

**CLIENT
GAMBLING QUESTIONNAIRE**

CLIENT NAME: _____ **DATE:** _____

RELATIONSHIP

Total number of times you have ever become divorced, separated or lost a significant relationship due to gambling:

DIVORCE _____ SEPARATED _____ LOST SIGNIFICANT RELATIONSHIP _____

JOB PROBLEMS

Total number of times you have ever lost a job, been expelled from school, or received formal disciplinary action at work or school in relation to gambling:

LOST JOB _____ EXPELLED (SCHOOL) _____ FORMAL DISCIPLINARY ACTION _____
(Work or School)

TOTAL LEGAL CHARGES

Total number of charges for illegal acts associated with gambling (e.g., fraud, embezzlement, forgery, theft, robbery, assault, etc.) _____

VIOLENT CHARGES

Total number of incidences resulting in charges being filed for violent behavior including assault, domestic violence, restraining order, etc. in relation to, or associated with gambling. _____

INCARCERATION TIME

Total number of years and months of time served incarcerated for gambling related crimes. _____

PENDING CHARGES - for gambling related offense (check one)

None Awaiting Charges Awaiting Trial Awaiting Sentencing On Appeal

PROBATION

Are you currently on probation for gambling related activities? (circle one) **YES / NO**

HOUSING (check one)

Own Institution or Group Home
 Rent-no subsidies Homeless / Shelter
 Rent-with subsidies Other - Not paying rent (crashing w/friends/acquaintances)

ACCESS SOURCE

How did you acquire information about our gambling treatment program? _____
