

# South Oaks Gambling Screen

<b>Name:</b>		<b>Age:</b>		<b>Date:</b>	
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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			
b. Bet on horses, dogs, or other animals (at OTB, the track, with a bookie, or online)			
c. Bet on sport (parlay cards, with bookie at Jai Alai, or online)			
d. Bet on sport (parlay cards, with bookie at Jai Alai, or online)			
e. Went to casinos (legal or otherwise)			
f. Played the numbers or bet on lotteries			
g. Played bingo			
h. Played the stock and/or commodities market			
i. Played slot machines, poker machines, or other gambling machines			
j. Played slot machines, poker machines, or other gambling machines			
k. Played pull tabs or “paper” games other than lotteries			
l. 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?**

	Never gambled		More than \$100, up to \$1,000
	\$1 or less		More than \$1,000, up to \$10,000
	More than \$1, up to \$10		More than \$10,000
	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 type="checkbox"/>	Father	<input type="checkbox"/>	My Child / Children
<input type="checkbox"/>	Mother	<input type="checkbox"/>	Another Relative
<input type="checkbox"/>	Brother / Sister	<input type="checkbox"/>	A friend or someone important in my life
<input type="checkbox"/>	My Spouse / Partner	<input type="checkbox"/>	
<b>4. When you gamble, how often do you go back another day to win back money you have lost?</b>			
<input type="checkbox"/>	Never	<input type="checkbox"/>	Most of the times I lose
<input type="checkbox"/>	Some of the time (less than half the time I lose)	<input type="checkbox"/>	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="checkbox"/>	Never	<input type="checkbox"/>	Yes, less than half the time I lost
<input type="checkbox"/>		<input type="checkbox"/>	Yes, most of the time
<b>6. Do you feel you have ever had a problem with betting or money gambling?</b>			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
<input type="checkbox"/>		<input type="checkbox"/>	Yes, in the past, but not now
<b>7. Have you ever gambled more than you intend to?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>9. Have you ever felt guilty about the way you gamble, or what happens when you gamble?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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="checkbox"/>	Yes	<input type="checkbox"/>	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 type="checkbox"/>	Yes	<input type="checkbox"/>	No

<b>12. Have you ever argued with people you live with over how you handle money?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>13. If you answered yes to question 12, have money arguments ever centered on your gambling?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14. Have you ever borrowed from someone and not paid them back as a result of your gambling?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>15. Have you ever lost time from work (or school) due to betting money or gambling?</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>16. If you have borrowed money to game or to pay gambling debts, who are where have you borrowed from?</b>			
a. From household money			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. From your spouse			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. From other relatives or in-laws			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d. From banks, loan companies, or credit unions			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e. From credit cards			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
f. From 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 you checking accounts (passed bad checks)			
	Yes		No
j. You have (had) a credit line with a bookie			
	Yes		No
k. You have (had) a credit line with a casino			
	Yes		No

### 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		Most of the time I lose or Yes, most of the time
5		Yes, less than half the time I lose or Yes, most of the time
6		Yes, in the past but not now or Yes
7		Yes
8		Yes
9		Yes
10		Yes
11		Yes
12	Not counted	Not counted
13		Yes

Question	Tickbox	Answer that indicates risk
14		Yes
15		Yes
16 a		Yes
16 b		Yes
16 c		Yes
16 d		Yes
16 e		Yes
16 f		Yes
16 g		Yes
16 h		Yes
16 i		Yes
16 j	Not counted	Not counted
16 k	Not counted	Not counted
Total:		

**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.