Gambling Disorder ASAM Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** Click or tap here to enter text. | | **DOB:** Click or tap here to enter text. | **EMR#:** Click or tap here to enter text. |
| **Gender Claimed:** Click or tap here to enter text. | **Ethnicity Claimed:** Click or tap here to enter text. | **Marital Status:** Click or tap here to enter text. | **Children (<18):** Click or tap here to enter text. |
| **Date of Assessment:** Click or tap here to enter text. | **Assessor:** Click or tap here to enter text. | **Location:** Click or tap here to enter text. | |
| **Referral From:** Click or tap here to enter text. | **Status Reports:** Click or tap here to enter text. | **Signed Release(s) of Confidential Information:** Click or tap here to enter text. | |

# Part 1: SOGS

The South Oaks Gambling Screen was developed in 1986 by the South Oaks Foundation Inc.

*Check boxes next to the numbered questions are used to indicate which questions receive a point to count in scoring.*

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 a Week or More.” *(not counted in scoring)*

|  |  |  |  |
| --- | --- | --- | --- |
| PLEASE MARK 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 (at OTB, the track or with a bookie) |  |  |  |
| c. Bet on sports (parlay cards, with bookie at Jai Alai) |  |  |  |
| d. Played dice games, including craps, over and under, or 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 commodities market |  |  |  |
| 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 tabs or “paper” games other than lotteries |  |  |  |
| l. Some form of gambling not listed above (please specify: |  |  |  |

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

*(not counted in scoring)*

Never gambled

$1.00 or less

More than $1.00 up to $10.00

More than $10.00 up to $100.00

More than $100.00 up to $1,000.00

More than $1,000.00 up to $10,000.00

More than $10,000.00

3. Check which of the following people in your life has (or had) a gambling problem. *(not counted in scoring)*

Father

Brother/sister

My Children

A friend or someone important in my life

Mother

My Spouse/Partner

Another Relative

4. When you gamble, how often do you go back another day to win back money you have lost?

Never *(not counted in scoring)*

Some of the time (less than half the time I lose) *(not counted in scoring)*

Most of the times I lose

Every time I lose

5. Have you ever claimed to be winning money gambling, but weren’t really? In fact, you lost?

Never *(not counted in scoring)*

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, IOUs, 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? *(not counted in scoring)*   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? *(not counted in scoring)*  Yes  No

16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from (check “yes” or “no” for each):

a. From household money  Yes  No

b. From your spouse  Yes  No

c. From other relatives or in-laws  Yes  No

d. From banks, loan companies, or credit unions  Yes  No

e. From credit cards  Yes  No

f. From loan sharks  Yes  No

g. You cashed in stocks, bonds or other securities  Yes  No

h. You sold personal or family property  Yes  No

i. You borrowed on your checking accounts (passed bad checks)  Yes  No

j. You have (had) a credit line with a bookie *(not counted in scoring)*  Yes  No

k. You have (had) a credit line with a casino *(not counted in scoring)*  Yes  No

**SCORING**

Scores on the SOGS are determined by scoring one point for each question that shows the “at risk” response indicated and adding the total points. Each endorsed response is equal to 1 point. Total of 20 points maximum.

Questions 1-3 NOT COUNTED

Question 4  Most of the time I

lose or Yes, most of the time

Question 5  Yes, less than half

the time I lose or Yes, most

of the time

Question 6  Yes, in the past

but not now or Yes

Question 7  Yes

Question 8  Yes

Question 9  Yes

Question 10  Yes

Question 11  Yes

Question 12 NOT COUNTED

Question 13  Yes

Question 14  Yes

Question 15  Yes

Question 16a  Yes

Question 16b  Yes

Question 16c  Yes

Question 16d  Yes

Question 16e  Yes

Question 16f  Yes

Question 16g  Yes

Question 16h  Yes

Question 16i  Yes

Question 16j NOT COUNTED

Question 16k NOT COUNTED

Interpreting the Score:

**0** = No problem with gambling

**1-4** = Some problems with gambling

**5 or more** = Probable pathological gambler (complete further assessment)

**Total Points:** Click or tap here to enter text. (Max score = 20)

# Part 2: DSM-5 Diagnostic Criteria

The Pocket Guide to the DSM-5 Diagnostic Exam was published in 2013 and includes the following diagnostic criteria interview questions for diagnosis of Gambling Disorder.

