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GAMBLING BIOPSYCHOSOCIAL-SPIRITUAL EVALUATION

*Modified from Treatment Works Series, by Ladouceur and Lachance, 2007 with
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Date:

Client: Client #:.....

Therapist:.....

Reason for seeking help:
.....
.....

PRESENCE OF SUICIDAL IDEATION

1. In the past 12 months, have you ever **SERIOUSLY** thought about attempting suicide?

Yes ☐ No ☐

a. If YES, have you thought about a way to do it?

Yes ☐ No ☐

b. Was this thought mainly linked to your gambling problems?

Yes ☐ No ☐

c. Have you attempted suicide in the last 12 months?

Yes ☐ No ☐

2. Have you ever attempted suicide?

Yes ☐ No ☐

a. If YES, then what year?

b. Explain the context:

3. Are you presently considering suicide?

Yes ☐ No ☐

Document thoughts to harm self or others, plan, develop safety plan, provide Crisis helpline:

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Is there a need for a referral for emergent care services to another provider? Yes ☐ No ☐

Reason:.....

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MOTIVATION OF CONSULTATION/EVALUATION

1. What specific event led you to consult with me?

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2. Any other reasons?

Yes ☐ No ☐

Reason	Comments
Threat of separation or pressure from spouse/partner because of gambling	
Pressure from parents because of gambling	
Loss of relationships because of gambling	
Threats or pressure from employer	
Loss of employment due to gambling	
Loss of control over gambling activities	
Loss of significant possessions	
Financial problems	
Legal problems	
Other	

GAMES THAT LEAD TO A PARTIAL OR COMPLETE LOSS OF CONTROL

	Ever played? (Check if yes)	Do you find difficulty in controlling yourself at this game? (Check if yes)	If yes, how long have you had this difficulty? (Number of months or years)
A. Lotteries	<input type="radio"/>	<input type="radio"/>	
B. Casino	<input type="radio"/>	<input type="radio"/>	
Blackjack	<input type="radio"/>	<input type="radio"/>	
Poker	<input type="radio"/>	<input type="radio"/>	
Roulette	<input type="radio"/>	<input type="radio"/>	
Baccarat	<input type="radio"/>	<input type="radio"/>	
Keno	<input type="radio"/>	<input type="radio"/>	
Slot machines	<input type="radio"/>	<input type="radio"/>	
Sport betting (brick and mortar)	<input type="radio"/>	<input type="radio"/>	
C. Bingo	<input type="radio"/>	<input type="radio"/>	
D. Cards	<input type="radio"/>	<input type="radio"/>	
E. Horse, dog, or other types of animal racing	<input type="radio"/>	<input type="radio"/>	
F. Stock market or commodities	<input type="radio"/>	<input type="radio"/>	
G. Video lottery terminals	<input type="radio"/>	<input type="radio"/>	
H. Bowling, pool, golf, or other skill games	<input type="radio"/>	<input type="radio"/>	
I. Dice (craps, etc.)	<input type="radio"/>	<input type="radio"/>	
J. Online sports betting	<input type="radio"/>	<input type="radio"/>	
K. Internet wagering: slot, blackjack, other	<input type="radio"/>	<input type="radio"/>	
L. Gambling apps	<input type="radio"/>	<input type="radio"/>	
M. Video games	<input type="radio"/>	<input type="radio"/>	
N. Facebook/ social casinos	<input type="radio"/>	<input type="radio"/>	
O. Other	<input type="radio"/>	<input type="radio"/>	

Comments:

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INFORMATION ON THE DEVELOPMENT OF GAMBLING HABITS

1. You have told me that you have had trouble controlling your gambling in the past. When you first played these games, do you remember having a significant win, i.e. having “won big”? (Large wins within the first few experiences with the game(s) in question qualify as a “yes” in this instance.)

Yes ☐ No ☐

a. If yes, how much did you win?

b. What was the amount of the bet?

c. How long ago was this? (specify in months or years)

d. What did you do with the “big win”?

.....

.....

e. What type of game were you playing?

2. Which of the following people introduced you to gambling?
(Specify the relationship)

☐ Father

☐ Grandmother

☐ Mother

☐ Spouse

☐ Brother

☐ Neighbor

☐ Sister

☐ Friend

☐ Aunt

☐ Work Colleague

☐ Uncle

☐ Myself

☐ Grandfather

☐ Other (specify):

3. How old were you when gambling became a problem for you?

.....

4. In your opinion, what triggered your gambling problem?

.....

.....

INFORMATION ON CURRENT GAMBLING PROBLEM

1. What are the main reasons or issues that motivate you to gamble at this point? (Check all that apply)

To distract from or escape daily problems ☐

To avoid stresses ☐

To make money ☐

To resolve a financial problem ☐

For the rush/excitement ☐

Boredom ☐

Other reason(s):

.....
.....

2. On average, how much time do you spend gambling each week?

..... total hours

3. On average, how much money do you spend gambling in one week?

\$.....

DSM-5 DIAGNOSTIC CRITERIA

You must read each item as described below. If, after reading the question below as stated, the individual does not understand, then you may reformulate the question to improve understanding. For each DSM-5 criterion, you must be able to clearly state YES or NO whether the individual meets each criterion. If doubt remains, probing might be necessary.

1. Do you need to gamble with increasing amounts of money in order to achieve the desired excitement?

Yes ☐ No ☐

If yes, do you have tendency to:

a. increase your bet

Yes ☐ No ☐

b. always bet the maximum amount

Yes ☐ No ☐

2. Have you felt restless or irritable when attempting to cut down or stop gambling?

Yes ☐ No ☐

3. Have you already made repeated unsuccessful efforts to control, cut back, or stop gambling?

Yes ☐ No ☐

If yes, please share more about what you've tried or how long you have stopped.

