



SOUTH OAKS GAMBLING SCREEN

Please email, mail or fax this form to:

Mental Health America of Northeast Indiana
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If you have questions about the program or this form, please call 260.422.6441
or email questions to info@mhanortheastindiana.org

South Oaks Gambling Screen

Name: _____

Date: _____

1. Please indicate which of the following types of gambling you have done. For each type, mark one answer which describes the last time you performed each listed behavior and how often you did the behavior. If you check "Not at all" simply go on to the next item as you will not need to report "how often".

(When you did the behavior)

(How often?)

Not at all	More than one year ago	Less than one year ago	In the past six months			Less than one time per week	One to two times per week	Three or more times per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	did any kind of gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played cards for money (such as Texas Hold'em, poker, or other card games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bet on horses, dogs, or other animals (at OTB, the track or with a bookie) for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bet on sports for money (including basketball, football, parlay cards, Jai Alai, or other sports) with friends, a bookie, at work, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played dice games (including craps, over and under, or other dice games) for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gambled in a casino or on a casino boat (legal or otherwise) for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played the numbers or bet on lotteries, Kino, or Quick Draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played bingo for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played the stock, options, and /or commodities market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	played slot machines, poker machines, or other gambling machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bowled, shot pool, played golf or darts, or some other game of skill for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pull tabs or "paper" games other than lotteries (such as Lucky 7's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	some form of gambling not listed above (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gambled and used alcohol or drugs at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How troubled or bothered have you been, due to your gambling, in the past six months? (Circle one)

Not at all	Slightly	Moderately	Considerably	Extremely
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3. Have you ever quit gambling for a period or time?

<input type="checkbox"/>	I have never gambled
<input type="checkbox"/>	No, I have never quit
<input type="checkbox"/>	Yes, more than one year ago to today
<input type="checkbox"/>	Yes, more than six months but less than one year ago to today
<input type="checkbox"/>	Yes, in the past six months to today
<input type="checkbox"/>	Yes, in the past month to today
<input type="checkbox"/>	Yes, in the past week to today
<input type="checkbox"/>	

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4. What is the largest amount of money you have ever gambled on any one day?

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

5a. Check which of the following people in your life has (or had) a gambling problem.

<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	A brother or sister	<input type="checkbox"/>	A grandparent
<input type="checkbox"/>	My spouse or partner			<input type="checkbox"/>	My child (ren)	<input type="checkbox"/>	Another relative
<input type="checkbox"/>	A friend or someone else important in my life						

5b. Have your family members ever been criticized about their gambling? (Check one) _____ Yes _____ No

6. When you gamble, how often do you go back another day to win back money you lost?

<input type="checkbox"/>	I do not or have not ever gambled
<input type="checkbox"/>	Never
<input type="checkbox"/>	Some of the time (less than half the time I lost)
<input type="checkbox"/>	Most of the time I lost
<input type="checkbox"/>	Every time I lost

7. Do you feel you have had a problem with betting money or gambling?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, in the past but not now
<input type="checkbox"/>	Yes

7a. If you answered yes to item seven, how long ago did you have a problem betting?

<input type="checkbox"/>	More than one year ago
<input type="checkbox"/>	Less than one year ago
<input type="checkbox"/>	In the past six months
<input type="checkbox"/>	In the past month
<input type="checkbox"/>	In the past week

8. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?

<input type="checkbox"/>	I have never gambled
<input type="checkbox"/>	Never
<input type="checkbox"/>	Yes, less than half the time I lost
<input type="checkbox"/>	Yes, most of the time

Please circle "yes" or "no" for each of the following statements as they describe you.

9. Yes No Did you ever gamble more than you intended to?
10. Yes No Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
11. Yes No Have you ever felt guilty about the way you gamble or what happens when you gamble?
12. Yes No Have you ever felt like you would like to stop betting money or gambling but didn't think you could?
13. Yes No Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U.'s or other signs of betting or gambling from your spouse, parents, children, or other important people in your life?
14. Yes No Have you ever argued with people you live with over how you handle money?
15. Yes No (If you answered yes to question 14): Have money arguments ever centered on your gambling?
16. Yes No Have you ever lost time from work or school due to betting money or gambling?
17. Yes No Have you ever borrowed from someone and not paid them back as a result of your gambling?

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18. If you borrowed money to gamble or to pay gambling debts., who or where did you borrow from? (circle "yes" or "no" for each)

- a. yes no From household money
- b. yes no From your spouse or parents
- c. yes no From other relatives, friends, boyfriends or girlfriends, or in-laws
- d. yes no From banks, loan companies, or credit unions
- e. yes no From credit cards or debit cards
- f. yes no From loan sharks
- g. yes no You cashed in stock, bonds, or other securities
- h. yes no You sold personal or family property
- i. Yes no You borrowed from your checking (you passed bad checks)
- j. yes no You have (had) a credit line with a bookie
- k. yes no You have (had) a credit line with a casino

South Oaks Gambling Screen (SOGS)
SCORE SHEET

Scores on the SOGS are determined by adding up the number of questions which show an “at risk” response:

Questions 1, 2, 3, 4, 5a, & 5b – Not Counted

Question 6 – Most of the time I lost

Or

Every time I lost

Question 7 – Yes, in the past but not now

Or

Yes

Question 7a – Not Counted

Question 8 – Yes, less than half the time I lose

Or

Yes, most of the time

Question 9 – Yes

Question 10 – Yes

Question 11 – Yes

Question 12 – Yes

Question 13 – Yes

Question 14 – Not Counted

Question 15 – Yes

Question 16 – Yes

Question 17 – Yes

Question 18 a – Yes

b – Yes

c – Yes

d – Yes

e – Yes

f – Yes

g – Yes

h – Yes

i – Yes

Questions 18 j & k – Not Counted

TOTAL = _____ (There are 20 questions which are counted)

0 = No problem

1-4 = Some problem

5 or more = Probable pathological gambler