## NAME/ID:

## DATE:



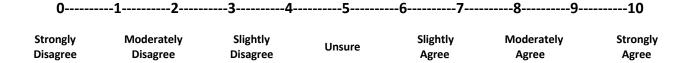
We are interested in your own beliefs about your experiences with gambling. We are NOT interested in what others believe or may wish you to believe.

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

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

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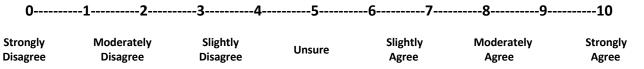
1) My experiences are due to gambling.



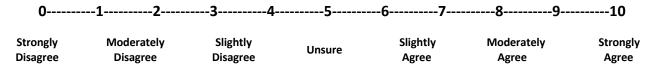
<sup>☐</sup> If '**Yes**' to any of the above, indicate the extent to which you agree or disagree <u>at the present moment</u> with the following statement by circling the appropriate number, keeping in mind your experiences.

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

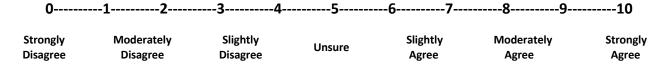
2) I have a gambling problem.



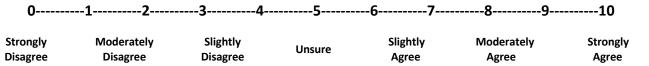
3) I NEED help for my gambling.



4) I always gamble responsibly.



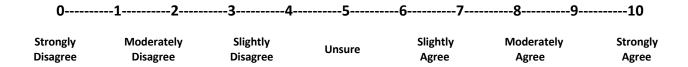
5) I can safely continue my current gambling behavior.



6) My gambling has led <u>or</u> 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**

DATE:



Awareness Category	Calculation	Score <sup>1</sup>
Illness Awareness	Q2 + (10 – Q4)  ÷ total # of responses	
Symptom Attribution	Q1 Exclude if indicated as N/A	
Awareness of Need for Treatment	Q3 + (10 – Q5) + Q7 ÷ total # of responses	
Awareness of Negative Consequences	Q6	
	Subtotal (sum of scores)	
SAS Average Total Score <sup>2</sup>	Subtotal ÷	

<sup>&</sup>lt;sup>1</sup>The score for each Awareness Category should be left blank if NO items were completed for that category.

<sup>&</sup>lt;sup>2</sup> The Average Total Score calculation should be the Subtotal ÷ 4 or the number of Awareness Categories for which a score could be calculated.