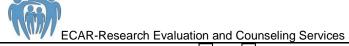
Gambling Assessment –Family Member

Presenting Problem
How did you hear about our program?
Describe what is happening in the gambler's life that helped you make the decision to inquiry about gambling treatment at this time:
How do they see gambling directly affecting their life? Example: not doing things with family, using household funds to gamble etc?
Has the family member's gambling impacted anyone else besides you?
Gambling History
Overview of gambling history for the family members (first experience, big win, life events, affects on self, family, work, health etc
Which pattern of gambling most describes your family member?
Regular gambler-gambles some every month – including those who might be in early remission, have not gabled in the past 30 days but when gambling gambled some every month.
In the past 12 months able to maintain 30 or more days abstinence with lapses into 14 to 180 day gambling episodes
In the past 12 months maintains abstinence for 30 days or more but has lapses into 1 to 14 days episodes.
What ways have they tried in the past to stop gambling?
Were any of them helpful? Yes No. If yes which ones?
Intrapersonal Issues
Physical Health
How would they describe their health on a scale of 1 to 10? 10 being the Best they ever felt.
Scale:
Current medications prescribed for medical purposes and over the counter drug used, including vitamins and herbal medications:
Family member's nutritional status: # of meals a day Do they eat a balanced diet? Yes No
Do they have difficulty with shopping, cooking or hygiene? Yes No
Sleep Patterns: Do they have a regular bedtime and wake up time? Yes No. Sleep hours per night



Do they feel rested when you wake up? Yes No Do they take naps regularly during the day? Yes No Do they have any other medical conditions? Yes No If yes what?
Do they have any limitations that impact daily activities? Yes No If yes what?
Pain Issues: What is their current level of pain (0-to-10, with 0=None, 10=Worst)? How long have they been having this pain? Describe the probable source of the pain they are having
Mental Health or other Emotional Issues Has there ever had a significant period in which they experienced the following? Anxiousness/nervousness Grief and loss issues Inability to comprehend Sleep disturbances Loss of appetite Serious depression Isolation Loss of motivation Numb (no emotional life) Lonely Eating disorder(s); if checked; Anorexia, Bulimia Anger Hostility/violence Self-esteem problems Shyness Shame Stress Boundaries (too passive – too aggressive) Phobias/paranoia/delusions Clouded or confused thinking Trouble with writing Hallucinations. If checked, also note: Audio Visual Trouble with reading Other(s): Other(s):
What is your rating of their mental health? Poor Average Good Excellent Do they like themselves? Yes No Explain:
Is there anything they did in their past that still bothers you today? No Yes, If yes; Describe:
Do they have a family history of suicide? Yes No If yes; explain: Have they ever (past or present) thought about committing suicide? Yes No If yes date of last thought: Do they have a current plan to harm themselves? Yes No If yes evaluate level of risk. Current level of RISK: If risk is above a 5 then a No-Harm Contact must be signed. If risk is above an 8 and client is unable to contract for safety call a CDMHP.
Violence/Abuse History Do they have homicidal thoughts? Yes No. If yes explain: Do they have a history of combative or assaultive behavior? Yes No. IF yes date of last thought: Do they have a current plan to harm themselves? Yes No If yes evaluate level of risk. Have they ever been physically abused? Yes No If yes explain:
Have they received counseling for this issue? Yes No If yes, by whom:
Have they received counseling for this issue? Yes No If yes, by whom:
Was their abuse reported to the authorities? Yes No If yes what was the Outcome? Are they required to register as a sex offender? Yes No. Indicate Level: I III III. (if II or III, do an Offender Contract) If "Yes," is their registration current? Yes No List State/County: (Note to counseler: Obtain releases to County Sheriff where involved, and any other relevant Legal)

INTERPERSONAL
Do they have children? Yes No Are any of their children not in your care? Yes No If yes explain (including any loss of parental rights): What community supports do they have? Do y they have supportive family members? Yes No Supportive friends? Yes No Are they currently in a relationship? Yes No Is their Spouse/SO supportive? Yes No Current living situations? Who else is supportive of their stopping gambling? What do they do for fun – leisure activities? During the past 12 months have they had any significant relationship problems with their spouse/partners due to gambling? Yes No If yes what? On a scale from 1 to 10 with 10 being "I will do whatever to stop gambling" where is their spouse/partner?
Educational - Vocational
Do they have any military history? Yes No IF yes explain: Have they worked in the last 6 months? Yes No Primary occupation: If yes explain (include job titles and last full time employment): Has the gambler ever been wrote up or reprimanded at work due to gambling? Yes No If yes explain: Do you suspect that the gambler has committed illegal acts to support their gambling? Yes No If yes explain:
LEGAL
Has their partner/spouse ever been in trouble with the law? Yes No If Yes, was it due to gambling? Yes No Do they have any upcoming court dates? Yes No Are they currently on probation? Yes No Have they been court ordered to participate in gambling treatment? Yes No If yes explain:
FINANCIAL
Estimated debt in dollars as a result of gambling – this includes credit cards, loans from family etc. \$ Do they have funds for basic needs? Yes No Have they ever had any items repossessed? Yes No Are they struggling or feeling stress about their finances? Yes No Do they have credit cards? Yes No Are they maxed out? Yes No Do they have a checking account? Yes No Do they balance it: Daily Weekly Monthly Never Have they ever filed for bankruptcy? Yes No SPIRITUAL
Do they currently identify with any organized religion? Yes No. Or other spiritual beliefs/practices? Yes No Please explain: Do they believe in a higher power? Yes No Explain:
Do they believe that what goes around comes around? Yes No Explain: