admission – Gambling / Peer Gambling Client

Current Primary Gambling Activity

- ☐ EGMs (VLTs, slots, video poker)
- ☐ Cards
- ☐ Sporting Events
- ☐ Oregon Lottery Sports Betting
- ☐ Keno
- ☐ Scratch Tickets / Pulls Tabs / Breakopens
- ☐ Draw / Jackpot Games (Powerball, MegaMillions)
- ☐ Bingo
- ☐ Table Games
- ☐ Other: _____
- ☐ No gambling in last 30 days

Is there another Type of Gambling Played?

Yes: _____

Disordered Gambling Symptoms

- ☐ Preoccupied with gambling
- ☐ Needing to gamble with more and more money
- ☐ Repeated unsuccessful efforts to cut down or stop
- ☐ Restless or irritable when cutting down or stopping
- ☐ Gambling when feeling distressed
- ☐ After losing, returning another time to get even
- ☐ Lying to hide the extent of gambling
- ☐ Committed illegal acts for money
- ☐ Risked losing relationships due to gambling
- ☐ Relying on others to provide money to relieve a desperate financial situation

Current Primary Gambling Venue

- ☐ Video Lottery Retailer (Bar, Pub, etc.)
- ☐ Casino / Indian Gaming Center
- ☐ Restaurant (without Video Lottery)
- ☐ Grocery / Convenience Store
- ☐ Internet (Computer / Phone)
- ☐ Card Room (Not a Casino)
- ☐ Other: _____
- ☐ No gambling in the last 30 days

If so, where does this occur?

Current Gambling Debt?

Estimated debt related to gambling including money owed on credit cards, loans, or any money that needs to be paid back

\$ _____

Age of Onset?

How old were you when gambling became a problem?

Admission - Concerned Other of Gambling / Gaming / Gambling Peer / Gaming Peer

Impacts of Gambling / Gaming:

Do you feel resentful towards the person in your life experiencing gambling / gaming problems?

☐ Yes

☐ No

Do you feel anger towards the person with the gambling / gaming problem?

☐ Yes

☐ No

Do you feel distrustful of the person with the gambling / gaming problem?

☐ Yes

☐ No

Do you feel guilty or responsible for causing or contributing to the gambling / gaming?

☐ Yes

☐ No

Do you feel helpless or hopeless about the gambling / gaming problem?

☐ Yes

☐ No

Do you feel ineffective as a support person to the person with the gambling / gaming problem?

☐ Yes

☐ No

Have you experienced physical health problems due to the stress of the gambling / gaming situation?

☐ Yes

☐ No

Admission – Gaming / Peer Gaming Client

Current Primary Gaming Activity

- ☐ Shooters (FPS, TPS)
- ☐ Real-time Strategy (RTS)
- ☐ Sandbox
- ☐ Multiplayer Online Battle Arena (MMO)
- ☐ Role-playing (RPG)
- ☐ Simulation
- ☐ Sports
- ☐ Puzzlers
- ☐ Action-Adventure
- ☐ Survival-Horror
- ☐ Platformer
- ☐ Card Games
- ☐ Board Games
- ☐ Other: _____

Current Primary Gaming Venue

- ☐ Home
- ☐ School
- ☐ Work
- ☐ Friend's home
- ☐ Other family's home
- ☐ Mall
- ☐ Restaurant / Bar
- ☐ Gaming café / store
- ☐ Library
- ☐ Convention Events / Fairs
- ☐ Other: _____

What device is this played on?

- ☐ Computer
- ☐ Tablet
- ☐ Phone
- ☐ Video Game Console – Xbox, Playstation, Nintendo
- ☐ Video Game Handheld – Steamdeck, Vita, Gameboy
- ☐ Other: _____

How do you play this game?

- ☐ Online
- ☐ Offline
- ☐ In person
- ☐ Other: _____

Is there another Type of Problem Gaming played?

Yes: _____

Where does this occur (gaming venue)?

Disordered Gaming Symptoms:

- ☐ Preoccupation with games and gaming
- ☐ Increasing amounts of time spent gaming or thinking about gaming
- ☐ Increased anxiety, frustration, or depression when unable to play
- ☐ Unable to limit gaming involvement
- ☐ Loss of interest in non-gaming hobbies
- ☐ Excessive gaming despite problems with mental health or social life
- ☐ Family, friends, or professionals deceived about how much time is spent gaming
- ☐ Use of gaming to escape or relieve a negative mood
- ☐ Risked losing relationships or opportunities due to gaming

Any Current Gambling Debt?

Estimated debt related to gambling including money owed on credit cards, loans, or any money that needs to be paid back

\$ _____

Age of Onset?

How old were you when gaming became a problem?
