

Gambling Readiness to Change Scale

The following questionnaire is designed to identify how you personally feel about your gambling right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements. Your answers are anonymous. Please mark the answer of your choice to each question according to the following scale.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Larimer (2002)

Craving and Gambling Daily Monitoring Card

CODES FOR CRAVING STRENGTH	CODES FOR MOOD	CODES FOR TYPE OF GAMBLING	CODES FOR TYPE OF MONEY USED	CODES FOR WHERE YOU GAMBLE	CODES FOR WITH WHOM YOU GAMBLE
1 no craving	1 happy	1 Tribal Casino cards, dice, other	1 your cash	1 at home	1 alone
2	2 outgoing	2 Card games in Mini Casino or card rooms	2 borrowed cash	2 Tribal Casino	2 relatives/family
3 mild	3 sad/depressed	3 Cards with friend or family	3 credit card	3 Mini Casino	3 male friends
4	4 frustrated	4 Bet on horses, dogs, other animals	4 casino credit	4 sports venues, race track	4 female friends
5 moderate	5 shy/self-conscious	5 Bet on sports	5 cashed a bad check	5 card rooms	5 people you meet while gambling
6	6 bored/restless	6 Fundraising events/Reno nights	6 pay day loans	6 bingo halls	6 other (specify)
7 strong	7 angry	7 Lotto, Quinto, Lucky for Life	7 cashed in stocks or bonds	7 taverns, bars, restaurants	
8	8 anxious/stressed	8 Instant or scratch lottery	8 sold personal property	8 lottery outlets	
9 extremely strong	9 romantic/sexy	9 Tribal Bingo		9 other (specify)	
	10 relaxed	10 Other Bingo halls/churches		10 out of state	
	11 in the mood to celebrate	11 Electronic games or slots			
	12 other (specify)	11 Stocks or commodities			
		12 Pull tabs			
		13 Internet games			
		14 Other (specify)			

DATE	TIME Craving started & stopped	Strength of craving	What was your mood?	Type of gambling	Dollars Spent	Type of money used	Where did you gamble?	With whom did you gamble?	Comments/ Observations

Timeline Follow Back

This form takes a detailed look at your gambling habits over the past four weeks. Please think of which **days** you gambled over this time period, which **games** you gambled on those days, how many **hours** you spent gambling each day, and how much **money** you won or lost each day. Your win or loss refers to the net amount – that is, the amount you walked out with minus the amount you walked in with.

Circle one: This is for **a) the Past 28 Days** or **b) A Typical Month**

Date								Date
Game								Game
Time								Time
Win or Loss								Win or Loss

Date								Date
Game								Game
Time								Time
Win or Loss								Win or Loss

Date								Date
Game								Game
Time								Time
Win or Loss								Win or Loss

Date								Date
Game								Game
Time								Time
Win or Loss								Win or Loss