

South Oaks Gambling Screen

Name _____

Client # _____ DOB _____

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 a week or more."

- | | Not at all | Less than once a week | Once a week or more | |
|----|--------------------------|--------------------------|--------------------------|--|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Play cards for money |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bet on horses, dogs, or other animals (at OTB, the track or with a bookie) |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bet on sports (parlay cards, with a bookie, or at Jai Alai) |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Played dice games (including craps, over and under, or other dice games) for money |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gambled in a casino (legal or otherwise) |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Played the numbers or bet on lotteries |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Played bingo for money |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Played the stock, options and / or commodities market |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Played slot machines, poker machines, or other gambling machines |
| j. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bowled, shot pool, played golf, or some other game of skill for money |
| k. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pull tabs or "paper" games other than lotteries |
| l. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Some form of gambling not listed above (please specify) _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> never have gambled | <input type="checkbox"/> more than \$100 up to \$1,000 |
| <input type="checkbox"/> \$1 or less | <input type="checkbox"/> more than \$1,000 up to \$10,000 |
| <input type="checkbox"/> more than \$1 up to \$10 | <input type="checkbox"/> more than \$10,000 |
| <input type="checkbox"/> more than \$10 up to \$100 | |

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

- father
 mother
 a brother or sister
 a grandparent
 my spouse or partner
 my child(ren)
 another relative
 a friend or someone else important in my life

4. When you gamble, how often do you go back another day to win back money you 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 (or never gamble)
 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 money or gambling?
 no
 yes, in the past but not now
 yes
7. Did you ever gamble more than you intend to? yes no
8. Have people criticized your betting or told you that you had a gambling 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 or gambling but didn't think that you could? yes no
11. Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U.'s 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 who 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. household money | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. your spouse | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. other relatives or in-laws | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. banks, loan companies or credit unions | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| e. credit cards | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| f. loan sharks | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| g. You cashed in stocks, bonds, or other securities | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| h. You sold personal or family property | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| i. You borrowed on your checking account (passed bad checks) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| j. You have (had) a credit line with a bookie | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| k. You have (had) a credit line with a casino | <input type="checkbox"/> yes | <input type="checkbox"/> no |

