Problem Gambling Prevention Reporting

Date of Report:

Intervention Type (select only one)**:**

  Model   Adapted   Local   Coalition

Name of Intervention:

IOM Level of Risk: (select only one)**:**

  Universal Direct   Selective   Indicated
  Universal Indirect

Result Continuum (select only one)**:**

  Provides a setting
  Provides knowledge
  Provides a new skill(s) or increases proficiency in skill
  Changes attitude(s)
  Changes behavior
  Changes status

Sampling (select only one)**:**

  Census
  Sampling

Instrument

Success Measure(s) & Criterion for Success

Number of participants served:

Number of participants achieving success / objective:

If this is the 4ᵗʰ Quarter report also include at least one Success and or Challenge:

Demographics

Age

0 – 4	15 – 17	25 – 44
5 – 11	18 – 20	45 – 64
12 – 14	21 – 24	65+

Race

White	Native Hawaiian/Other Pacific Islander
American Indian/Alaska Native	More than one Race
African-American	Other
Asian	Unknown

Ethnicity

Not Hispanic Or Latino
Hispanic Or Latino

Gender

Male
Female

ADA Information(optional)

Physically Impaired
Mentally Impaired
Sensory Impaired
Speech Impaired
English as a Second Language