

Client Identification Code..... Client DOB.....

## Appendix 1: RGT DRF Data collection tool (example)

### ***Patient Details:***

**Name**

**Address** (including postcode)

**Date of Birth** (DD/MM/YYYY)

**Gender:**

Male       Female       Transgender       Not stated

**Employment status:**

- Employed
- Unemployed and seeking work
- A student in full or part time education or training
- Long-term sick or disabled and receiving benefits
- Homemaker looking after the family home
- Not in work or actively seeking work, and not receiving benefits
- In prison, in care or seeking asylum
- Unpaid voluntary worker
- Retired
- Not stated

**Relationship status:**

- Not known
- Divorced/Dissolved Civil Partnership
- Separated
- Single
- Widowed
- In a relationship
- Married/Civil partnership
- Not stated

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**Ethnic Background:**

- |   |  |
|---|--|
| <input type="checkbox"/> White British                    | <input type="checkbox"/> White Irish                       |
| <input type="checkbox"/> White European                   | <input type="checkbox"/> White: Other                      |
| <input type="checkbox"/> Black, Black British: African    | <input type="checkbox"/> Black, Black British: Caribbean   |
| <input type="checkbox"/> Black, Black British: Other      | <input type="checkbox"/> Asian, Asian British: Bangladeshi |
| <input type="checkbox"/> Asian, Asian British: Indian     | <input type="checkbox"/> Asian, Asian British: Pakistani   |
| <input type="checkbox"/> Asian, Asian British: Chinese    | <input type="checkbox"/> Asian, Asian British: Other       |
| <input type="checkbox"/> Mixed: White and Asian           | <input type="checkbox"/> Mixed, White and Black African    |
| <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Mixed: Other                      |
| <input type="checkbox"/> Any other ethnic group           |  |

**Additional Client Diagnosis: (Is the client receiving treatment for any other mental health problem?)**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes - Pharmacological                        | <input type="checkbox"/> Yes - Psychological |
| <input type="checkbox"/> Yes – both psychological and pharmacological | <input type="checkbox"/> No                  |
| <input type="checkbox"/> Declined to Disclose                         |  |

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### ***Gambling History:***

What are your main types of Gambling: (Put a number '1' against the one you do most, '2' against the next and so on). You do not need to enter a number for those that do not apply

Bookmakers			Bingo Hall			Casino	
Horses	Dogs		Live draw	Terminal		Poker	Other card games
Sports or other events	Gaming Machines		Skill machines	Gaming machines		Roulette	Gaming Machines
Other (please specify)			Other (please specify)			Other (please specify)	
Live events		Adult entertainment centre (18+Arcade)		Family entertainment centre (Arcade)		Pub	
Horses		Gaming Machines		Gaming Machines		Gaming Machines	
Dogs		Skill prize machines		Skill prize machines		Sports	
Sports or other event		Other		Other		Poker	
Other						Other	
Online			Miscellaneous				
Horses	Dogs	Spread betting	Private /organised card games	Lottery National / other	Football pools	Scratch cards	Service station (gaming machine)
Sports events	Bingo	Poker	Private Members Club				
Casino (Table games)	Casino (slots)	Scratchcards	Poker	Other card games	Gaming machines	Other	
Betting Exchange	Other		Other (please specify)				

#### **Length of time gambling:**

Years..... Months.....

#### **Job loss through gambling?**

Yes       No       Declined to respond       Unknown

#### **Relationship loss through gambling?**

Yes       No       Declined to respond       Unknown

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**Age of onset of problem gambling?**

Years.....

**Early big win?**

Yes       No       Declined to respond       Unknown

**Debt due to gambling?**

Declined to respond       £20,000 - £99,999  
 No       £100,000 or more  
 Under £5000       Bankruptcy  
 £5000 - £9999       In an IVA  
 £10,000 - £14,999       Don't know (some)  
 £15,000 - £19,999

**How many days in the last 30 would you say you have gambled?**

.....

**How much money do you spend on average gambling on a typical gambling day?**

.....

**How long do you spend on average gambling on a typical gambling day?**

.....

**How much money do you spend in a month on gambling (total gambling expenditure minus total gambling wins)?**

.....

