



GAMBLING SCREENING TOOL

Warning: The following screening tool is intended to identify problem gambling. It is not to replace professional and clinical judgment. Consult a clinician for proper diagnosis.

Answer each question as it applies to you:

	YES	NO
Do you gamble with increasing amounts of money in order to achieve desired excitement?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lie to others about your involvement in gambling?	<input type="checkbox"/>	<input type="checkbox"/>
<i>A yes answer to either of the above questions indicates that you may have a gambling problem.</i>		
Are you preoccupied with reliving past gambling experiences, or thinking of ways to get money to gamble?	<input type="checkbox"/>	<input type="checkbox"/>
Are you unable to cut back, control or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel anxious or irritable when attempting to cut down or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>
After losing, do you feel that you must return as soon as possible to win back your losses?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use gambling as a way of escaping from problems or relieving a sad mood?	<input type="checkbox"/>	<input type="checkbox"/>
Have you committed illegal acts (i.e., bad checks, etc.) in order to subsidize gambling or pay gambling debts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you rely on others to provide money or bail you out of a desperate financial situation caused by gambling?	<input type="checkbox"/>	<input type="checkbox"/>
Have you jeopardized or lost a significant relationship, job or other opportunities because of gambling?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to five (5) or more of the above items, you may have a gambling problem.

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