



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	Yes	No
1. Have you needed to gamble with large amounts of money or with larger bets in order to get the same feeling of excitement?	_____	_____
2. Have you felt restless or irritable when you tried to cut down or stop gambling?	_____	_____
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.	_____	_____
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?	_____	_____
5. Have you often gambled when you were feeling distresses, such as feeling helpless, guilty, anxious, depressed or sad?	_____	_____
6. After losing money gambling, have you often returned another day to get even or try to win back your losses?	_____	_____
7. Have you lied to hide your gambling?	_____	_____
8. Have you risked or lost a relationship with someone important to you, or a job, or career opportunity because of gambling?	_____	_____
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?	_____	_____

SCORE: _____

Signature: _____

Date/Time _____