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# Are you living with a compulsive gambler?

|  |  |  |
| --- | --- | --- |
| 1. Do you find yourself constantly bothered by bill collectors? | Yes | No |
| 2. Is the person in question often away from home for long, unexplained periods of time? | Yes | No |
| 3. Does this person ever lose time form work due to gambling? | Yes | No |
| 1. Do you feel that this person cannot be trusted with money? 2. Does this person in question faithfully promise that he/she will stop gambling, beg, plead for | Yes | No |
| another chance, and yet gamble again? | Yes | No |
| 6. Does this person ever gamble longer than he/she intended to, until the last dollar is gone? | Yes | No |
| 1. Does this person immediately return to gambling to try to recover losses, or to win more? 2. Does this person ever gamble to get money to solve financial difficulties, or have unrealistic | Yes | No |
| expectations that gambling will bring the family material comfort or and wealth? | Yes | No |
| 1. Does this person borrow money to gamble with or to pay gambling debts? 2. Has this person’s reputation ever suffered due to gambling, even to the extent of committing | Yes | No |
| illegal acts to finance gambling?  11. Have you come to the point of hiding money needed for living expenses, knowing that | Yes | No |
| you and the rest of the family may go without food or clothing if you do not?  12. Do you search this person’s clothing or go through their wallet when the opportunity | Yes | No |
| presents itself, or otherwise check on their activities? | Yes | No |
| 13. Does this person in question hide their money? | Yes | No |
| 14. Have you noticed a personality change in the gambler as their gambling progresses? | Yes | No |
| 1. Does this person in question consistently lie to cover up or deny their activities? 2. Does this person use guilt induction as a method of shifting responsibilities for | Yes | No |
| their gambling upon you? | Yes | No |
| 1. Do you attempt to anticipate this person’s moods, or try to control their life? 2. Does this person ever suffer from remorse or depression due to gambling sometimes | Yes | No |
| to the point of self-destruction? | Yes | No |
| 19. Has gambling ever brought you to the point of threatening to break up the family unit? | Yes | No |
| 20. Do you feel that your life together is a nightmare? | Yes | No |

**Do I Enable My Family Member?**

|  |  |  |
| --- | --- | --- |
| 1. Do I put their needs ahead of mine? | Yes | No |
| 2. I rarely let them know I am angry about their behavior? | Yes | No |
| 3. Their behavior affects my serenity? | Yes | No |
| 4. I am more in touch with their feelings than my own? | Yes | No |
| 5. I do anything I can not to “rock the boat” in an attempt |  |  |
| to control their behavior? | Yes | No |
| 6. I feel resentful when no matter what I do, the behavior does |  |  |
| not change? | Yes | No |
| 7. I try to control the environment (junctions that do not include |  |  |
| Or might encourage the behavior) i.e. drinking/gambling/using? | Yes | No |
| 8. I keep “secrets” from those who might help? | Yes | No |
| 9. I make excuses for their behavior? | Yes | No |
| 10. I sometimes retaliate by “doing my own thing or by doing their |  |  |
| thing” to show them how it feels? | Yes | No |
| 11. I feel good about myself only if the family “behaves”? | Yes | No |
| 12. I rarely ask for help from anyone? | Yes | No |
| 13. I spend a lot of time pretending things are “fine”? | Yes | No |
| 14. Their “dreams” are my “dreams”? | Yes | No |
| 15. I “go along” to avoid any conflict? | Yes | No |
| 16. I no longer have my own “circle of friends”? | Yes | No |
| 17. I find myself feeling mentally, physically or emotionally drained? | Yes | No |
| 18. I seem to have forgotten what fun is? | Yes | No |
| 19. I find myself complaining or criticizing others and myself? | Yes | No |
| 20. I find myself feeling hopeless and helpless and as if nothing |  |  |
| will ever change? | Yes | No |

# SAT – Person Affected by Problem Gambler Self- Assessment Tool

Name: Date:

## Place an “X” in the column to rate how satisfied you are at this time with each topic in your life

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Dissatisfied** | **Dissatisfied** | **Neutral** | **Satisfied** | **Very Satisfied** |
| Job or School |  |  |  |  |  |
| Friendships |  |  |  |  |  |
| Family Life |  |  |  |  |  |
| Recreational Activities |  |  |  |  |  |
| Amount of time spent gambling |  |  |  |  |  |
| Amount of money spent gambling |  |  |  |  |  |
| Self-Esteem |  |  |  |  |  |
| Physical Health |  |  |  |  |  |
| Emotional Health |  |  |  |  |  |
| Spiritual Well Being |  |  |  |  |  |
| Decision Making |  |  |  |  |  |
| The place where you life |  |  |  |  |  |
| The amount of money you have to buy what you need |  |  |  |  |  |
| Your ability to take care of yourself (staying healthy, eating right, avoiding  danger |  |  |  |  |  |

1. During the past 30 days, to what extent did you have morbid thoughts (i.e. wishing you were dead) without thinking of suicide?

Never Rarely Sometimes Often Always or nearly always

1. During the past 30 days, to what extent did you have thoughts of suicide?

Never Rarely Sometimes Often Always or nearly always

**Thank you for completing this form**

Counselor Name: \_\_ \_\_ \_ \_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID: \_\_\_\_\_ \_ \_\_ \_ \_\_ \_ \_\_\_\_\_

Cycle: \_\_\_ Initial

\_\_\_ 3 mo. \_\_\_ 6 mo. \_\_\_ 9 mo. \_\_\_ 12 mo. \_ 15 mo.

\_\_\_ 18 mo. \_\_\_ 21 mo. \_ 24 mo.

\_\_\_\_ Discharge: **If Discharge, type of discharge:** Treatment completed Left Against Clinical Advice (lost contact), Non-Compliance with Agency Rules, Transferred to another Facility, Terminated by Facility, Chose to Decline Additional Treatment, Client Seen for Assessment Only, Client Moved, Administrative Discharge, Incarcerated, Death