



RESPONSIBLE GAMBLING QUIZ

Answer the following questions about your gambling activity in the last 12 months. When finished, add up your score to gauge your risk level of problem gambling.

Risk Level Scoring:

Never = 0 pts.

Sometimes = 1 pt.

Most of the Time = 2 pts.

Almost Always = 3 pts.

Score of 0 =

Non-problem gambling.

Score of 1 or 2 =

Low level of risk with few or no identified negative consequences.

Score of 3 to 7 =

Moderate level of risk leading to some negative consequences.

Score of 8 or more =

Problem gambling with negative consequences and a possible loss of control.

1 Have you ever bet more than you could really afford to lose?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

2 Have you ever needed to gamble with larger amounts of money to get that same feeling of excitement?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

3 When you gambled, did you go back another day to try to win back the money you lost?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

4 Have you ever borrowed money or sold anything to get money to gamble?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

5 Have you felt that you might have a problem with gambling?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

6 Has gambling caused you any health problems, including stress or anxiety?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

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

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

8 Has your gambling caused any financial problems for you or your household?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

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

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the Time |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Almost Always |

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GAMBLING PROBLEM?

1-800-589-9966

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