BRIEF SCREENING INSTRUMENT
FOR
PATHOLOGICAL GAMBLING (BSIPG)

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Screening Instrument for Pathological Gambling (SIPG)

**During the past 6 months:**

1. Have you gambled?  
   Yes___ No___

2. Have you ever felt that you gamble too much?  
   Yes___ No___

3. Have you ever tried to quit or cut down on your gambling?  
   Yes___ No___

4. Have you ever sought out help for your gambling (for example, see a therapist or counselor, a treatment program, gamblers anonymous, etc.)?  
   Yes___ No___

5. Have you ever had any of the following symptoms before, during, or after gambling:  
   _ Headaches?  
   _ Felt shaky?  
   _ Felt a crawling sensation under your skin after you stopped gambling?  
   _ Drank alcohol heavily?  
   _ Used any type of drugs?  
   _ Had a memory loss?  
   _ Felt butterflies or a nervous feeling in your stomach?  
   _ Felt chest pains?  
   _ Felt heart palpitations?  
   _ Difficulty breathing?  

6. Has your gambling created problems with your spouse or other family members?  
   Yes___ No___

7. Has your gambling ever caused problems at school or work?  
   Yes___ No___

8. Have you ever had any type of legal problems because of your gambling?  
   Yes___ No___

9. Have you ever lost your temper, got into fights, or arguments while gambling or after a heavy loss?  
   Yes___ No___

10. Do you find yourself gambling more frequently hoping to win back your losses?  
    Yes___ No___

11. Do you find yourself thinking about gambling more frequently?  
    Yes___ No___
12. Since you began gambling, are you more likely to do things that you would not have done in the past (such as use drugs, drink alcohol excessively, writing bad checks, stealing, pawning possessions, skipping school, taking days of work to gamble)?

Yes___ No___

13. Do you ever feel bad or guilty about your gambling?

Yes___ No___

14. Has anyone ever told you that you have a gambling problem?

Yes___ No___

15. Has anyone in your family ever had a gambling problem, alcohol problems, or drug use problem?

Yes___ No___

16. Do you think or feel that you have a gambling problem?

Yes___ No___

17. Do you have, or ever had, financial problems because of your gambling (such as no being able to pay bills on time, loss of employment, cars or other property repossessed)?

Yes___ No___

18. Have you ever been divorced, separated, or lost a significant relationship because of your gambling?

Yes___ No___

SCORING

All items are scored 1 for YES and 0 for NO

0-2 indicates a low risk for having a gambling problem
3-5 indicates the need for a complete assessment
6 or higher indicates the need for a full evaluation and intervention

TOTAL SCORE:______

RECOMMENDATIONS

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