

The Problem Gambling Prevention Data Collection System gathers feedback on your progress toward meeting the goals and outcomes in your Problem Gambling Prevention Implementation Plan.

Please make sure you select a response to each question, as each question is required to complete the survey.

Any questions regarding entering your quarterly data, please contact Roxann Jones at roxann.r.jones@state.or.us.

Thank you!

* 1. Provider Name

* 2. Reporting Period

Reporting Period: July 1 - September 30, 2020

Reporting Period: January 1 - March 31, 2021

Reporting Period: October 1 - December 31, 2020

Reporting Period: April 1 - June, 2021

* 3. Please list objective #1 from your Problem Gambling Prevention Implementation Plan.

* 4. Do you have progress to report on Objective #1 for this reporting period? (Check only one)

Yes

No

* 5. Please share a brief narrative of your progress toward Objective #1 this reporting period. Include highlights, challenges, barriers or technical assistance needs you have identified. Please note here the impact of COVID-19 on your work.

* 6. Define the focus population by age served under Objective #1 this reporting period (can select more than one)

- 0 - 11
- 12 - 17
- 18 - 24
- 25 - 44
- 45 - 64
- 65 - and over

* 7. What CSAP strategies did you utilize for Objective #1 this reporting period (can select more than one).

- Information Dissemination
- Prevention Education
- Alternative
- Community-Based Process
- Environmental
- Problem Identification and Referral
- Not Applicable

8. What level of Social Ecology was impacted by Objective #1 this reporting period (can select more than one).

- Individual Level
- Relationship/Interpersonal Level
- Community Level
- Societal Level

* 9. Please indicate the number of activities implemented by category this reporting period under Objective #1 (can select more than one).

Problem Gambling Awareness/Education Presentations	<input type="text"/>
Integrated Curriculum	<input type="text"/>
Gambling Specific Curriculum	<input type="text"/>
Exhibits/Fairs	<input type="text"/>
Material Dissemination	<input type="text"/>
Community Partnership/Capacity Building	<input type="text"/>
Training	<input type="text"/>
Skills Building	<input type="text"/>

* 10. If you implemented a media campaign under Objective #1 this reporting period please indicate what type of media utilized (can select more than one)

- | | |
|------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Did not implement media campaign this quarter | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Television PSA/AD | <input type="checkbox"/> Movie Theatre Ad |
| <input type="checkbox"/> Social Media (Facebook, Twitter) | <input type="checkbox"/> Print Article/Ad |
| <input type="checkbox"/> Radio PSA/AD | |
| <input type="checkbox"/> Other (please specify) | |

* 11. Please indicate the percentage of your activities this reporting period under Objective #1 that problem gambling is integrated into the activity, and percentage of activities that problem gambling is a stand-alone activity.

% Integrated Activities

% Stand-Alone Activities

12. Please identify your partnerships for Objective#1 this reporting period(can select more than one).

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Physical Health (Nutrition/Activity) |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Physical Health (Reproductive/Healthy Relationships) |
| <input type="checkbox"/> Education System K-12 | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Older Adult |
| <input type="checkbox"/> Criminal Justice System (Juvenile/ Adult) | <input type="checkbox"/> Problem Gambling Treatment Program |
| <input type="checkbox"/> Suicide Prevention | |
| <input type="checkbox"/> Other (please specify) | |

* 13. Please list Objective #2 from your Problem Gambling Prevention Implementation Plan.

14. Do you have progress to report on Objective #2 for this reporting period? (check only one)

- Yes
 No

* 15. Please share a brief narrative of your progress toward Objective #2 this reporting period. Please include highlights, challenges, barriers, or technical assistance needs you have identified. Please note here the impact of COVID-19 on your work.

* 16. Define the focus population by age served this reporting period for Objective #2 (can select more than one).

- | | |
|----------------------------------|----------------------------------------|
| <input type="checkbox"/> 0 - 11 | <input type="checkbox"/> 25 - 44 |
| <input type="checkbox"/> 12 - 17 | <input type="checkbox"/> 45 - 64 |
| <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 65 - and over |

* 17. What CSAP strategies did you utilize for Objective#2 this reporting period (can select more than one).

- | | |
|----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Information Dissemination | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Prevention Education | <input type="checkbox"/> Problem Identification and Referral |
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Community-Based Process | |

18. What level of Social Ecology was impacted by Objective #2 this reporting period (can select more than one).

- Individual Level
- Relationship/Interpersonal Level
- Community Level
- Societal Level

* 19. Please indicate the number of activities implemented by category this reporting period under Objective #2 (can select more than one).

