



ACT

Counseling & Education

ACT – COUNSELING & EDUCATION

Please answer all questions completely

DEMOGRAPHIC FORM

Date: _____

Have you ever been a client here? Yes _____ No _____ When: _____

How did you hear about us? _____

Client Full Name: _____

First

Middle

Last

Date of Birth: _____ Social Security #: _____

Home address: _____

Street #

City

State

Zip Code

Gender: (circle one) Male Female Cell Phone #: _____

Email Address: _____

For gambling clients: State you were born in: _____ Mother's First Name: _____

Marital Status: (circle one) Single Married Divorced Separated Widowed Significant Relationship

Name of Spouse or Significant Other: _____ How long? _____

Client Employer: _____

Full Name

Complete Address

Name of Supervisor/Title (if applicable): _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Address: _____ Phone Number: _____

My signature on this demographic form indicates that I agree to the following conditions: If I do not provide at least 48-hour notice that I will not be able to keep my designated appointment, or if I am a no show for an appointment, I will be charged a fee of \$100 which is due before my next session.

Client Signature

Date

Are you living with a compulsive gambler?

- | | | |
|--|-----|----|
| 1. Do you find yourself constantly bothered by bill collectors? | Yes | No |
| 2. Is the person in question often away from home for long, unexplained periods of time? | Yes | No |
| 3. Does this person ever lose time from work due to gambling? | Yes | No |
| 4. Do you feel that this person cannot be trusted with money? | Yes | No |
| 5. Does this person in question faithfully promise that he/she will stop gambling, beg, plead for another chance, and yet gamble again? | Yes | No |
| 6. Does this person ever gamble longer than he/she intended to, until the last dollar is gone? | Yes | No |
| 7. Does this person immediately return to gambling to try to recover losses, or to win more? | Yes | No |
| 8. Does this person ever gamble to get money to solve financial difficulties, or have unrealistic expectations that gambling will bring the family material comfort or wealth? | Yes | No |
| 9. Does this person borrow money to gamble with or to pay gambling debts? | Yes | No |
| 10. Has this person's reputation ever suffered due to gambling, even to the extent of committing illegal acts to finance gambling? | Yes | No |
| 11. Have you come to the point of hiding money needed for living expenses, knowing that you and the rest of the family may go without food or clothing if you do not? | Yes | No |
| 12. Do you search this person's clothing or go through their wallet when the opportunity presents itself, or otherwise check on their activities? | Yes | No |
| 13. Does this person in question hide their money? | Yes | No |
| 14. Have you noticed a personality change in the gambler as their gambling progresses? | Yes | No |
| 15. Does this person in question consistently lie to cover up or deny their activities? | Yes | No |
| 16. Does this person use guilt induction as a method of shifting responsibilities for their gambling upon you? | Yes | No |
| 17. Do you attempt to anticipate this person's moods, or try to control their life? | Yes | No |
| 18. Does this person ever suffer from remorse or depression due to gambling sometimes to the point of self-destruction? | Yes | No |
| 19. Has gambling ever brought you to the point of threatening to break up the family unit? | Yes | No |
| 20. Do you feel that your life together is a nightmare? | Yes | No |

Do I Enable My Family Member?

1. Do I put their needs ahead of mine?	Yes	No
2. I rarely let them know I am angry about their behavior?	Yes	No
3. Their behavior affects my serenity?	Yes	No
4. I am more in touch with their feelings than my own?	Yes	No
5. I do anything I can not to “rock the boat” in an attempt to control their behavior?	Yes	No
6. I feel resentful when no matter what I do, the behavior does not change?	Yes	No
7. I try to control the environment (junctions that do not include Or might encourage the behavior) i.e. drinking/gambling/using?	Yes	No
8. I keep “secrets” from those who might help?	Yes	No
9. I make excuses for their behavior?	Yes	No
10. I sometimes retaliate by “doing my own thing or by doing their thing” to show them how it feels?	Yes	No
11. I feel good about myself only if the family “behaves”?	Yes	No
12. I rarely ask for help from anyone?	Yes	No
13. I spend a lot of time pretending things are “fine”?	Yes	No
14. Their “dreams” are my “dreams”?	Yes	No
15. I “go along” to avoid any conflict?	Yes	No
16. I no longer have my own “circle of friends”?	Yes	No
17. I find myself feeling mentally, physically or emotionally drained?	Yes	No
18. I seem to have forgotten what fun is?	Yes	No
19. I find myself complaining or criticizing others and myself?	Yes	No
20. I find myself feeling hopeless and helpless and as if nothing will ever change?	Yes	No

SAT – Person Affected by Problem Gambler Self- Assessment Tool

Name: _____

Date: _____

Place an “X” in the column to rate how satisfied you are at this time with each topic in your life

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Job or School					
Friendships					
Family Life					
Recreational Activities					
Amount of time spent gambling					
Amount of money spent gambling					
Self-Esteem					
Physical Health					
Emotional Health					
Spiritual Well Being					
Decision Making					
The place where you live					
The amount of money you have to buy what you need					
Your ability to take care of yourself (staying healthy, eating right, avoiding danger)					

- During the past 30 days, to what extent did you have morbid thoughts (i.e. wishing you were dead) without thinking of suicide?
 Never Rarely Sometimes Often Always or nearly always
- During the past 30 days, to what extent did you have thoughts of suicide?
 Never Rarely Sometimes Often Always or nearly always

Thank you for completing this form

Counselor Name: _____

Client ID: _____

Cycle: Initial 3 mo. 6 mo. 9 mo. 12 mo. 15 mo. 18 mo. 21 mo. 24 mo.

Discharge: **If Discharge, type of discharge:** Treatment completed Left Against Clinical Advice (lost contact), Non-Compliance with Agency Rules, Transferred to another Facility, Terminated by Facility, Chose to Decline Additional Treatment, Client Seen for Assessment Only, Client Moved, Administrative Discharge, Incarcerated, Death