

Pre-Survey for Bankers

- Answer all the questions by checking the box next to the answer.
- When you have completed this survey, please return it to your instructor.

Date: __/__/__



DHHS Division of Behavioral Health
Gamblers Assistance Program
(402) 471-7822 www.dhhs.ne.gov

1. Of this list, what activities do you consider to be “gambling”? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Playing the lottery or scratch-off tickets | <input type="checkbox"/> Betting on team sports | <input type="checkbox"/> Betting on the Internet |
| <input type="checkbox"/> Playing cards for money (poker, etc.) | <input type="checkbox"/> Playing bingo for money or prizes | <input type="checkbox"/> Playing keno |
| <input type="checkbox"/> Betting at video lottery machines | <input type="checkbox"/> Betting money on horse races/dog fights | <input type="checkbox"/> Betting on dice game |
| <input type="checkbox"/> Betting on games of personal skill (pool, darts or bowling) | | <input type="checkbox"/> Gambling at a casino |
| <input type="checkbox"/> Betting at a school, church, or community event | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

2. How aware are you of problems related to gambling?

- | | |
|---|---|
| <input type="checkbox"/> Very aware | <input type="checkbox"/> Somewhat aware |
| <input type="checkbox"/> Slightly aware | <input type="checkbox"/> Not aware |

3. How would you rate the risk associated with gambling?

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> No risk | <input type="checkbox"/> Little risk |
| <input type="checkbox"/> Some risk | <input type="checkbox"/> High risk |

4. Do you believe gambling can be addictive like tobacco, alcohol and other drugs?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. Certain gambling behaviors are harmless.

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | |

6. In your professional career, how often have you dealt with customers who had economic problems that you suspected were related to gambling (i.e., bankruptcies, overdrafts, overspending)?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Many times | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Once in a while |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Do not recall | |

7. Banking institutions should make referrals to customers who appear to have overspending habits related to gambling.

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | |

8. I think there should be no interference in how much or how a person is spending his/her money.

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Don't know |

9. I have been approached by clients requesting special loans for gambling (or I have suspected were related to gambling).

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Just one case that I recall | <input type="checkbox"/> Once a year |
| <input type="checkbox"/> Occasionally (2 or 3 times a year) | <input type="checkbox"/> Sometimes (at least 4 times but less than 12 times in a year) | |
| <input type="checkbox"/> Quite often (at least once a month) | | |

10. How many years have you been in your profession?

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> Between 1 to 5 years | <input type="checkbox"/> Between 5 to 10 years |
| <input type="checkbox"/> Between 10 to 20 years | <input type="checkbox"/> More than 20 years | |

Post-Survey for Bankers

- Answer all the questions by checking the box next to the answer.
- When you have completed this survey, please return it to your instructor.

Date: __/__/__

1. Of this list, what activities do you consider to be "gambling"? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Playing the lottery or scratch-off tickets | <input type="checkbox"/> Betting on team sports | <input type="checkbox"/> Betting on the Internet |
| <input type="checkbox"/> Playing cards for money (poker, etc.) | <input type="checkbox"/> Playing bingo for money or prizes | <input type="checkbox"/> Playing keno |
| <input type="checkbox"/> Betting at video lottery machines | <input type="checkbox"/> Betting money on horse races/dog fights | <input type="checkbox"/> Betting on dice game |
| <input type="checkbox"/> Betting on games of personal skill (pool, darts or bowling) | | <input type="checkbox"/> Gambling at a casino |
| <input type="checkbox"/> Betting at a school, church, or community event | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

2. How aware are you of problems related to gambling?

- | | |
|---|---|
| <input type="checkbox"/> Very aware | <input type="checkbox"/> Somewhat aware |
| <input type="checkbox"/> Slightly aware | <input type="checkbox"/> Not aware |

3. How would you rate the risk associated with gambling?

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> No risk | <input type="checkbox"/> Little risk |
| <input type="checkbox"/> Some risk | <input type="checkbox"/> High risk |

4. Do you believe gambling can be addictive like tobacco, alcohol and other drugs?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. Certain gambling behaviors are harmless.

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | |

6. In your professional career, how often have you dealt with customers who had economic problems that you suspected were related to gambling (i.e., bankruptcies, overdrafts, overspending)?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Many times | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Once in a while |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Do not recall | |

7. Banking institutions should make referrals to customers who appear to have overspending habits related to gambling.

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | |

8. I think there should be no interference in how much or how a person is spending his/her money.

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Don't know |

9. I have been approached by clients requesting special loans for gambling (or I have suspected were related to gambling).

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Just one case that I recall | <input type="checkbox"/> Once a year |
| <input type="checkbox"/> Occasionally (2 or 3 times a year) | <input type="checkbox"/> Sometimes (at least 4 times but less than 12 times in a year) | |
| <input type="checkbox"/> Quite often (at least once a month) | | |

11. How many years have you been in your profession?

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> Between 1 to 5 years | <input type="checkbox"/> Between 5 to 10 years |
| <input type="checkbox"/> Between 10 to 20 years | <input type="checkbox"/> More than 20 years | |