

GAMBLING SCREENING

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "Not at All," "Less than Once a Week," or "Once a Week or More."

PLEASE "✓" ONE ANSWER FOR EACH STATEMENT:	NOT AT ALL	LESS THAN ONCE A WEEK	ONCE A WEEK OR MORE
a. Played cards for money			
b. Bet on horses, dogs, or other animals (OTB, track or Bookie)			
c. Bet on sport (parlay cards, with bookie at Jai Alai)			
d. Played dice games, including craps, over & under or others			
e. Went to casinos (legal or otherwise)			
f. Played the numbers or bet on lotteries			
g. Played bingo			
h. Played the stock and/or commodities market			
i. Played slot machines, poker machines, or other gambling machines			
j. Bowled, shot pool, played golf, or some other game of skill for money			
k. Played pull tabs or "paper" games other than lotteries			
l. Some form of gambling not listed above			

2. What is the largest amount of money you have ever gambled with on any one-day?

<input type="checkbox"/> Never gambled	<input type="checkbox"/> More than \$100.00 up to \$1,000.00
<input type="checkbox"/> \$1.00 or less	<input type="checkbox"/> More than \$1,000.00 up to \$10,000.00
<input type="checkbox"/> More than \$1.00 up to \$10.00	<input type="checkbox"/> More than \$10,000.00
<input type="checkbox"/> More than \$10.00 up to \$100.00	

3. Check which of the following people in your life has (or had) a gambling problem.

_____ Father

_____ Mother

_____ Brother/Sister

_____ My Spouse/Partner

_____ My Child(ren)

_____ Another Relative

_____ A Friend or Someone Important in My Life

4. When you gamble, how often do you go back another day to win back money you have lost?

_____ Never

_____ Some of the time (less than half the time I lost)

_____ Most of the time I lost

_____ Every time I lost

5. Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?

_____ Never

_____ Yes, less than half the time I lost

_____ Yes, most of the time

6. Do you feel you have ever had a problem with betting or money gambling?

_____ No

_____ Yes, in the past, but not now

_____ Yes

7. Did you ever gamble more than you intended to?

_____ Yes _____ No

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

_____ Yes _____ No

9. Have you ever felt guilty about the way you gamble, or what happens when you gamble?

_____ Yes _____ No

10. Have you ever felt like you would like to stop betting money on gambling, but didn't think you could?

_____ Yes _____ No

11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs, or other signs of betting or gambling from your spouse, children or other important people in your life? _____ Yes _____ No
12. Have you ever argued with people you live with over how you handle money? _____ Yes _____ No
13. (If you answered “Yes” to question 12) Have money arguments ever centered on your gambling? _____ Yes _____ No
14. Have you ever borrowed from someone and not paid them back as a result of your gambling? _____ Yes _____ No
15. Have you ever lost time from work (or school) due to betting money or gambling? _____ Yes _____ No
16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from (check “Yes” or “No” for each):
- a. From household money _____ Yes _____ No
 - b. From your spouse _____ Yes _____ No
 - c. From other relatives or in-laws _____ Yes _____ No
 - d. From banks, loan companies, or credit unions _____ Yes _____ No
 - e. From credit cards _____ Yes _____ No
 - f. From loan sharks _____ Yes _____ No
 - g. You cashed in stocks, bonds or other securities _____ Yes _____ No
 - h. You sold personal or family property _____ Yes _____ No
 - i. You borrowed on your checking accounts (passed bad checks) _____ Yes _____ No
 - j. You have (had) a credit line with a bookie _____ Yes _____ No
 - k. You have (had) a credit line with a casino _____ Yes _____ No

GAMBLING SCREENING – SCORE SHEET

Scores are determined by scoring one point for each question that shows the “at risk” response indicated and adding the total points.

Question 1	<u> X </u>	Not counted
Question 2	<u> X </u>	Not counted
Question 3	<u> X </u>	Not counted
Question 4	_____	Most of the time I lose <u>or</u> Yes, most of the time
Question 5	_____	Yes, less than half the time I lose <u>or</u> Yes, most of the time
Question 6	_____	Yes, in the past but not now <u>or</u> Yes
Question 7	_____	Yes
Question 8	_____	Yes
Question 9	_____	Yes
Question 10	_____	Yes
Question 11	_____	Yes
Question 12	<u> X </u>	Not counted
Question 13	_____	Yes
Question 14	_____	Yes
Question 15	_____	Yes
Question 16 a	_____	Yes
Question 16 b	_____	Yes
Question 16 c	_____	Yes
Question 16 d	_____	Yes
Question 16 e	_____	Yes
Question 16 f	_____	Yes
Question 16 g	_____	Yes
Question 16 h	_____	Yes
Question 16 i	_____	Yes
Question 16 j	<u> X </u>	Not counted
Question 16 k	<u> X </u>	Not counted

TOTAL
POINTS:
(Maximum score = 20)

INTERPRETING THE SCORE:		
	0	No problem with gambling
	1-4	Some problems with gambling
	5 or more	Probable pathological gambler

The South Oaks Gambling Screen Tool is a screening instrument for assessing problem gambling risk, developed by the South Oaks Foundation Inc.