**A.** Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. **Escalates spending on gambling:** *Do you find that it takes increasing amounts of money to get the excitement you want from gambling?*   Yes  No As evidenced by: [Type here]
2. **Is irritable when quitting:** *When you try to reduce or quit gambling, are you irritable or restless?*

Yes  No As evidenced by: [Type here]

1. **Is unable to quit:** *Have you unsuccessfully tried to reduce or quit gambling on several occasions?*

Yes  No As evidenced by: [Type here]

1. **Is preoccupied:** *Are you 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 As evidenced by: [Type here]
2. **Gambles when distressed:** *When you are feeling anxious, down, or helpless, do you gamble?* (e.g., helpless, guilty, anxious, depressed).  Yes  No As evidenced by: [Type here]
3. **Chases losses:** *After you lose money, do you return another day to try to get even?*  Yes  No As evidenced by: [Type here]
4. **Lies:** *Do you lie to conceal how much you gamble?*  Yes  No As evidenced by: [Type here]
5. **Jeopardized relationships/opportunities:** *Have you lost or jeopardized a relationship, job, or other opportunity because of gambling?* (e.g., relationship suffered, education program or career opportunity lost or negatively impacted)  Yes  No As evidenced by: [Type here]
6. **Borrows money:** *Do you have to rely on other people for money to cover desperate financial situations caused by gambling? (e.g., pay rent, bills, collections, etc.)*   Yes  No As evidenced by: [Type here]

**B.** The gambling behavior is not better explained by a manic episode.

**Current diagnosis:**

No diagnosis  
 F63.0 Gambling Disorder

Z72.6 Gambling and betting

**Specify current severity:**

Mild: 4-5 criteria met

Moderate: 6-7 criteria met

Severe: 8-9 criteria met

**Specify if:**

**Episodic** (Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at lease several months)

**Persistent** (Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

**In early remission** (After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.

**In Sustained remission** (After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

# Part 3: ASAM Level of Care Placement

The American Society of Addiction Medicine, Third Edition was published in 2013. The following questions were created based on guidance from the ASAM section on Gambling Disorder (p. 357-366), general best practices in assessing Gambling Disorder, and the Washington Annotated Codes for Behavioral Health Services on Problem Gambling [(WAC 246-341-0754)](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-341-0754) and Clinical Assessment [(WAC 246-341-0610).](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-341-0610)

## **Dimension 1: Withdrawal**

When you try to reduce or quit gambling, are you irritable or restless?  Yes  No

If so, have you been prescribed any medications to treat the restlessness/irritability? Click or tap here to enter text.

What other types of withdrawal symptoms do you experience when you are trying to reduce or quit gambling, or are unable to gamble? (e.g., anxiety, depression, mood swings, panic attacks, trouble sleeping, headaches, stomach aches): Click or tap here to enter text.

Do you have supports in the community that enable you to safely cope with the withdrawal symptoms?  Yes  No

If so, what kind? Click or tap here to enter text.

Have you also been using any psychoactive substances to the point where alcohol or other drug withdrawal management is necessary?  Alcohol  Stimulants  Depressants  Other  None

Explain: Click or tap here to enter text.

In the past 30 days, how often have you been gambling, and what types of gambling? Click or tap here to enter text.

**DIMENSION 1 SUMMARY**

**Risk Rating:** 0 1  2  3  4

**Strengths:** Click or tap here to enter text.

**LOC Justification:** Click or tap here to enter text.

**Treatment Recommendation:** Click or tap here to enter text.

**Level of Care:**  None Level 0.5  Level 1.0  Level 2.1  Level 2.5

Level 3.1  Level 3.3  Level 3.5  Level 3.7  Level 4.0

## **Dimension 2: Biomedical Conditions and Complications**

Patient Medical History

The patient has a medical history of: Click or tap here to enter text.

Any head injuries or TBI’s: Click or tap here to enter text.

Hospitalizations: Click or tap here to enter text.

Current medications/dosages/prescribers: Click or tap here to enter text.

Current medical complaints or concerns (e.g. pain, dental, etc): Click or tap here to enter text.

Medical Provider

Do you have access to medical care?:  Yes  No

PCP Name: Click or tap here to enter text.

Clinic Name/location: Click or tap here to enter text.

ROI signed:  Yes  No

Other medical providers

Are there any other current providers treating you?: Click or tap here to enter text.

Provider name: Click or tap here to enter text.

Clinic name/location: Click or tap here to enter text.

ROI signed:  Yes  No

HIV/AIDS Screen

IV Drug Use:  Yes  No

Unprotected Sex:  Yes  No

Blood transfusions:  Yes  No

Last Tested: Click or tap here to enter text.

Recommended for current HIV/AIDS testing and referred to local resources: Click or tap here to enter text.

Health issues related to gambling

Have you lost sleep due to your gambling?: Click or tap here to enter text.

