

NAME/ID:

DATE:

We are interested in your own beliefs about your experiences with gambling. We are NOT interested in what others believe or may wish you to believe.

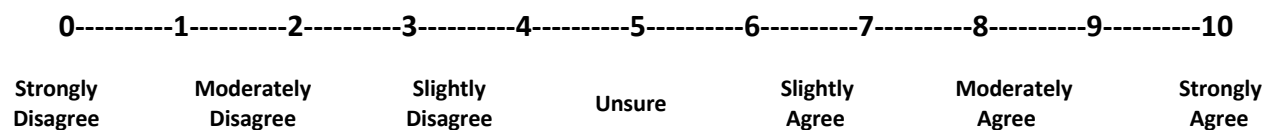
Indicate if you have ever had any of the following experiences either during or between episodes of gambling by reading the questions and marking either Yes or No.

	Yes	No
A) Restlessness?	<input type="checkbox"/>	<input type="checkbox"/>
B) Irritability or anger?	<input type="checkbox"/>	<input type="checkbox"/>
C) Changes in appetite?	<input type="checkbox"/>	<input type="checkbox"/>
D) Trouble concentrating or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>
E) Sleep disturbances (e.g. sleeping too much or too little)?	<input type="checkbox"/>	<input type="checkbox"/>
F) Depressed mood, hopelessness, or despair?	<input type="checkbox"/>	<input type="checkbox"/>
G) Suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
H) Persistent thoughts about gambling?	<input type="checkbox"/>	<input type="checkbox"/>
I) Felt excitement or a "rush" while gambling with increasing amounts of money?	<input type="checkbox"/>	<input type="checkbox"/>
J) Felt guilty about your gambling behavior?	<input type="checkbox"/>	<input type="checkbox"/>
K) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

If 'No' to ALL of the above, please go to the next page.

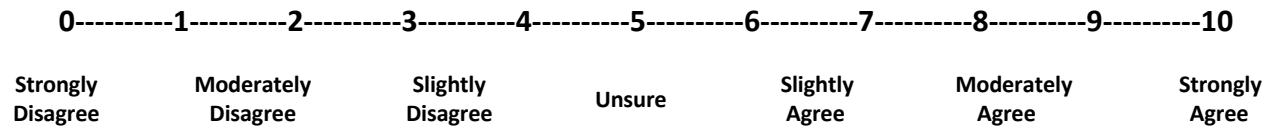
If 'Yes' to any of the above, indicate the extent to which you agree or disagree at the present moment with the following statement by circling the appropriate number, keeping in mind your experiences.

1) My experiences are due to gambling.

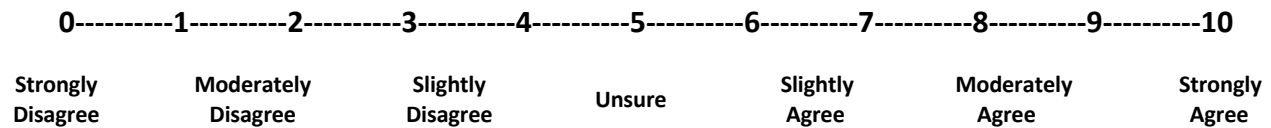


Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

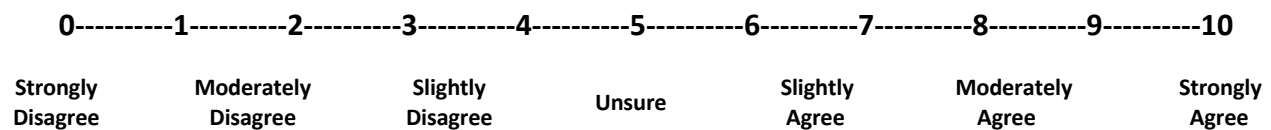
2) I have a gambling problem.



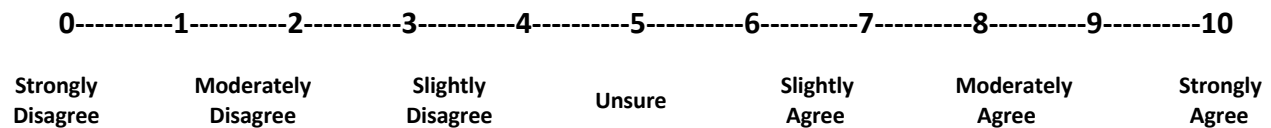
3) I NEED help for my gambling.



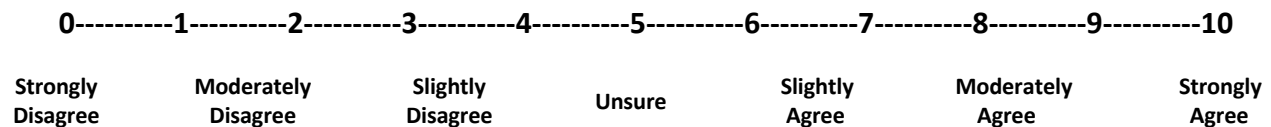
4) I always gamble responsibly.



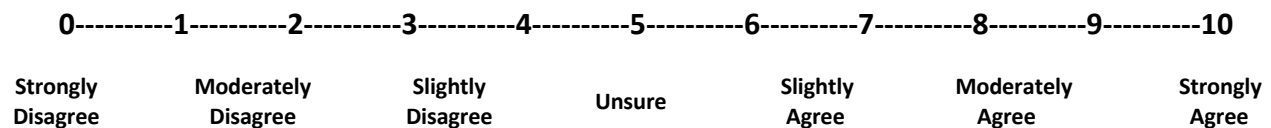
5) I can safely continue my current gambling behavior.



6) My gambling has led or can lead to negative consequences in my life (e.g. addiction, work, family, social, financial, or legal issues).



7) I NEED treatment for my gambling.



THE END

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Awareness Category	Calculation	Score ¹
Illness Awareness	$Q2___ + (10 - Q4___)$ \div total # of responses $___$	
Symptom Attribution	Q1 $___$ Exclude if indicated as N/A	
Awareness of Need for Treatment	$Q3___ + (10 - Q5___) + Q7___$ \div total # of responses $___$	
Awareness of Negative Consequences	Q6 $___$	
	Subtotal (sum of scores)	
SAS Average Total Score ²	Subtotal \div $___$	

¹ The score for each Awareness Category should be left blank if NO items were completed for that category.

² The Average Total Score calculation should be the Subtotal \div 4 or the number of Awareness Categories for which a score could be calculated.