.....
.....

4. Do you find that you are preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)?

Yes ☐ No ☐

5. Do you gamble when feeling distressed (e.g., helpless, guilty, anxious, depressed)?

Yes ☐ No ☐

6. After losing money gambling, do you often return another day to get even ("chase one's losses")?

Yes ☐ No ☐

7. Has it happened that you have lied to conceal the extent of your involvement in gambling?

Yes ☐ No ☐

8. Have you jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling?

Yes ☐ No ☐

If yes, did they involve...

Family relations ☐

Work ☐

Spousal/partner relations ☐

Friendships ☐

Work relationships ☐

Studies ☐

Explain:

.....
.....

9. Do you rely on others to provide you with money to relieve desperate financial situations caused by gambling?

Yes ☐ No ☐

Number of diagnostic criteria present (9):

Please share with your client how they scored and that 4 or more meets the criteria for a Gambling Disorder.

CONSEQUENCES OF GAMBLING PROBLEM

At present, to what extent does your gambling behavior affect your:

Aspect of living	Comments:
1. Social Life E.g.: reduction of friends, isolation, abandoning social activities	
2. Relationships E.g.: arguments, decrease in time spent together, irritability	
3. Family life E.g.: absences, decrease in time spent with children, irritability	
4. Work/school E.g.: Lateness, lack of communication, decrease in efficiency	
5. Mood E.g.: anxiety, worries, depression	
6. Sleep E.g.: difficulty falling asleep, staying asleep, waking up too early	
7. Physical E.g.: headaches, weight gain	
8. Financial situation	
9. Spiritual	
10. Developmentally out of sync with chronological age	

1. Have you declared bankruptcy?

Yes ☐ No ☐

a. If yes, when?

.....

.....

b. What was the amount of debt?

.....

.....

c. What amount was directly related to gambling?

.....

.....

2. At present, to whom do you owe money?

.....

.....

Amount owed? \$.

CURRENT LIVING CONDITIONS

- 1. Describe your current lifestyle (living conditions, diet, close relationships, work, hobbies).**

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- 2. Do you use community services for food, clothing, or other essential needs for yourself or family? If yes, please explain.**

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.....

- 3. Describe any family issues related to history of any addiction, mental health issues, child custody/visitation, childcare arrangements, or other family dynamics.**

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OTHER DEPENDENCIES (CURRENT AND PAST)

1. Do you currently have or have you in the past had problems with the following behaviors:

	In the past?	Current?
Cigarettes	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Nicotine	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Cannabis	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Drug use	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Alcohol	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Medication	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Internet	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	

	In the past?	Current?
Compulsive sexual behaviors (porn, masturbating, etc.)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Compulsive buying	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Video gaming, internet games	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	
	
Other behaviors	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Specify:	
	

Describe, in detail, the specific dependencies. Include when started, types of drugs, medication, and other specific behaviors, any clean/sober time and for how long.

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.....

In relation to alcohol consumption...

1. Do you drink before gambling?

Yes ☐ No ☐

If yes, what proportion of the time does this happen?%

2. Do you drink while you gamble?

Yes ☐ No ☐

If yes, what proportion of the time does this happen?%

3. Do you drink after you gamble?

Yes ☐ No ☐

If yes, what proportion of the time does this happen?%

In relation to drug consumption...

1. Do you use drugs before gambling?

Yes ☐ No ☐

If yes, what proportion of the time does this happen?%

2. Do you use drugs while you gamble?

Yes ☐ No ☐

If yes, what proportion of the time does this happen?%

3. Do you use drugs after you gamble?

Yes ☐ No ☐

If yes, what proportion of the time does this happen?%

PRESENCE OF PRIOR MENTAL HEALTH AND HEALTH PROBLEMS

1. Have you ever consulted a doctor, psychologist, or psychiatrist for other psychiatric difficulties?

Yes ☐ No ☐

If yes...

What type of specialist?

When?

For what reason?

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.....

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What type of specialist?

When?

For what reason?

.....

.....

.....

What type of specialist?

When?

For what reason?

.....

.....

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2. Are you currently taking prescribed medication?

Yes ☐ No ☐

List medications, duration, and reason prescribed.

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3. Describe your diet and exercise habits.

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4. Describe your sleep patterns or habits.

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PERSONAL STRENGTHS AND RESOURCES AVAILABLE

Review the answers to all questions and synthesize below.

1. Benefits from support from close ones, contacts, employers:

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2. Shows interest in other activities not related to gambling:

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3. Military—branch of service, length of service, and type of discharge:

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4. Attendance in 12-Step (which meetings, when, sponsor):

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5. Self-excluded at casinos or online?

Yes ☐ No ☐

Which ones?

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For how long?

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Other comments:

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.....

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Legal history:

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Spiritual/religious preference:

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SUMMARY AND TREATMENT

	Diagnosis	Code
AXIS I	1:
	2:

TREATMENT CONSIDERATIONS

Is the patient appropriate for outpatient treatment? Yes ☐ No ☐

If no, explain and indicate referral made:

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TREATMENT PROGRAMS AND FREQUENCY RECOMMENDED

☐ Individual ☐ Couples ☐ Family ☐ Gender-specific group

Summary of all initial treatment recommendations, including support groups, psychiatry evaluation, professional services (legal, financial), and self-exclusion:

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Therapist's signature/credentials:

Date: