DSM-5 Diagnostic Criteria For Gambling Disorder

NAME _________________________________________________

Directions: Please indicate if any of the following statements apply to you the past 12 months.

**DSM-5 Questions**

1. Have you needed to gamble with large amounts of money or with larger bets in order to get the same feeling of excitement?  
   **Yes**  
   **No**

2. Have you felt restless or irritable when you tried to cut down or stop gambling?  
   **Yes**  
   **No**

3. Have you made repeated attempts to control, cut back, or stop gambling and were unsuccessful? For example, setting a money or time limit for yourself and then going over it.  
   **Yes**  
   **No**

4. Have you often spent a lot of time thinking about past gambling experiences, planning your next gambling activity, or thinking of ways to get money to gamble?  
   **Yes**  
   **No**

5. Have you often gambled when you were feeling distresses, such as feeling helpless, guilty, anxious, depressed or sad?  
   **Yes**  
   **No**

6. After losing money gambling, have you often returned another day to get even or try to win back your losses?  
   **Yes**  
   **No**

7. Have you lied to hide your gambling?  
   **Yes**  
   **No**

8. Have you risked or lost a relationship with someone important to you, or a job, or career opportunity because of gambling?  
   **Yes**  
   **No**

9. Have you relied on others to pay your gambling debts or to pay your bills when you had financial problems caused by you gambling?  
   **Yes**  
   **No**

**SCORE:**

Signature:__________________________________________ Date/Time____________________________

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