

Persistent and recurrent maladaptive gambling behavior as indicated by Four (or more) of the following criteria:

**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)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you needed to gamble with more and more money to get the amount of excitement you are looking for?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you become restless or irritable when trying to cut down or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	<input type="checkbox"/>	<input type="checkbox"/>
5. After losing money gambling, have you returned another day in order to get even?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you lied to your family or others to hide the extent of your gambling?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you made repeated unsuccessful attempts to control, cut back or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you risked or lost a significant relationship, job, educational or career opportunity because of gambling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you sought help from others to provide the money to relieve a desperate financial situation caused by gambling?	<input type="checkbox"/>	<input type="checkbox"/>

Score

\*\*4 or more “yes” answers indicates a diagnosis for Gambling Disorder – please see DSM-V for further diagnostic criteria.

\*\*Less than 4 indicates a potential problem and/or at risk indicators which may warrant further support, education and treatment services.