Problem Gambling Awareness/Education Presentations	<input type="text"/>
Integrated Curriculum	<input type="text"/>
Gambling Specific Curriculum	<input type="text"/>
Exhibits/Fairs	<input type="text"/>
Material Dissemination	<input type="text"/>
Community Partnership/Capacity Building	<input type="text"/>
Training	<input type="text"/>
Skills Building	<input type="text"/>

* 20. If you implemented a media campaign this reporting period for Objective #2 please indicate what type of media utilized (can select more than one)

- | | |
|------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Did not implement media campaign this quarter | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Television PSA/AD | <input type="checkbox"/> Movie Theatre Ad |
| <input type="checkbox"/> Social Media (Facebook, Twitter) | <input type="checkbox"/> Print Article/Ad |
| <input type="checkbox"/> Radio PSA/AD | |
| <input type="checkbox"/> Other (please specify) | |

* 21. Please indicate the percentage of your activities this reporting period under Objective#2 that problem gambling is integrated into the activity, and percentage of activities that problem gambling is a stand-alone activity.

% Integrated Activities	<input type="text"/>
% Stand-Alone Activities	<input type="text"/>

22. Please identify your integrated partnerships for Objective #2 (can select more than one).

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Physical Health (Nutrition/Activity) |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Physical Health (Reproductive/Healthy Relationships) |
| <input type="checkbox"/> Education System K-12 | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Older Adult |
| <input type="checkbox"/> Criminal Justice System (Juvenile/ Adult) | <input type="checkbox"/> Problem Gambling Treatment Program |
| <input type="checkbox"/> Suicide Prevention | |
| <input type="checkbox"/> Other (please specify) | |

* 23. Do you have a 3rd Objective on your Implementation Plan?

- Yes
 No

* 24. Please list Objective #3 from your Problem Gambling Prevention Implementation Plan.

25. Do you have progress on Objective #3 this reporting period? (Check only one)

- Yes
 No

* 26. Please share a brief narrative of your progress toward Objective #3 this reporting period. Please include highlights, challenges, barriers or technical assistance needs you have identified. Please note here the impact of COVID-19 on your work.

* 27. Define the focus population by age served this reporting period for Objective #3 (can select more than one).

- 0 - 11
- 12 - 17
- 18 - 24
- 25 - 44
- 45 - 64
- 65 - and over

* 28. What CSAP strategies did you utilize for Objective #3 for this reporting period (can select more than one).

- Information Dissemination
- Prevention Education
- Alternative
- Community-Based Process
- Environmental
- Problem Identification and Referral
- Not Applicable

29. What level of Social Ecology was impacted by Objective#3 this reporting period (can select more than one).

- Individual Level
- Relationship/Interpersonal Level
- Community Level
- Societal Level

* 30. Please indicate the number of activities implemented by category this reporting period under Objective #3 (can select more than one).

Problem Gambling Awareness/Education Presentations	<input type="text"/>
Integrated Curriculum	<input type="text"/>
Gambling Specific Curriculum	<input type="text"/>
Exhibits/Fairs	<input type="text"/>
Material Dissemination	<input type="text"/>
Community Partnership/Capacity Building	<input type="text"/>
Training	<input type="text"/>
Skills Building	<input type="text"/>

* 31. If you implemented a media campaign this reporting period under Objective#3 please indicate what type of media utilized (can select more than one)

- Did not implement media campaign this quarter
- Television PSA/AD
- Social Media (Facebook, Twitter)
- Radio PSA/AD
- Other (please specify)
- Billboard
- Movie Theatre Ad
- Print Article/Ad

* 32. Please indicate the percentage of your activities this quarter under Objective #3 that problem gambling is integrated into the activity, and percentage of activities that problem gambling is a stand-alone activity.

% Integrated Activities

% Stand-Alone Activities

33. Please identify your integrated partnerships for Objective 3# (can select more than one).

- Substance Abuse Treatment
- Substance Abuse Prevention
- Education System K-12
- Higher Education
- Criminal Justice System (Juvenile/ Adult)
- Suicide Prevention
- Other (please specify)
- Physical Health (Nutrition/Activity)
- Physical Health (Reproductive/Healthy Relationships)
- Mental Health
- Older Adult
- Problem Gambling Treatment Program

* 34. Do you have a 4th Objective in your Implementation Plan?

- Yes
- No

* 35. Please list Objective #4 from your Implementation Plan.

* 36. Do you have progress to report on Objective #4 this reporting period? (Check only one)

- Yes
- No

* 37. Please share a brief narrative of your progress toward Objective #4 this reporting period. Please include highlights, challenges, barriers, or technical assistance needs you have identified. Please note here the impact of COVID-19 on your work.

* 38. Define the focus population by age served this reporting period for Objective #4 (can select more than one).

- | | |
|----------------------------------|----------------------------------------|
| <input type="checkbox"/> 0 - 11 | <input type="checkbox"/> 25 - 44 |
| <input type="checkbox"/> 12 - 17 | <input type="checkbox"/> 45 - 64 |
| <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 65 - and over |

* 39. What CSAP strategies did you utilize for Objective #4 this reporting period (can select more than one).