Have you had stress-related health issues as a result of your gambling?: Click or tap here to enter text.

Has your gambling interfered with your ability to take medications as prescribed, or on schedule?: Click or tap here to enter text.

Has your gambling caused you to neglect your overall health, such as staying hydrated or proper nutrition? (e.g. skipping meals): Click or tap here to enter text.

Has gambling reduced or interfered with your physical activity?: Click or tap here to enter text.

Are there any medical conditions that might interfere with treatment?: Click or tap here to enter text.

Referrals made (HIV/AIDS testing, dental, pain management, physical health exam, etc.): Click or tap here to enter text.

**DIMENSION 2 SUMMARY**

**Risk Rating:** 0 1  2  3  4

**Strengths:** Click or tap here to enter text.

**LOC Justification:** Click or tap here to enter text.

**Treatment Recommendation:** Click or tap here to enter text.

**Level of Care:**  None Level 0.5  Level 1.0  Level 2.1  Level 2.5

Level 3.1  Level 3.3  Level 3.5  Level 3.7  Level 4.0

## **Dimension 3: Emotional, Behavioral, or Cognitive Conditions or Complications**

Family History

Who in your family has/had a problem with gambling: Click or tap here to enter text.

Who in your family has/had a problem with drugs or alcohol?: Click or tap here to enter text.

Who in your family has/had a history of mental illness?: Click or tap here to enter text.

Who in your family attempted/committed suicide?: Click or tap here to enter text.

Risk of harm to self and others

SUICIDE RISK ASSESSMENT

When did you last attempt suicide?: Click or tap here to enter text.

Do you currently have any suicidal thoughts or plans?: Click or tap here to enter text.

How has gambling impacted any thoughts of suicide for you?: Click or tap here to enter text.

SELF-HARM RISK ASSESSMENT

Have you ever engaged in any cutting, burning, or other forms of self harm?: Click or tap here to enter text.

When was the last time?: Click or tap here to enter text.

HARM TO OTHERS RISK ASSESSMENT

Do you ever have homicidal thoughts?: Click or tap here to enter text.

History of combative and/or assaultive behavior?: Click or tap here to enter text.

Referrals for emergency/crisis services: Click or tap here to enter text.

Mental Health History

Have you been diagnosed with any mental illness?:  Yes  No

If so, which, when, and by whom?: Click or tap here to enter text.

Do you have other emotional concerns?: Click or tap here to enter text.

How long has this been going on?: Click or tap here to enter text.

Traumatic events experienced or other serious emotional impacts: Click or tap here to enter text.

How has gambling impacted your emotions and mental health? (e.g., Any guilt or shame about your gambling or what happens when you gamble?): Click or tap here to enter text.

What has the ripple effect been on your emotions, sleep, relationships, productivity?: Click or tap here to enter text.

Psychiatric treatment and medications

Are you currently a patient at a mental health center or seeing a private practitioner?:  Yes  No

Details: Click or tap here to enter text.

ROI signed:  Yes  No

Have you previously received any mental health counseling, or treatment?:  Yes  No

Details: Click or tap here to enter text.

ROI signed:  Yes  No

Current medications for mental health purposes: Click or tap here to enter text.

Is there anything that interferes with your ability to take medications as prescribed? (e.g., forgetting, affordability, insurance, side effects, feels they are ineffective or don’t like taking them, someone else takes them, etc.): Click or tap here to enter text.

**DIMENSION 3 SUMMARY**

**Risk Rating:** 0 1  2  3  4

**Strengths:** Click or tap here to enter text.

**LOC Justification:** Click or tap here to enter text.

**Treatment Recommendation:** Click or tap here to enter text.

**Level of Care:**  None Level 0.5  Level 1.0  Level 2.1  Level 2.5

Level 3.1  Level 3.3  Level 3.5  Level 3.7  Level 4.0

## **Dimension 4: Readiness to Change**

Previous Treatment

Have you previously engaged in any **Gambling Treatment** services?  Yes  No

Details: Click or tap here to enter text.

Have you previously engaged in any **Substance Use Disorder Treatment** services?:  Yes  No

Details: Click or tap here to enter text.

Legal Issues

What crimes have you committed as a result of your gambling? (i.e., taking or borrowing from family or friends without their permission, stealing from work, selling items of value that were not mine, etc.): Click or tap here to enter text.

Is this assessment prompted or suggested by anyone connected to the legal system?: Click or tap here to enter text.

