



**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"/> Micronesian /<br>Marshallese /<br>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?**

- GEAR
- Helpline / OPGR
- Inpatient Gambling
- Other Outpatient Gambling
- Attorney
- Employer or EAP
- Peer Mentor
- School
- Behavioral Health Provider
- Physical Health Provider
- Private Practioner
- Other
- None
- Internal Referral within Agency
- Corrections
- Courts
- Probation / Parole
- Other Community Agency
- Vocational Rehabilitation
- Support Services for Adults
- Support Services for Children
- Support Services for Seniors

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

- Life in general?
  - Satisfied
  - Neutral
  - Dissatisfied
- Overall physical health?
  - Satisfied
  - Neutral
  - Dissatisfied
- Overall emotional well-being?
  - Satisfied
  - Neutral
  - Dissatisfied
- Relationship with your spouse or significant other?
  - Satisfied
  - Neutral
  - Dissatisfied
- Occupational well-being?
  - Satisfied
  - Neutral
  - Dissatisfied
- Intellectual well-being?
  - Satisfied
  - Neutral
  - Dissatisfied
- Day to day living environment?
  - Satisfied
  - Neutral
  - Dissatisfied
- Financial well-being?
  - Satisfied
  - Neutral
  - Dissatisfied
- Social well-being?
  - Satisfied
  - Neutral
  - Dissatisfied
- Spiritual well-being?
  - Satisfied
  - Neutral
  - 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  Yes  No
- Relationships  Yes  No
- Legal  Yes  No
- Bankruptcy  Yes  No
- Finances  Yes  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  Yes  No
- Cannabis  Yes  No
- Other substances  Yes  No
- Nicotine  Yes  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

### Diagnosis:

#1:

#2

#3

### 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?

\_\_\_\_\_