

**BETTER MOOD CLINIC OF SOUTH GEORGIA, LLC.
GAMBLING INTAKE**

Please answer all questions as accurately as possible to ensure a complete assessment. Your answers will help your provider know more about you so they can provide you the proper intervention and treatment. If you don't know how to answer please ask.

<p>Section I: Your Gambling Behaviors</p> <p>How old were you when you began to gamble? _____</p> <p>What is your preferred method of gambling? (Ex., scratch offs, cards, video poker, races...) _____</p> <p>How often do you gamble in a given week? _____</p> <p>When was the last time you gambled? _____</p> <p>How do you feel when you are gambling? (Guilt, excitement, euphoric, sad...) _____</p> <p>Why do you gamble? _____</p> <p>Have you ever lost time or work due to gambling? Yes / No If yes, how much and when? _____</p> <p>_____</p> <p>What is the most amount of time and money you spent on gambling <u>at one time?</u> _____</p> <p>Have you ever gambled more than you intended? Yes / No If yes, how often does this happen? _____</p> <p>Have you ever or do you attempt to hide your gambling habits? Yes / No If yes, how often and from who? _____</p> <p>Do you desire to celebrate good fortune by gambling? Yes / No If yes, how often does this happen? _____</p> <p>Do you gamble to escape worries or trouble? Yes / No</p> <p>Do you borrow money to gamble or to pay gambling debts? Yes / No ➤ From whom? List all: _____</p>	<p style="text-align: center;">Shaded Area is for Clinicians only:</p>
--	---

Have you stolen money or gambled to pay off a gambling debt? Yes / No
If yes, please describe what happened: _____

Do you gamble to win money to pay off financial difficulties? Yes / No
If yes, when was this and what happened? _____

Have you neglected yours/your family's welfare due to gambling? Yes / No
If yes, when was this and what happened? _____

Have you had any legal problems because of your gambling? Yes / No
If yes, when was this and what happened? _____

Have you ever traded sex or favors for money to gamble? Yes / No
If yes, when was this and what happened? _____

Have you ever promised to or attempted to stop gambling? Yes / No
If yes, when and what happened? _____

If yes, how often does this happen? _____

Have you noticed significant changes in your gambling habits such as increases or decreases in time or money, places or people you gamble with or any other changes? (Reflect on your history from the 1st time until now)

What is the longest time period you have gone without gambling? _____

Have you ever attended Gamblers Anonymous? Yes / No
If yes, Why did you attend? _____

Do you believe you have a gambling problem? Yes / No
Why or why not? _____

Do you have any other repetitive behaviors such as drinking, misuse of street drugs, prescribed medications, smoking or anything else? Yes / No
If yes, please describe: _____

Do these above behaviors occur along with the gambling behaviors or separate from them? _____

Is there anything else you'd like to share about any of these behaviors that we haven't asked about? _____

<p>Section II: Lethality and Self Harm:</p> <p>Have you ever cut, hit or burned yourself on purpose? Yes / No If yes, what did you do and when? _____</p> <p>Have you ever had thoughts of hurting yourself or others? Yes / No If yes, who and when? _____ What did you do? _____</p> <p>Would you ask for help if the thoughts/feelings returned? Yes / No If yes, who would you call? _____</p> <p>Are you having any of these thoughts right now? Yes / No If yes, please explain. _____</p> <p>Are you afraid to be alone? Yes / No If yes, what would help? _____</p> <p>Section III: Stressors and Support Systems</p> <p>Are you experiencing any concerns at home such as:</p> <ul style="list-style-type: none"> - Increased conflicts and arguments? Yes / No If yes, please describe: _____ - Do you feel at risk? Yes / No If yes, please describe: _____ - Financial concerns? Yes / No If yes, please describe: _____ - Another concern not listed? _____ <p>List other current stressors? _____</p> <p>Do you have someone to confide in? If yes, who? _____</p> <p>Do you belong to any groups, churches or organizations? If yes, please list: _____</p> <p>Are there are other problems not listed here that are affecting your ability to function as you would like? _____</p>	
<p>Signature of Patient/ Guardian: Date:</p>	<p>BMC of SGA Provider: Date:</p>

