

Gambling Addiction Treatment Evaluation (GATE) Project in Tennessee

Institute for Substance Abuse Treatment Evaluation (I-SATE), The University of Memphis

Scoring Sheet for Admission Questionnaire (May 19, 2005 version)

Client Case # _____ Date of Admission ____ / ____ / ____

Client's Name _____ Interviewer's Name _____
Last First Middle Last First Middle

Section B: South Oaks Gambling Screen (SOGS)

Scores are determined by adding up the number of questions that show an "at risk" response, indicated as follows.

Questions 1-3 are not counted.

- ___ Question 4: most of the time I lost, or every time lost
- ___ Question 5: yes, less than half the time I lose, or yes, most of the time
- ___ Question 6: yes, in the past, but not now, or yes
- ___ Question 7: yes
- ___ Question 8: yes
- ___ Question 9: yes
- ___ Question 10: yes
- ___ Question 11: yes
- Question 12 is not counted
- ___ Question 13: yes
- ___ Question 14: yes
- ___ Question 15: yes

- ___ Question 16a: yes
- ___ Question 16b: yes
- ___ Question 16c: yes
- ___ Question 16d: yes
- ___ Question 16e: yes
- ___ Question 16f: yes
- ___ Question 16g: yes
- ___ Question 16h: yes
- ___ Question 16i: yes

Questions 16j and 16k are not counted

Total = _____ (20 questions are counted)

3 or 4 = potential pathological gambler (problem gambler)
5 or more = probable pathological gambler

Probable Diagnosis _____

Section C: DSM IV

Unfortunately there is no real scoring key for the DSM-IV assessment tool. However the prevailing wisdom in the literature is that five or more positive, or "yes" responses indicates a diagnosis of Pathological Gambling while 1-4 symptoms may be an indicative of Problem Gamblers.

Probable Diagnosis _____

Section D: Alcohol Abuse Screen

If the client has responded *Very True* or *Somewhat True* for any of the questions 1, 2, or 3, then circle Yes:

Positive Alcohol Screen Yes No

Comments _____

Section E: Drug Abuse Screen

If the client has responded *Very True* or *Somewhat True* for any of the questions 1, 2, or 3, then circle Yes:

Positive Drug Screen Yes No

Comments _____

Section F: Smoking Screen

If the client has responded Yes for any of the questions 1 or 2, then circle Yes:

Positive Smoking Screen Yes No

Comments _____

Section G: Depression Screen

If the client has responded *Very True* or *Somewhat True* for any of the questions 1 or 2, then circle Yes:

Positive Depression Screen Yes No

Comments _____

Comments from the Interviewer _____
