

Name: Date:

**Are you a compulsive gambler?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you ever lose time from work or school due to gambling? | Yes | No | 1 |
| 2. Has gambling ever made your home life unhappy? | Yes | No | 2 |
| 3. Does gambling affect your reputation? | Yes | No | 3 |
| 4. Have you ever felt remorse after gambling? | Yes | No | 4 |
| 5. Do you ever gamble to get money with which to pay debts or otherwise solve financial difficulties? | Yes | No | 5 |
| 6. Does gambling cause a decrease in your ambition or efficiency? | Yes | No | 6 |
| 7. After losing do you feel you must return as soon as possible and win back your losses? | Yes | No | 7 |
| 8. After a win, do you have a strong urge to return and win more? | Yes | No | 8 |
| 9. Do you often gamble until your last dollar is gone? | Yes | No | 9 |
| 10. Do you ever borrow to finance your gambling? | Yes | No | 10 |
| 11. Have you ever sold anything to finance your gambling? | Yes | No | 11 |
| 12. Are you reluctant to use gambling money for normal expenditures? | Yes | No | 12 |
| 13. Does gambling make you careless of the welfare of yourself or your family? | Yes | No | 13 |
| 14. Do you ever gambling longer than you had planned? | Yes | No | 14 |
| 15. Have you ever gambled to escape worry or trouble? | Yes | No | 15 |
| 16. Have you ever committed, or considered committing an illegal act to finance gambling? | Yes | No | 16 |
| 17. Does gambling cause you to have difficulty in sleeping? | Yes | No | 17 |
| 18. Do arguments, disappointments or frustrations create within you an urge to gamble? | Yes | No | 18 |
| 19. Do you ever have an urge to celebrate any good fortune by a few hours of gambling? | Yes | No | 19 |
| 20. Have you ever considered self-destruction or suicide as a result of your gambling? | Yes | No | 20 |

SCORE:

SOUTH OAKS GAMBLING SCREEN (SOGS)

# Name: Date:

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 or More.”**

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE CHECK 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) or bookie.** |  |  |  |
| **c. Bet on sport (parlay cards, with bookie at Jai Alai)** |  |  |  |
| **d. Played dice games, including over and under craps, other dice games** |  |  |  |
| **e. Went to casinos (legal or otherwise)** |  |  |  |
| **f. Played the numbers or bet on lotteries** |  |  |  |
| **g. Played bingo** |  |  |  |
| **h. Played the stock and/or commodity markets** |  |  |  |
| **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 tab or “paper” games other than lotteries** |  |  |  |
| **l. Some for gambling not listed above (please specify)** |  |  |  |

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

 Never gambled More than $100.00 up to $1000.00

 $1.00 or less More than $1000.00 up to $10,000.00

 More than $1.00 up to $10.00 More than $10,000.00

 More than $10.00 up to $100.00

1. **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) Mother

 A friend or someone important in my life

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

 Never Most of the time I lose

 Some of the time Every time I lose (less than half the time I lose)

1. **Have you ever claimed to be winning money gambling, but weren’t? In fact, you lost?**

 Never

 Yes, less than half the time I lost

 Yes, most of the time

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

 No Yes Yes, in the past, but not now

1. **Did you ever gamble more than you intended to? Yes No**
2. **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

1. **Have you ever felt guilty about the way you gamble, or what**

happens when you gamble? Yes No

1. **Have you ever felt like you would like to stop betting money on**

gambling, but didn’t think you could? Yes No

1. **Have you ever hidden betting slips, lottery tickets, gambling money, IOU’s, or other signs of betting or gambling from your**

spouse, children or other important people in your life? Yes No

1. **Have you ever argued with people you live with over how you handle money?**

 Yes No

1. **(*If you answered “yes” to question 12*) Have money arguments**

ever centered on your gambling? Yes No

1. **Have you ever borrowed from someone and not paid them back**

as a result of your gambling? Yes No

1. **Have you ever lost time from work (or school) due to betting**

money or gambling? Yes No

1. **If you borrowed money to gamble to pay gambling debts, who or where did you borrow from? (*check “Yes” or “No” for each*):**
	1. **From household money Yes No** a
	2. **From your spouse Yes No** b
	3. **From other relatives or in-laws Yes No** c

