



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

Name: _____

Date: _____

Are you a compulsive gambler?

- | | | | |
|---|-----|----|----|
| 1. Do you ever lose time from work or school due to gambling? | Yes | No | 1 |
| 2. Has gambling ever made your home life unhappy? | Yes | No | 2 |
| 3. Does gambling affect your reputation? | Yes | No | 3 |
| 4. Have you ever felt remorse after gambling? | Yes | No | 4 |
| 5. Do you ever gamble to get money with which to pay debts or otherwise solve financial difficulties? | Yes | No | 5 |
| 6. Does gambling cause a decrease in your ambition or efficiency? | Yes | No | 6 |
| 7. After losing do you feel you must return as soon as possible and win back your losses? | Yes | No | 7 |
| 8. After a win, do you have a strong urge to return and win more? | Yes | No | 8 |
| 9. Do you often gamble until your last dollar is gone? | Yes | No | 9 |
| 10. Do you ever borrow to finance your gambling? | Yes | No | 10 |
| 11. Have you ever sold anything to finance your gambling? | Yes | No | 11 |
| 12. Are you reluctant to use gambling money for normal expenditures? | Yes | No | 12 |
| 13. Does gambling make you careless of the welfare of yourself or your family? | Yes | No | 13 |
| 14. Do you ever gambling longer than you had planned? | Yes | No | 14 |
| 15. Have you ever gambled to escape worry or trouble? | Yes | No | 15 |
| 16. Have you ever committed, or considered committing an illegal act to finance gambling? | Yes | No | 16 |
| 17. Does gambling cause you to have difficulty in sleeping? | Yes | No | 17 |
| 18. Do arguments, disappointments or frustrations create within you an urge to gamble? | Yes | No | 18 |
| 19. Do you ever have an urge to celebrate any good fortune by a few hours of gambling? | Yes | No | 19 |
| 20. Have you ever considered self-destruction or suicide as a result of your gambling? | Yes | No | 20 |

SCORE: _____

SOUTH OAKS GAMBLING SCREEN (SOGS)

Name: _____ Date: _____

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type mark one answer, “Not at All,” “Less than Once a Week,” or “Once or More.”

PLEASE CHECK ONE ANSWER FOR EACH STATEMENT ✓	NOT AT ALL	LESS THAN ONCE A WEEK	ONCE A WEEK OR MORE
a. Played cards for money			
b. Bet on horses, dogs, or other animals (OTB) or bookie.			
c. Bet on sport (parlay cards, with bookie at Jai Alai)			
d. Played dice games, including over and under craps, other dice games			
e. Went to casinos (legal or otherwise)			
f. Played the numbers or bet on lotteries			
g. Played bingo			
h. Played the stock and/or commodity markets			
i. Played slot machines, poker machines, or other gambling machines			
j. Bowled, shot pool, played golf, or some other game of skill for money			
k. Played pull tab or “paper” games other than lotteries			
l. Some for gambling not listed above (please specify)			

2. What is the largest amount of money you have ever gambled with on any one-day?

<input type="checkbox"/> Never gambled	<input type="checkbox"/> More than \$100.00 up to \$1000.00
<input type="checkbox"/> \$1.00 or less	<input type="checkbox"/> More than \$1000.00 up to \$10,000.00
<input type="checkbox"/> More than \$1.00 up to \$10.00	<input type="checkbox"/> More than \$10,000.00
<input type="checkbox"/> More than \$10.00 up to \$100.00	

3. Check which of the following people in your life has (or had) a gambling problem?
 Father Mother
 Brother/Sister My Spouse/Partner
 My Child(ren) Mother
 A friend or someone important in my life
4. When you gamble, how often do you go back another day to win money that you have lost?
 Never Most of the time I lose
 Some of the time (less than half the time I lose) Every time I lose
5. Have you ever claimed to be winning money gambling, but weren't? In fact, you lost?
 Never
 Yes, less than half the time I lost
 Yes, most of the time
6. Do you feel you have ever had a problem with betting or money gambling?
 No Yes Yes, in the past, but not now
7. Did you ever gamble more than you intended to? Yes No
8. Have people criticized your betting or told you that you had a problem, regardless of whether or not you thought it was true? Yes No
9. Have you ever felt guilty about the way you gamble, or what happens when you gamble? Yes No
10. Have you ever felt like you would like to stop betting money on gambling, but didn't think you could? Yes No
11. Have you ever hidden betting slips, lottery tickets, gambling money, IOU's, or other signs of betting or gambling from your spouse, children or other important people in your life? Yes No
12. Have you ever argued with people you live with over how you handle money? Yes No
13. (If you answered "yes" to question 12) Have money arguments ever centered on your gambling? Yes No
14. Have you ever borrowed from someone and not paid them back as a result of your gambling? Yes No
15. Have you ever lost time from work (or school) due to betting money or gambling? Yes No
16. If you borrowed money to gamble to pay gambling debts, who or where did you borrow from? (check "Yes" or "No" for each):
- a. From household money Yes No a
 - b. From your spouse Yes No b
 - c. From other relatives or in-laws Yes No c

