

Pre-Survey for Clinicians

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

2. The legal age for certain gambling activities in Nebraska is:

- | | | |
|---|-------------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input type="checkbox"/> 18 | <input type="checkbox"/> 21 |
| <input type="checkbox"/> Gambling is illegal at any age | <input type="checkbox"/> Don't know | |

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

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

4. Do you know how to advocate for and teach responsible gambling messages?

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

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

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

6. Do you currently integrate problem gambling education into your programming?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Yes (Go to Question 8) | <input type="checkbox"/> No (Go to Question 7) | <input type="checkbox"/> Sometimes |
|---|---|------------------------------------|

7. If not, could problem gambling education be easily integrated into your programming?

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

8. Do you currently screen for Problem/Pathological gambling?

- | | | |
|--|---|---|
| <input type="checkbox"/> Yes (Go to Question 9) | <input type="checkbox"/> Sometimes (Go to Question 9) | <input type="checkbox"/> No (Go to Question 10) |
|--|---|---|

9. Do you use a standardized screen tool?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes / Sometimes (If so, please describe): | <input type="checkbox"/> No |
|--|-----------------------------|

10. I would know where to refer someone for more information about gambling treatment.

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

11. Our agency is prepared to adequately help our clients with Problem Gambling behaviors.

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

12. Would you be interested in workshops about Problem Gambling treatment / prevention?

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

13. How many years have you been in your profession as a clinician?

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> Between 1 to 2 years | <input type="checkbox"/> Between 2 to 5 years |
| <input type="checkbox"/> Between 5 to 10 years | <input type="checkbox"/> More than 10 years | |

Post-Survey for Clinicians

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

2. The legal age for certain gambling activities in Nebraska is:

- | | | |
|---|-------------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input type="checkbox"/> 18 | <input type="checkbox"/> 21 |
| <input type="checkbox"/> Gambling is illegal at any age | <input type="checkbox"/> Don't know | |

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

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

4. Do you know how to advocate for and teach responsible gambling messages?

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

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

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

6. Do you currently integrate problem gambling education into your programming?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Yes (Go to Question 8) | <input type="checkbox"/> No (Go to Question 7) | <input type="checkbox"/> Sometimes |
|---|---|------------------------------------|

7. If not, could problem gambling education be easily integrated into your programming?

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

8. Do you currently screen for Problem/Pathological gambling?

- | | | |
|--|---|---|
| <input type="checkbox"/> Yes (Go to Question 9) | <input type="checkbox"/> Sometimes (Go to Question 9) | <input type="checkbox"/> No (Go to Question 10) |
|--|---|---|

9. Do you use a standardized screen tool?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes / Sometimes (If so, please describe): | <input type="checkbox"/> No |
|--|-----------------------------|

10. I would know where to refer someone for more information about gambling treatment.

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

11. Our agency is prepared to adequately help our clients with Problem Gambling behaviors.

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

12. Would you be interested in workshops about Problem Gambling treatment / prevention?

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

13. How many years have you been in your profession as a clinician?

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> Between 1 to 2 years | <input type="checkbox"/> Between 2 to 5 years |
| <input type="checkbox"/> Between 5 to 10 years | <input type="checkbox"/> More than 10 years | |