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### ***Referral details:***

#### **Referral Source:**

- |   |  |
|---|--|
| <input type="checkbox"/> GP                       | <input type="checkbox"/> Prison                                    |
| <input type="checkbox"/> Health visitor           | <input type="checkbox"/> Court Liaison and Diversion Service       |
| <input type="checkbox"/> Other primary healthcare | <input type="checkbox"/> Independent Sector Mental Health Services |
| <input type="checkbox"/> Self referral            | <input type="checkbox"/> Voluntary Sector                          |
| <input type="checkbox"/> Carer                    | <input type="checkbox"/> Accident and Emergency Department         |
| <input type="checkbox"/> Social Services          | <input type="checkbox"/> Mental Health NHS Trust                   |
| <input type="checkbox"/> Education Service        | <input type="checkbox"/> Asylum Services                           |
| <input type="checkbox"/> Employer                 | <input type="checkbox"/> Drug Action Team/Drug Misuse Agency       |
| <input type="checkbox"/> Police                   | <input type="checkbox"/> Jobcentre Plus                            |
| <input type="checkbox"/> Courts                   | <input type="checkbox"/> Other service or agency                   |
| <input type="checkbox"/> Probation Service        |  |

**Date referral received (DD/MM/YYYY).....**

#### **Referral Accepted?**

- Yes       No

#### **Referral reason:**

- Problem Gambler       Affected other  
 Person at risk of developing a gambling problem

#### **Recurrence (Has the client been in treatment for this problem before)?**

- Not stated       Yes       No       Unknown

#### **Reason for end of treatment:**

#### **ASSESSED ONLY:**

- Not suitable for service – no action taken or directed back to referrer  
 Not suitable for service – signposted elsewhere with mutual agreement of client  
 Discharge by mutual agreement following advice and support  
 Referred to another therapy service by mutual agreement  
 Suitable for service, but client declined treatment that was offered  
 Deceased (assessed only)       Not known (assessed only)

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**ASSESSED AND TREATED:**

- Completed scheduled treatment
- Dropped out of treatment (unscheduled discontinuation)
- Referred to other service
- Deceased (assessed and treated)
- Not known (assessed and treated)

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***Appointment Details (to be recorded for every appointment)***

**Date of appointment (DD/MM/YYYY) .....**

**Unique caregiver code .....**

**Attendance:**

- Attended on time, or if late, before the caregiver was ready to see the client
- Arrived late, after the caregiver was ready to see the client, but was seen
- Client arrived late and could not be seen
- Appointment cancelled by or on behalf of the client
- Did not attend – no advance warning given
- Appointment cancelled by or on behalf of the caregiver

**Contact duration: Minutes.....**

**Appointment purpose:**

- Assessment
- Treatment
- Assessment and treatment
- Review only
- Review and treatment
- Follow-up appointment after appointment end
- Other
- Not recorded

**Appointment medium:**

- Face to face communication
- Web camera (e.g. Skype)
- Email
- Telephone
- Online chat
- Short Message Service (SMS)

**Intervention given: (Will need service input to ensure full range of interventions covered)**

- CBT
- Residential programme
- Other (please specify)
- Counselling
- Brief advice

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### ***Problem Gambling Severity Index***

#### **Thinking about the last 12 months (assessment) or last 2 weeks (post-treatment)**

Have you bet more than you could really afford to lose?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you needed to gamble with larger amounts of money to get the same feeling of excitement?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

When you gambled, did you go back another day to try to win back the money you lost?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you borrowed money or sold anything to get money to gamble?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you felt that you might have a problem with gambling?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Has gambling caused you any health problems, including stress or anxiety?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Has your gambling caused any financial problems for you or your household?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you felt guilty about the way you gamble or what happens when you gamble?

**0** Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

**Total Score .....**

<p>Score of 0 = Non-problem gambling. Score of 1 or 2 = Low level of problems with few or no identified negative consequences. Score of 3 to 7 = Moderate level of problems leading to some negative consequences. Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.</p>
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**CORE-10**

**IMPORTANT - PLEASE READ THIS FIRST**  
 This form has 10 statements about how you have been OVER THE LAST WEEK.  
 Please read each statement and think how often you felt that way last week.  
 Then tick the box which is closest to this.  
 Please use a dark pen (not pencil) and tick clearly within the boxes.

**Over the last week**

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Total (Clinical Score\*)**

\* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.  
**Quick method for the CORE-10 (if all items completed):** Add together the item scores to get the Clinical Score.

**THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE**