Significant Other Assessment Interview

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | |

**Is the gambling significant other receiving treatment from this provider?**   Yes  No

**What is your relationship to this significant other?** Click or tap here to enter text.

**What are the concerns that brought them to seek help?**

Click or tap here to enter text.

# Part 1: NODS Diagnostic Screen for Gambling Problems – Family Member Report (Revised)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Instructions***: Please respond to the following questions as they apply to your family member [significant other] who gambles and carefully indicate “Yes” or “No” for each statement based on the past 12 months. Only circle one response for each item and please be sure to answer *every* question. *Answer each question based on what you have personally observed or become aware of in your interactions with the gambler.* | | | |
| 1 | Have you observed the gambler spending a lot of time thinking about gambling experiences, planning future gambling ventures or bets, or thinking of ways to get money to gamble for periods of 2 weeks or longer? | Yes | No |
| 2 | Have you observed the gambler for periods lasting 2 weeks or longer where they needed to gamble with increased amounts of money or with larger bets than before in order to get the same feeling of excitement? | Yes | No |
| 3 | Have you observed the gambler feeling restless or irritable when they have tried to stop, cut down, or control gambling? | Yes | No |
| 4 | Has the gambler made 3 or more unsuccessful attempts to control, cut-back on, or stop gambling? | Yes | No |
| 5 | Have you observed the gambler engaging in gambling to escape from personal problems, or to relieve uncomfortable feelings such as guilt, anxiety, helplessness, depression, or boredom? | Yes | No |
| 6 | Have you observed or become aware of the gambler losing money gambling one day, and then returning another day to get even or recoup losses (i.e., chasing losses)? | Yes | No |
| 7 | Have you observed or become aware of the gambler lying on 3 or more occasions to family members, counselors, friends, or others in order to hide the extent of their involvement with gambling (e.g., amount of money spent on gambling, amount of money lost on gambling, or how often they gamble?) | Yes | No |
| 8 | Have you observed the gambler losing, or placing at risk of losing, a significant relationship, a job, an educational experience, or a career opportunity (e.g., caused serious or repeated problems in relationships with family members, friends, work, education, or career)? | Yes | No |
| 9 | Have you observed the gambler asking family members (yourself or others), friends, a lending institution, or other people for loans or money to bail the gambler out of a desperate money situation largely caused by the gambling? | Yes | No |
| 10 | Have you observed or become aware of the gambler writing a bad check, forging a check, or taking money that didn’t belong to them from family members or anyone else, or obtaining money in ways that could cause legal problems, in order to pay for gambling activities? | Yes | No |
| Research for revision conducted by Rory C. Reid, Ph.D. and Timothy Fong, M.D. NODS-FMR  UCLA Department of Psychiatry and Biobehavioral Sciences | | | |

**Part 2: Strengths and Needs**

## **Section 1: Gambling History**

How long have you known this significant other?: Click or tap here to enter text.

How long have you been aware of his/her gambling problem? How did you find out about it? Click or tap here to enter text.

Do you know at what age your significant other started gambling? Click or tap here to enter text.

What type of gambling do they typically do? How often? Click or tap here to enter text.

What has been their frequency of gambling and the last time they gambled, that you are aware of? Click or tap here to enter text.

Describe current patient’s *own* gambling history, if any: Click or tap here to enter text.

**SECTION 1 SUMMARY**

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

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

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

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

Patient Medical History

The patient has a general medical history of: 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

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 significant other’s gambling

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

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

Are there any other ways in which your significant other’s gambling has impacted YOUR physical health? 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.

**SECTION 2 SUMMARY**

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

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

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

## **Section 3: Emotional/Behavioral Cognitive Conditions or Complications**

Family History

Who in your family has/had a problem with gambling, substance abuse, or mental health concerns?: Click or tap here to enter text.

Risk of harm to self and others

SUICIDE RISK ASSESSMENT

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

When did you last attempt suicide, if ever?: 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.

Psychiatric treatment and medications

Any current or history of psychiatric treatment or medications?  Yes  No Click or tap here to enter text.

Mental Health History and impact from S.O.’s gambling

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

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

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

How has your significant other’s gambling impacted your emotions and mental health? Click or tap here to enter text.

**SECTION 3 SUMMARY**

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

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

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

## **Section 4: Motivations**

Does your significant other participate in, or intend to start, seeking help for their own gambling problem? Click or tap here to enter text.

What are the biggest priorities in your family right now? Click or tap here to enter text.

What have been your past reactions to your significant other’s gambling? Circle below using the following scale: 1 = Usually 2 = Often 3 = Sometimes 4 = Rarely 5 = Never or Almost Never

|  |  |  |  |
| --- | --- | --- | --- |
| **What I have done** | **How Often** | | **Their Reaction** |
| Reason with him/her about negative impact of gambling | Choose an item. | Click or tap here to enter text. | |
| Give him/her the silent treatment after he/she was gambling | Choose an item. | Click or tap here to enter text. | |
| Plead with him/her to stop gambling | Choose an item. | Click or tap here to enter text. | |
| Complain or nag about gambling | Choose an item. | Click or tap here to enter text. | |
| Get angry and yell at him/her | Choose an item. | Click or tap here to enter text. | |
| Get angry and become quiet or passive/aggressive | Choose an item. | Click or tap here to enter text. | |
| Get angry and hit him/her | Choose an item. | Click or tap here to enter text. | |
| Sit and mope to show how distressing her/his gambling is | Choose an item. | Click or tap here to enter text. | |
| Insist that s/he get treatment or help | Choose an item. | Click or tap here to enter text. | |
| Spend money irresponsibly to get even | Choose an item. | Click or tap here to enter text. | |
| Extreme reaction – threaten divorce, suicide when he/she gambles | Choose an item. | Click or tap here to enter text. | |
| Go gambling with the person to at least have fun myself or try to control | Choose an item. | Click or tap here to enter text. | |
| Paid off debt or bills to reduce financial pressures | Choose an item. | Click or tap here to enter text. | |
| Other | Choose an item. | Click or tap here to enter text. | |

What motivated you to seek help? Click or tap here to enter text.

How would you like to see your life be different one year from now? Click or tap here to enter text.

**SECTION 4 SUMMARY**

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

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

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

## **Section 5: Environment, Support, and Gambling Impacts**

Employment Status

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

Type and length of 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 does your significant other 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.

Are you legally responsible for any of these debts? Click or tap here to enter text.

What has been the impact of your significant other’s gambling on your finances and overall lifestyle?:

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 substance use in your household and by whom?: 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, and how does that impact your view of your significant other’s gambling?: Click or tap here to enter text.

How have your family relationships been impacted by the gambling? Click or tap here to enter text.

What would you say are some of your family’s strengths? Click or tap here to enter text.

What do you do for fun or play? Click or tap here to enter text.

What might be some issues with boundaries that you experience *from others* in your home? Click or tap here to enter text.

What might be some issues with boundaries that you express *toward* *others*? Click or tap here to enter text.

Support/Spirituality

What types of supportive activities do you engage in/attend?: 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.

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

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

**SECTION 5 SUMMARY**

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

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

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

# Treatment Recommendations

**Based on a NODS-FMR score of** Click or tap here to enter text.**, this client’s significant other is likely to be dealing with a Gambling Disorder.**  Yes  No

**Diagnosis code:**

Z72.6 Gambling and betting (Z00-Z99: Factors influencing health status and contact with health services), OR

No diagnosis code (no lifestyle problems related to gambling were identified)

**This client is also recommended and/or referred to:**

Mental Health Evaluation/Services

Marriage and Family Therapy/Couples Counseling

Substance Use Disorder Assessment/Services

Medical Services/Physical Exam

HIV/AIDS Testing

Housing Resources

Self-help or 12-step involvement (e.g., Gam-Anon)

Other: Click or tap here to enter text.

**Referral Notes:**

Click or tap here to enter text.