

# South Oaks Gambling Screen

<b>Name:</b>	Marcus Sears	<b>Age:</b>	35	<b>Date:</b>	02/23/2024
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This screening tool is designed to identify potential gambling problems. Please answer the following questions honestly.

**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."**

Questions	Not at all	Less than once a week	Once a week or more
a. Played cards for money	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Bet on horses, dogs, or other animals (at OTB, the track, with a bookie, or online)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Bet on sport (parlay cards, with bookie at Jai Alai, or online)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d. Bet on sport (parlay cards, with bookie at Jai Alai, or online)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Went to casinos (legal or otherwise)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
f. Played the numbers or bet on lotteries	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g. Played bingo	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Played the stock and/or commodities market	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
i. Played slot machines, poker machines, or other gambling machines	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
j. Played slot machines, poker machines, or other gambling machines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Played pull tabs or "paper" games other than lotteries	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Some form of gambling not listed above. Please specify:  I bet on my kids' grades with my brother	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

<input type="radio"/>	Never gambled	<input checked="" type="radio"/>	More than \$100, up to \$1,000
<input type="radio"/>	\$1 or less	<input type="radio"/>	More than \$1,000, up to \$10,000
<input type="radio"/>	More than \$1, up to \$10	<input type="radio"/>	More than \$10,000
<input type="radio"/>	More than \$10, up to \$100		

<b>3. Check which of the following people in your life has (or had) a gambling problem.</b>					
<input checked="" type="checkbox"/>	Father	<input type="checkbox"/>	My Child / Children		
<input checked="" type="checkbox"/>	Mother	<input type="checkbox"/>	Another Relative		
<input checked="" type="checkbox"/>	Brother / Sister	<input type="checkbox"/>	A friend or someone important in my life		
<input type="checkbox"/>	My Spouse / Partner				
<b>4. When you gamble, how often do you go back another day to win back money you have lost?</b>					
<input type="radio"/>	Never	<input type="radio"/>	Most of the times I lose		
<input checked="" type="radio"/>	Some of the time (less than half the time I lose)	<input type="radio"/>	Every time I lose		
<b>5. Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?</b>					
<input type="radio"/>	Never	<input checked="" type="radio"/>	Yes, less than half the time I lost	<input type="radio"/>	Yes, most of the time
<b>6. Do you feel you have ever had a problem with betting or money gambling?</b>					
<input type="radio"/>	No	<input checked="" type="radio"/>	Yes	<input type="radio"/>	Yes, in the past, but not now
<b>7. Have you ever gambled more than you intend to?</b>					
<input checked="" type="radio"/>	Yes	<input type="radio"/>	No		
<b>8. Have people criticized your betting or told you that you had a problem, regardless of whether or not you thought it was true?</b>					
<input checked="" type="radio"/>	Yes	<input type="radio"/>	No		
<b>9. Have you ever felt guilty about the way you gamble, or what happens when you gamble?</b>					
<input type="radio"/>	Yes	<input checked="" type="radio"/>	No		
<b>10. Have you ever felt like you would like to stop betting money on gambling, but didn't think you could?</b>					
<input type="radio"/>	Yes	<input checked="" type="radio"/>	No		
<b>11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs, or other signs of betting or gambling from your spouse, children or other important people in your life?</b>					
<input checked="" type="radio"/>	Yes	<input type="radio"/>	No		

**12. Have you ever argued with people you 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 have borrowed money to game or to pay gambling debts, who are where have you borrowed from?**

a. From household money

Yes

No

b. From your spouse

Yes

No

c. From other relatives or in-laws

Yes

No

d. From banks, loan companies, or credit unions

Yes

No

e. From credit cards

Yes

No

f. From loan sharks

Yes

No

g. You cashed in stocks, bonds, or other securities

Yes

No

h. You sold personal or family property

Yes

No

i. You borrowed on you checking accounts (passed bad checks)

<input type="radio"/>	Yes	<input checked="" type="radio"/>	No
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j. You have (had) a credit line with a bookie

<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
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k. You have (had) a credit line with a casino

<input checked="" type="radio"/>	Yes	<input type="radio"/>	No
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**Score Sheet and Interpretation**

The SOGS score is determined by scoring one point for each question that shows “at risk”, and then adding the total points. Tick the corresponding box if the patient answered the question displayed on the right.

- Here’s how to interpret the score:
- Zero (0) – No problem with gambling
  - 1-4 – Some problems with gambling
  - 5 or more – Probable pathological gambler

Question	Tickbox	Answer that indicates risk
1	Not counted	Not counted
2	Not counted	Not counted
3	Not counted	Not counted
4	<input type="checkbox"/>	Most of the time I lose or Yes, most of the time
5	<input checked="" type="checkbox"/>	Yes, less than half the time I lose or Yes, most of the time
6	<input checked="" type="checkbox"/>	Yes, in the past but not now or Yes
7	<input checked="" type="checkbox"/>	Yes
8	<input checked="" type="checkbox"/>	Yes
9	<input type="checkbox"/>	Yes
10	<input type="checkbox"/>	Yes
11	<input checked="" type="checkbox"/>	Yes
12	Not counted	Not counted
13	<input checked="" type="checkbox"/>	Yes

Question	Tickbox	Answer that indicates risk
14	<input checked="" type="checkbox"/>	Yes
15	<input type="checkbox"/>	Yes
16 a	<input type="checkbox"/>	Yes
16 b	<input type="checkbox"/>	Yes
16 c	<input checked="" type="checkbox"/>	Yes
16 d	<input type="checkbox"/>	Yes
16 e	<input checked="" type="checkbox"/>	Yes
16 f	<input type="checkbox"/>	Yes
16 g	<input checked="" type="checkbox"/>	Yes
16 h	<input checked="" type="checkbox"/>	Yes
16 i	<input type="checkbox"/>	Yes
16 j	Not counted	Not counted
16 k	Not counted	Not counted
Total:	11	

#### Healthcare Professional's Additional Notes and Recommendations

Please provide any observations, potential areas for discussion, or recommendations for further exploration based on the patient's responses.

Marcus exhibits signs of severe gambling addiction, frequently borrowing money and lying about his gambling habits. Immediate intervention and support are recommended to address his gambling problem and explore underlying issues such as anxiety related to work performance.