|  |  |  |  |
| --- | --- | --- | --- |
| **d. From banks, loan companies, or credit unions** |  **Yes** |  **No** | d |
| **e. From credit cards** |  **Yes** |  **No** | e |
| **f. From loan sharks** |  **Yes** |  **No** | f |
| **g. You cashed in stocks, bonds or other securities** |  **Yes** |  **No** | g |
| **h. You sold personal or family property** |  **Yes** |  **No** | h |
| **i. You borrowed on your checking accounts** |  |  |  |
| **(passed bad checks)** |  **Yes** |  **No** | i |
| **j. You have (had) a credit line with a bookie** |  **Yes** |  **No** | j |
| **k. You have (had) a credit line with a casino** |  **Yes** |  **No** | k |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The SOGS may be reproduced as long as it is used as printed and the scored items are not revised without permission of the author**

**SAT – Problem Gambler Self-Assessment Tool**

# Name: Date:

## Place an “X” by the response that matches your experience

1. If you had urges too gamble during the past 30 days, on average how strong were your urges?

 None Mild Moderate Severe Extreme

1. During the past 30 days, about how often did you experience urges to gamble?

 Never Rarely Sometimes Often Always or nearly always

1. During the past 30 days, about how often were you preoccupied with your urges to gamble?

 Never Rarely Sometimes Often Always or nearly always

1. During the past 30 days, how often were you able to control your urges?

 Never Rarely Sometimes Often Always or nearly always

1. During the past 30 days, how often did you think about gambling or placing a bet?

 Never Rarely Sometimes Often Always or nearly always

1. During the past 30 days, how often were you able to control your thoughts about gambling?

 Never Rarely Sometimes Often Always or nearly always

1. During the past 30 days, how much trouble (relationship, financial, legal, job, medical, emotional) has your gambling caused?

 None Mild Moderate Severe Extreme

1. During the past 30 days, have you bet money, bought lottery tickets, or engaged in some form of gambling?

 Yes No

1. Which of the following statements best compares the amount of gambling you have done in the last 30 days to before starting treatment?

 Much less Less About the Same More Much More

**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 live |  |  |  |  |  |
| The amount of money you have to buy what you need |  |  |  |  |  |
| Your ability to take care of yourself (staying healthy, eating right, avoidingdanger |  |  |  |  |  |

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’s

\_ \_ 6-mo’s \_\_ 9-mo’s \_\_ 12-mo’s

\_ \_ 15-mo’s \_\_ 18-mo’s \_\_\_\_ 21-mo’s \_\_ 24-mo’s

Discharge, **(type of discharge)**: treatment completed transferred to another provider/facility non-compliance with agency rules/terminated by facility declined additional treatment client moved administrative discharge incarcerated death

**Readiness Ruler**

# Using the readiness ruler below, indicate how ready you are to make a change (stop, quit, or cut down) in your gambling behavior. If you are **not at all** ready to make a change, you would circle the 1. If you **are already trying hard** to make a change, you would circle the 10. If you **are unsure** whether you want to make a change, you would circle 3, 4, or 5. If **you don’t do** a certain type of gambling circle the **don’t do** in the box at the right.

**Circle one answer for each type of gambling.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of gambling** | **Not ready to change** | **Unsure** | **Ready to change** | **Trying to change** | **I don’t do this type of gambling** |
| **Slot Machines** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Video Machines** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Video Poker** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Blackjack** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Poker** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Other Card Games** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Horse/Dog Racing** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Dice/Craps** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Keno** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Sports Betting** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Casinos** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Betting on Games of Skill such as Bowling, Golf, etc.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Stock Market** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Lottery/Scratchers** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Fantasy** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |
| **Bingo** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Don’t Do** |

**111803KJB** CCASAA Research Division