- | | |
|----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Information Dissemination | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Prevention Education | <input type="checkbox"/> Problem Identification and Referral |
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Community-Based Process | |

40. What level of Social Ecology was impacted by Objective #4 this reporting period (can select more than one).

- Individual Level
- Relationship/Interpersonal Level
- Community Level
- Societal Level

* 41. Please indicate the number of activities implemented by category this reporting period under Objective #4 (can select more than one).

Problem Gambling Awareness/Education Presentations	<input type="text"/>
Integrated Curriculum	<input type="text"/>
Gambling Specific Curriculum	<input type="text"/>
Exhibits/Fairs	<input type="text"/>
Material Dissemination	<input type="text"/>
Community Partnership/Capacity Building	<input type="text"/>
Training	<input type="text"/>
Skills Building	<input type="text"/>

* 42. If you implemented a media campaign this reporting period under Objective #4 please indicate what type of media utilized (can select more than one)

- | | |
|------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Did not implement media campaign this quarter | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Television PSA/AD | <input type="checkbox"/> Movie Theatre Ad |
| <input type="checkbox"/> Social Media (Facebook, Twitter) | <input type="checkbox"/> Print Article/Ad |
| <input type="checkbox"/> Radio PSA/AD | |
| <input type="checkbox"/> Other (please specify) | |

* 43. Please indicate the percentage of your activities this reporting period under Objective #4 that problem gambling is integrated into the activity, and percentage of activities that problem gambling is a stand-alone activity.

% Integrated Activities	<input type="text"/>
% Stand-Alone Activities	<input type="text"/>

44. Please identify your integrated partnerships for Objective #4 this reporting period (can select more than one).

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Physical Health (Nutrition/Activity) |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Physical Health (Reproductive/Healthy Relationships) |
| <input type="checkbox"/> Education System K-12 | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Older Adult |
| <input type="checkbox"/> Criminal Justice System (Juvenile/ Adult) | <input type="checkbox"/> Problem Gambling Treatment Program |
| <input type="checkbox"/> Suicide Prevention | |
| <input type="checkbox"/> Other (please specify) | |

* 45. Do you have a 5th Objective on your Implementation Plan?

- Yes
 No

* 46. Please list Objective #5 from your Implementation Plan.

* 47. Do you have progress to report on Objective #5 for this reporting period? (Check only one)

- Yes
 No

* 48. Please share a brief narrative of your progress toward Objective #5 this reporting period. Please include highlights, challenges, barriers, or technical assistance needs. Please note here the impact of COVID-19 on your work.

* 49. Define the focus population by age served this reporting period for Objective #5 (can select more than one).

- 0 - 11
- 12 - 17
- 18 - 24
- 25 - 44
- 45 - 64
- 65 - and over

* 50. What CSAP strategies did you utilize for Objective #5 this reporting period (can select more than one).

- Information Dissemination
- Prevention Education
- Alternative
- Community-Based Process
- Environmental
- Problem Identification and Referral
- Not Applicable

51. What level of Social Ecology was impacted by Objective #5 this reporting period (can select more than one).

- Individual Level
- Relationship/Interpersonal Level
- Community Level
- Societal Level

* 52. Please indicate the number of activities implemented by category this reporting period under Objective #5 (can select more than one).

Media Campaign	<input type="text"/>
Problem Gambling Awareness/Education Presentations	<input type="text"/>
Integrated Curriculum	<input type="text"/>
Gambling Specific Curriculum	<input type="text"/>
Exhibits/Fairs	<input type="text"/>
Material Dissemination	<input type="text"/>
Community Partnership/Capacity Building	<input type="text"/>
Training	<input type="text"/>
Skills Building	<input type="text"/>

* 53. If you implemented a media campaign this reporting period under Objective #5 please indicate what type of media utilized (can select more than one).

- | | |
|------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Did not implement media campaign this quarter | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Television PSA/AD | <input type="checkbox"/> Movie Theatre Ad |
| <input type="checkbox"/> Social Media (Facebook, Twitter) | <input type="checkbox"/> Print Article/Ad |
| <input type="checkbox"/> Radio PSA/AD | |
| <input type="checkbox"/> Other (please specify) | |

* 54. Please indicate the percentage of your activities this reporting period under Objective #5 that problem gambling is integrated into the activity, and percentage of activities that problem gambling is a stand-alone activity.

% Integrated Activities

% Stand-Alone Activities

55. Please identify your integrated partnerships this reporting period for Objective #5 (can select more than one).

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Physical Health (Nutrition/Activity) |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Physical Health (Reproductive/Healthy Relationships) |
| <input type="checkbox"/> Education System K-12 | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Older Adult |
| <input type="checkbox"/> Criminal Justice System (Juvenile/ Adult) | <input type="checkbox"/> Problem Gambling Treatment Program |
| <input type="checkbox"/> Suicide Prevention | |
| <input type="checkbox"/> Other (please specify) | |