- | | | | |
|--|-------------------------------------|------------------------------------|----------|
| d. From banks, loan companies, or credit unions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | d |
| e. From credit cards | <input type="checkbox"/> Yes | <input type="checkbox"/> No | e |
| f. From loan sharks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | f |
| g. You cashed in stocks, bonds or other securities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | g |
| h. You sold personal or family property | <input type="checkbox"/> Yes | <input type="checkbox"/> No | h |
| i. You borrowed on your checking accounts
(passed bad checks) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i |
| j. You have (had) a credit line with a bookie | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j |
| k. You have (had) a credit line with a casino | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k |

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SAT – Problem Gambler Self-Assessment Tool

Name: _____

Date: _____

Place an "X" by the response that matches your experience

1. If you had urges too gamble during the past 30 days, on average how strong were your urges?
 None Mild Moderate Severe Extreme
2. During the past 30 days, about how often did you experience urges to gamble?
 Never Rarely Sometimes Often Always or nearly always
3. During the past 30 days, about how often were you preoccupied with your urges to gamble?
 Never Rarely Sometimes Often Always or nearly always
4. During the past 30 days, how often were you able to control your urges?
 Never Rarely Sometimes Often Always or nearly always
5. During the past 30 days, how often did you think about gambling or placing a bet?
 Never Rarely Sometimes Often Always or nearly always
6. During the past 30 days, how often were you able to control your thoughts about gambling?
 Never Rarely Sometimes Often Always or nearly always
7. During the past 30 days, how much trouble (relationship, financial, legal, job, medical, emotional) has your gambling caused?
 None Mild Moderate Severe Extreme
8. During the past 30 days, have you bet money, bought lottery tickets, or engaged in some form of gambling?
 Yes No
9. Which of the following statements best compares the amount of gambling you have done in the last 30 days to before starting treatment?
 Much less Less About the Same More Much More

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)					

10. 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

11. 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's ___ 6-mo's ___ 9-mo's ___ 12-mo's ___ 15-mo's ___ 18-mo's ___ 21-mo's ___ 24-mo's

Discharge, (type of discharge): treatment completed transferred to another provider/facility non-compliance with agency rules/terminated by facility
declined additional treatment client moved administrative discharge incarcerated death

Readiness Ruler

Using the readiness ruler below, indicate how ready you are to make a change (stop, quit, or cut down) in your gambling behavior. If you are **not at all** ready to make a change, you would circle the 1. If you **are already trying hard** to make a change, you would circle the 10. If you **are unsure** whether you want to make a change, you would circle 3, 4, or 5. If you **don't do** a certain type of gambling circle the **don't do** in the box at the right.

Circle one answer for each type of gambling.

Type of gambling	Not ready to change	Unsure	Ready to change	Trying to change	I don't do this type of gambling
Slot Machines	1 2 3	4 5	6 7 8	9 10	Don't Do
Video Machines	1 2 3	4 5	6 7 8	9 10	Don't Do
Video Poker	1 2 3	4 5	6 7 8	9 10	Don't Do
Blackjack	1 2 3	4 5	6 7 8	9 10	Don't Do
Poker	1 2 3	4 5	6 7 8	9 10	Don't Do
Other Card Games	1 2 3	4 5	6 7 8	9 10	Don't Do
Horse/Dog Racing	1 2 3	4 5	6 7 8	9 10	Don't Do
Dice/Craps	1 2 3	4 5	6 7 8	9 10	Don't Do
Keno	1 2 3	4 5	6 7 8	9 10	Don't Do
Sports Betting	1 2 3	4 5	6 7 8	9 10	Don't Do
Casinos	1 2 3	4 5	6 7 8	9 10	Don't Do
Betting on Games of Skill such as Bowling, Golf, etc.	1 2 3	4 5	6 7 8	9 10	Don't Do
Stock Market	1 2 3	4 5	6 7 8	9 10	Don't Do
Lottery/Scratchers	1 2 3	4 5	6 7 8	9 10	Don't Do
Fantasy	1 2 3	4 5	6 7 8	9 10	Don't Do
Bingo	1 2 3	4 5	6 7 8	9 10	Don't Do