

Name: _____

Date: _____

Gambling Symptom Assessment Scale (G-SAS)

The following questionnaire is aimed at evaluating gambling symptoms. Please *read* the questions *carefully* before you answer.

1. If you had unwanted urges to gamble during the past WEEK, on average, how strong were your urges? Please circle the most appropriate number.

None Mild Moderate Severe Extreme

0 1 2 3 4

2. During the past WEEK, how many times did you experience urges to gamble? Please circle the most appropriate number.

- 0) None
 1) Once
 2) Two to three times
 3) Several to many times
 4) Constant or near constant

3. During the past WEEK, how many hours (add up hours) were you preoccupied with your urges to gamble? Please circle the most appropriate number.

None 1 hr or less 1-7 hr 7-21 hr over 21 hr

0 1 2 3 4

4. During the past WEEK, how much were you able to control your urges? Please circle the most appropriate number.

Complete Much Moderate Minimal No control

0 1 2 3 4

5. During the past WEEK, how often did thoughts about gambling and placing bets come up? Please circle the most appropriate answer.

- 0) None
 1) Once
 2) Two to four times
 3) Several to many times
 4) Constantly or near constantly

6. During the past WEEK, approximately how many hours (add up hours) did you spend thinking about gambling and thinking about placing bets? Please circle the most appropriate number.

None 1 hr or less 1-7 hr 7-21 hr over 21 hr

0 1 2 3 4

7. During the past WEEK, how much were you able to control your thoughts of gambling? Please circle the most appropriate number.

Complete Much Moderate Minimal None

0 1 2 3 4

8. During the past WEEK, approximately how much total time did you spend gambling or on gambling related activities. Please circle the most appropriate number.

None 2 hr or less 2-7 hr 7-21 hr over 21 hr

0 1 2 3 4

9. During the past WEEK, on average, how much anticipatory tension and/or excitement did you have *shortly before* you engaged in gambling? If you did not actually gamble, please estimate how much tension and/or excitement you believe you would have experienced if you had gambled. Please circle the most appropriate number.

None Minimal Moderate Much Extreme

0 1 2 3 4

10. During the past WEEK, on average, how much excitement and pleasure did you feel when you won on your bet. If you did not actually win at gambling, please estimate how much excitement and pleasure you would have experienced if you had won. Please circle the most appropriate number.

None Minimal Moderate Much Extreme

0 1 2 3 4

11. During the past WEEK, how much emotional distress (mental pain or anguish, shame, guilt, embarrassment) has your gambling caused you? Please circle the most appropriate number.

None Mild Moderate Severe Extreme

0 1 2 3 4

12. During the past WEEK, how much personal trouble (relationship, financial, legal, job, medical or health) has your gambling caused you? Please circle the most appropriate number.

None Mild Moderate Severe Extreme

0 1 2 3 4

Scoring the Gambling Assessment Scale (G-SAS)

In scoring the G-SAS each item is scored on a 5-point scale from 0 (no symptoms) to 4 (extreme symptoms). The total score ranges from 0 to 48.

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