Are you currently under supervision of DOC?:  Yes  No

Has DOC ordered you to participate in an assessment or treatment?:  Yes  No

ROI signed:  Yes  No

Have you ever been charged/convicted with any crime?:  Yes  No

Charge 1: Click or tap here to enter text.

Date: Click or tap here to enter text.

Court: Click or tap here to enter text.

Disposition: Click or tap here to enter text.

Charge 2: Click or tap here to enter text.

Date: Click or tap here to enter text.

Court: Click or tap here to enter text.

Disposition: Click or tap here to enter text.

Charge 3: Click or tap here to enter text.

Date: Click or tap here to enter text.

Court: Click or tap here to enter text.

Disposition: Click or tap here to enter text.

Charge 4: Click or tap here to enter text.

Date: Click or tap here to enter text.

Court: Click or tap here to enter text.

Disposition: Click or tap here to enter text.

Current Pending Charges: Click or tap here to enter text.

Have you ever filed for bankruptcy? (Include: how many times? How long ago?): Click or tap here to enter text.

Restitution Payments: Click or tap here to enter text.

Repossessions: Click or tap here to enter text.

Other legal issues or legal debts (Divorce, child support, law suits, civil cases, warrants, evictions, etc.): Click or tap here to enter text.

Motivation

What do you enjoy most about gambling?: Click or tap here to enter text.

What are your biggest motivators for changing your gambling activity?: Click or tap here to enter text.

What have others said about your gambling or management of money?: Click or tap here to enter text.

How much do you agree with what they have said?: Click or tap here to enter text.

What consequences would you like to avoid by quitting gambling?: Click or tap here to enter text.

If you continue to gamble over the next 5 to 10 years, where will that lead you?: Click or tap here to enter text.

Do you intend to return to gambling in the future? (Include: When and why?): Click or tap here to enter text.

What, if any, other steps have you taken to try to reduce or quit gambling?: Click or tap here to enter text.

How likely are you to follow through with a recommendation for treatment services?: Click or tap here to enter text.

Counselor’s evaluation of stage of change:  pre-contemplation  contemplation  preparation  action  maintenance

**DIMENSION 4 SUMMARY**

**Risk Rating:** 0 1  2  3  4

**Strengths:** Click or tap here to enter text.

**LOC Justification:** Click or tap here to enter text.

**Treatment Recommendation:** Click or tap here to enter text.

**Level of Care:**  None Level 0.5  Level 1.0  Level 2.1  Level 2.5

Level 3.1  Level 3.3  Level 3.5  Level 3.7  Level 4.0

## **Dimension 5: Relapse Potential**

Gambling History

Age first gambled and type: Click or tap here to enter text.

Age gambling became regular or frequent: Click or tap here to enter text.

Date last gambled and type (include how much money was bet): Click or tap here to enter text.

Gambling history: Click or tap here to enter text.

Problems caused by gambling: Click or tap here to enter text.

What are your triggers or cravings to gamble? (e.g., a lack of money, having unexpected spending money, stress, depression, etc.): Click or tap here to enter text.

Has any person/company contacted you to collect on money owed to them?: Click or tap here to enter text.

What do you do to cope with triggers and cravings?: Click or tap here to enter text.

Counselor’s assessment of patient’s ability to stop gambling or resist triggers based on history?:  Low  Moderate  High

Tobacco Use History

Date of last use: Click or tap here to enter text.

Tobacco use history: Click or tap here to enter text.

Are you interested in quitting tobacco? Click or tap here to enter text.

Referred for further tobacco cessation services: Click or tap here to enter text.

Alcohol Use History

Date of last use: Click or tap here to enter text.

Alcohol use history: Click or tap here to enter text.

Other Drug Use History:

Which other substances have you used? Click or tap here to enter text.

Dates of last use: Click or tap here to enter text.

Drug use history: Click or tap here to enter text.

Referred for further alcohol/drug assessment:  Yes  No

Drug/Alcohol Use Treatment History: Click or tap here to enter text.

ROI signed:  Yes  No

Other Addictive Behavior Issues or Concerns

Are you concerned about any other behaviors being done in an addictive manner (e.g., spending/shopping, internet use, social media, video games, over-eating, large quantities of sugar or caffeine, sex, porn, etc.): Click or tap here to enter text.

How are the other addictive behaviors affected by your gambling? (or visa versa?): Click or tap here to enter text.

Counselor’s assessment of risk of immediate danger of continued severe distress, gambling or other high-risk behavior due to co-occurring mental health or substance use problems?:  None  Low  Moderate  High

As evidenced by: Click or tap here to enter text.

