

The NORC Diagnostic Screen for Gambling Problems—Revised

Applicant Details:

Name: _____

Date of Birth: _____

Contact Information: _____

Assessor Name and Credentials: _____

Date of Assessment: _____

Overall Score: _____

Assessor Final Notes: _____

INTERVIEWER: For each question asked, circle YES or NO. When the interview is complete, mark the corresponding box in the right-hand margin for questions where R said YES, ignoring items without a corresponding box. Add up the checks from these boxes to determine R's score:

- A score of 0 means no problematic levels of gambling.
- A score of 1 or 2 indicates mild but subclinical risk for gambling problems.
- A score of 3 or 4 suggests moderate but subclinical gambling problems.
- A score of 5 or higher implies a likely diagnosis of pathological gambling.
- The highest score possible is 10.

1. Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets?

YES. SKIP TO ITEM 3

NO. GO TO ITEM 2

2. Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with?

YES

NO

3. Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?

YES. GO TO ITEM 4

NO. SKIP TO ITEM 5

4. If so, has this happened three or more times?
- YES
 - NO
5. Have you ever tried to stop, cut down, or control your gambling?
- YES. GO TO ITEM 6
 - NO. IF RESPONDENT SAID YES TO ITEMS 1 or 3, CONTINUE TO ITEM 9 ON THE NEXT PAGE. OTHERWISE, THANK R AND CLOSE INTERVIEW.
6. On one or more times when you tried to stop, cut down, or control your gambling, were you restless or irritable?
- YES
 - NO
7. Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling?
- YES. GO TO ITEM 8
 - NO. SKIP TO ITEM 9
8. Has this happened three or more times?
- YES
 - NO
9. Have there ever been periods when you needed to gamble with increasing amounts of money or with larger bets than before to get the same feeling of excitement?
- YES
 - NO
10. Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?
- YES. SKIP TO ITEM 12
 - NO. GO TO ITEM 11
11. Have you ever gambled as a way to escape from personal problems?
- YES
 - NO
12. Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?
- YES
 - NO

13. Have you ever written a bad check or taken money that didn't belong to you from family members or anyone else to pay for your gambling?
- YES
 - NO
14. Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?
- YES. SKIP TO ITEM 17
 - NO. GO TO ITEM 15
15. Has your gambling caused you any problems in school, such as missing classes or days of school or your grades dropping?
- YES. SKIP TO ITEM 17
 - NO. GO TO ITEM 16
16. Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?
- YES
 - NO
17. Have you ever needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?
- YES
 - NO

This template can be used by trained healthcare professionals to assess the presence and severity of gambling problems in a respondent, providing essential information for treatment planning and interventions.