

SOUTH OAKS GAMBLING SCREEN

[SOGS]

Name: _____ Date: _____

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.”

PLEASE “✓” ONE ANSWER FOR EACH STATEMENT:	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 or with a bookie)			
c. Bet on sport (parlay cards, with bookie, at Jai Alai)			
d. Played dice games, including craps, over and under or other dice games			
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. Bowled, shot pool, played golf, or some other game of skill for money			
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 \$100.00 up to \$1, 000.00

_____ \$1.00 or less

_____ More than \$1,000.00 up to \$10,000.00

_____ More than \$1.00 up to \$10.00

_____ More than \$10,000.00

_____ More than \$10.00 up to \$100.00

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

_____ Father

_____ Mother

_____ Brother/Sister

_____ My Spouse/Partner

_____ My Child(ren)

_____ Another Relative

_____ A Friend or Someone Important in My Life

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

_____ Never

_____ Most of the Times I Lose

_____ Some of the Time
(less than half the time I lose)

_____ Every Time I Lose

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

_____ Never

_____ Yes, less than half the time I lost

_____ Yes, most of the time

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

_____ No

_____ Yes

_____ Yes, in the past, but not now

7. Did you ever gamble more than you intended to?

_____ Yes

_____ No

8. Have people criticized your betting or told you that you had a problem, regardless of whether or not you thought it was true?

_____ Yes

_____ No

9. Have you ever felt guilty about the way you gamble, or what happens when you gamble?

_____ Yes

_____ No

10. Have you ever felt like you would like to stop betting money on gambling, but didn't think you could?

_____ Yes

_____ No

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?

_____ Yes

_____ 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 borrowed money to gamble or to pay gambling debts, who or where did you borrow from (check “Yes” or “No” for each):
- 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 your 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

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SOUTH OAKS GAMBLING SCREEN- SCORE SHEET

[SOGS]

Scores on the SOGS are determined by scoring one point for each question that shows the “at risk” response indicated and adding the total points.

Question 1	<u> X </u>	Not Counted
Question 2	<u> X </u>	Not Counted
Question 3	<u> X </u>	Not Counted
Question 4	<u> </u>	Most of the time I lose or Yes, most of the time
Question 5	<u> </u>	Yes, less than half the time I lose or , Yes most of the time
Question 6	<u> </u>	Yes, in the past but not now or Yes
Question 7	<u> </u>	Yes
Question 8	<u> </u>	Yes
Question 9	<u> </u>	Yes
Question 10	<u> </u>	Yes
Question 11	<u> </u>	Yes
Question 12	<u> X </u>	Not Counted
Question 13	<u> </u>	Yes
Question 14	<u> </u>	Yes
Question 15	<u> </u>	Yes
Question 16 a	<u> </u>	Yes
Question 16 b	<u> </u>	Yes
Question 16 c	<u> </u>	Yes
Question 16 d	<u> </u>	Yes
Question 16 e	<u> </u>	Yes
Question 16 f	<u> </u>	Yes
Question 16 g	<u> </u>	Yes
Question 16 h	<u> </u>	Yes
Question 16 i	<u> </u>	Yes
Question 16 j	<u> X </u>	Not Counted
Question 16 k	<u> X </u>	Not Counted

TOTAL

POINTS: =====

(Maximum score =20)

INTERPRETING THE SCORE:

0	No Problem with Gambling
1-4	Some Problems with Gambling
5 or more	Probable Pathological Gambler

8. Has he/she gambled more than he/she intended?
 Yes No I don't know
9. Have you felt like he/she would like to stop gambling but didn't think he/she could?
 Yes No I don't know
10. Has he/she borrowed money from someone and not paid them back as a result of the gambling?
 Yes No I don't know
11. Has he/she lost time from work (or school) due to gambling?
 Yes No I don't know
12. Has he/she committed illegal acts to finance gambling?
 Yes No I don't know
13. Are there any current legal charges with him/her?
 Yes No I don't know
14. Does he/she consistently lie or conceal activities from you and others?
 Yes No I don't know
15. Have the children or other family members suffered as a result of his/her gambling?
 Yes No I don't know
16. Have other relationships in your life been negatively affected as a result of the problem gambling?
 Yes No I don't know
17. Are arguments becoming more frequent and intense?
 Yes No I don't know
18. Does he/she faithfully promise to stop gambling, yet gambles again?
 Yes No I don't know
19. Is he/she away from home for unexplained periods of time?
 Yes No I don't know
20. Does he/she have a history of visits to gambling establishments?
 Yes No I don't know
21. Is he/she pre-occupied with sporting events?
 Yes No I don't know
22. Are vacations often in (or near) gambling establishments?
 Yes No I don't know
23. Does he/she spend an exceptional amount of time on internet gambling sites?
 Yes No I don't know

24. Have you noticed a change in his/her personality?
 Yes No I don't know
25. Has he/she ever threatened suicide?
 Yes No I don't know
26. Do you feel he/she can be trusted with money?
 Yes No I don't know
27. Has he/she decreased or stopped providing money for the household?
 Yes No I don't know
28. Does he/she use guilt induction as a method of shifting the responsibility for his/her own gambling for his/her gaming on you?
 Yes No I don't know
29. Does he/she engage in trading of options, futures, commodities, or other risky investments; short-term (day) trading of stocks; or purchasing of securities on margin?
 Yes No I don't know
30. Is he/she trading on the stock market with money you may need during the next year?
 Yes No I don't know

HAVE YOU EVER experienced any of the following due to the gambling problem?

31. Do you feel your life together is a nightmare?
 Yes No I don't know
32. Ever lied for the gambler or made excuses for gambling?
 Yes No I don't know
33. Begun to hide your money or your checkbook?
 Yes No I don't know
34. Begun to search his/her clothes or wallet to check on his/her activities?
 Yes No I don't know
35. Written checks prior to money being deposited into the bank account?
 Yes No I don't know
36. Been late on paying bills or stopped paying insurance premiums?
 Yes No I don't know
37. Received threatening phone calls or been contacted by bill collectors?
 Yes No I don't know
38. Called or made excuses to a creditor for the gambler?
 Yes No I don't know

39. Paid a bill or covered a check that the gambler was supposed to pay?
 Yes No I don't know
40. Borrowed from a family member, friend, children's savings or your employer?
 Yes No I don't know
41. Stolen from a family member or others?
 Yes No I don't know
42. Co-signed a loan, second mortgage, or equity loan?
 Yes No I don't know
43. Filed for bankruptcy?
 Yes No I don't know
44. Spent your savings or inheritance money?
 Yes No I don't know
45. Cashed in stocks, bonds or retirement funds?
 Yes No I don't know
46. Overextended your credit cards?
 Yes No I don't know
47. Applied for multiple credit cards?
 Yes No I don't know
48. Discovered your credit rating is negatively affected?
 Yes No I don't know
49. Had past or current legal charges on yourself?
 Yes No I don't know
50. Received notice of casino markers?
 Yes No I don't know
51. Had an auto repossessed?
 Yes No I don't know
52. Discovered money disappearing?
 Yes No I don't know
53. Cancelled doctor or dental appointments due to co-pay amounts?
 Yes No I don't know
54. Found it necessary to receive government assistance?
 Yes No I don't know
55. Been more impatient than usual with the children
 Yes No I don't know

56. Threatened to break up the family unit either through divorce or having an affair?
O Yes O No O I don't know

57. Been doubting your sanity?
O Yes O No O I don't know

58. What is the gambler's job?
O Part Time/Seasonal O Full Time O Not Specified/Unknown
O Student O Retired O Unemployed
O Disabled (Not working) O Active Military O Self-Employed
O Unknown O Other: Specify: _____

59. What is the gambler's annual income?
O Less than \$10,000 O \$10,000 - \$19,999 O \$20,000 - \$29,999
O \$30,000 - \$39,999 O \$40,000 - \$49,999 O \$50,000 - \$99,999
O \$100,000 or more O Unknown

60. What is the current (approximate) gambling debt? \$

61. What is your income? \$

62. Do you feel you have a problem with.....

- O Gambling/Betting
- O Alcohol
- O Drugs
- O Nicotine
- O Under/Over Eating
- O Anxiety
- O Depression
- O Spending
- O Shopping
- O Increasing Debt

63. Have YOU ever received treatment for....

- O Gambling
- O Alcohol
- O Drugs
- O Nicotine
- O Eating Disorder
- O Anxiety
- O Depression
- O Spending
- O Stomach Problems
- O Headaches
- O Migraines
- O Shopping
- O Back/Neck Problems
- O Family Issues

- Relationships
- Mental Health Issues

CRISIS RELATED QUESTIONS

- 64. Do you currently have thoughts of suicide?
 Yes No
- 65. Have you ever had suicidal thoughts in the past?
 Yes No
- 66. Have you ever attempted suicide?
 Yes No
- 67. Do you have thoughts of harming another person?
 Yes No

PLEASE RATE THE FOLLOWING

- 68. Your relationship with your Spouse/Significant Other
 Excellent Good Fair Poor N/A
- 69. Your relationship with Children
 Excellent Good Fair Poor N/A
- 70. Your Job or School Performance
 Excellent Good Fair Poor N/A
- 71. Your Ability to Cope with Problems
 Excellent Good Fair Poor N/A
- 72. Your Social Life
 Excellent Good Fair Poor N/A
- 73. How do you feel about yourself at present?
 Excellent Good Fair Poor N/A