**DIMENSION 5 SUMMARY**

**Risk Rating:** 0 1  2  3  4

**Strengths:** Click or tap here to enter text.

**LOC Justification:** Click or tap here to enter text.

**Treatment Recommendation:** Click or tap here to enter text.

**Level of Care:**  None Level 0.5  Level 1.0  Level 2.1  Level 2.5

Level 3.1  Level 3.3  Level 3.5  Level 3.7  Level 4.0

## **Dimension 6: Recovery/Living Environment**

Employment Status

Current employment status:  Full-time  Part-time  Self-employed  Unemployed  Retired  Disabled  Other:

If employed, name of employer and job title: Click or tap here to enter text.

For how long have you had this position?: Click or tap here to enter text.

Other work history or employable skills: Click or tap here to enter text.

How has gambling interfered with your work or ability to find employment?: Click or tap here to enter text.

Do you have plans to change/obtain jobs in the near future?: Click or tap here to enter text.

Financial Status

Income comes from: Click or tap here to enter text.

Are you able to cover your bills and basic needs?: Click or tap here to enter text.

How does money flow through your home? (i.e., direct deposit, pay checks that are cashed, then pays with cash/credit/debit, etc.): Click or tap here to enter text.

To whom/where do you owe gambling debts?: Click or tap here to enter text.

Types of non-gambling related debts (medical bills, student loans, etc.) that you have: Click or tap here to enter text.

Education

What is the highest grade level you completed?: Click or tap here to enter text.

Do you have any diagnosed learning disabilities?: Click or tap here to enter text.

Is there any assistance or accommodations that would be helpful to you?: Click or tap here to enter text.

Do you have aspirations to go back to school or get additional training?: Click or tap here to enter text.

Living Environment

Lives with whom: Click or tap here to enter text.

Type of residence: Click or tap here to enter text.

Is there chemical use or another gambler in your household?: Click or tap here to enter text.

How many children (include ages) do you have and where do they live?: Click or tap here to enter text.

Other household concerns: Click or tap here to enter text.

Family Structure/Relationships

Supportive relationships: Click or tap here to enter text.

Unhealthy or toxic relationships: Click or tap here to enter text.

Who would you like involved in your treatment?: Click or tap here to enter text.

ROI signed: Click or tap here to enter text.

What has your family and culture taught you about gambling?: Click or tap here to enter text.

Support/Spirituality

Have you engaged in any recovery activities such as GA or other 12-step program?:  Yes  No

If yes, what kind, how often?: Click or tap here to enter text.

Memberships in organizations, clubs, church, tribe, etc.: Click or tap here to enter text.

What role does spirituality play in your life?: Click or tap here to enter text.

What would you say gives your life meaning or purpose?: Click or tap here to enter text.

Do you feel part of a cultural community? Are you involved in any cultural activities or sources of support?: Click or tap here to enter text.

What kind of hobbies do you have?: Click or tap here to enter text.

Do you consider yourself to be a competitive person? (Or would others say that you are competitive?):  Low  Moderate  Highly Competitive

What do you do to relax?: Click or tap here to enter text.

Are there barriers to being able to access treatment services?: Click or tap here to enter text.

**DIMENSION 6 SUMMARY**

**Risk Rating:** 0 1  2  3  4

**Strengths:** Click or tap here to enter text.

**LOC Justification:** Click or tap here to enter text.

**Treatment Recommendation:** Click or tap here to enter text.

**Level of Care:**  None Level 0.5  Level 1.0  Level 2.1  Level 2.5

Level 3.1  Level 3.3  Level 3.5  Level 3.7  Level 4.0

# Treatment Recommendations

**Diagnosis:** Click or tap here to enter text.

**Level of Care:**

**None**

**Level 0.5 –** Early Intervention

**Level 1.0 –** Outpatient/Aftercare

**Level 2.1 –** Intensive Outpatient

**Level 2.5 –** Partial Hospitalization

**Level 3.1 –** Clinically Managed, Low-Intensity Residential

**Level 3.3 –** Clinically Managed, Population Specific, High-Intensity Residential

**Level 3.5 –** Clinically Managed, High-Intensity Residential

**Level 3.7 –** Medically Monitored Intensive Inpatient

**Level 4.0 –** Medically Managed Intensive Inpatient

**OVERRIDE justification:** Click or tap here to enter text.

**Also Recommended and Referred to:**

Mental Health Evaluation/Services

Substance Use Disorder Assessment/Services

Medical Services/Physical Exam

HIV/AIDS testing

Housing Resources

Self-help or 12-step involvement (e.g., GA or other)

Other: Click or tap here to enter text.

**Special Considerations:** Click or tap here to enter text.