

## GAMBLING DIAGNOSTIC FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### IN THE PAST YEAR...

YES NO

1. Have you often found yourself thinking about gambling [e.g., reliving past gambling experiences, planning the next time you will play or thinking of ways to get money to gamble]?

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2. Have you needed to gamble with more and more money to get the amount of excitement you are looking for?

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3. Have you become restless or irritable when trying to cut down or stop gambling?

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4. Have you gambled to escape from problems or when you are feeling depressed, anxious, or bad about yourself?

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5. After losing money gambling, have you returned another day in order to get even?

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6. Have you lied to your family or others to hide the extent of your gambling?

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7. Have you made repeated unsuccessful attempts to control, cut back, or stop gambling?

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8. Have you been forced to go beyond what is strictly legal in order to finance gambling or to pay gambling debts?

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9. Have you risked or lost a significant relationship, job, educational or career opportunity because of gambling?

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10. Have you sought help from others to provide the money to relieve a desperate financial situation caused by gambling?

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SCORE: