

# **Gambling and Problem Gambling Prevalence among Adults in Florida: A 2011 Replication**

**A Report for the Florida Council on  
Compulsive Gambling  
January 2012**

**Robert J. Rotunda  
University of West Florida  
and  
Terry L. Schell, Consultant  
University of West Florida**

**With Robin Beckman, Carlos Fabre Estrada, Laura M. Letson (President,  
Integrity 1st), Rachel Smith, and Eileen Wolfe**

## **ACKNOWLEDGEMENTS**

Many people contributed in major and minor ways toward the completion of this undertaking. Susan Feathers and Carol Rafalski were instrumental in the development of the proposal, as were resources and staff from the University of West Florida's Center for Applied Psychology and the Office of Grants and Contracts. We are very grateful to the Florida Council on Compulsive Gambling for funding this study. Laura Letson served as a liaison to the Council and was tireless in her efforts throughout the project. Finally, we thank the many Floridians who gave their time generously in responding to our phone survey.

## TABLE OF CONTENTS

<b>BACKGROUND INFORMATION .....</b>	<b>13</b>
Recent Changes in Florida's Gambling Environment .....	13
State Prevalence Studies of Problematic Gambling .....	14
The 2001 Florida Prevalence Study.....	15
Role of the FCCG.....	16
Recent Social and Economic Change .....	16
Changes in Accessibility: Internet Gambling.....	17
Legislative Context of Internet Gambling .....	18
Internet Cafes .....	18
Policy Implications .....	19
Mood States, Depression, and Gambling.....	19
Gambling and Crime .....	19
<b>THE PRESENT STUDY .....</b>	<b>21</b>
Definition and Measurement of Gambling and Gambling Problems .....	21
Public Health Model .....	22
<b>METHODS .....</b>	<b>24</b>
Overview .....	24
Sampling and Recruitment .....	24
Procedures .....	25
Questionnaire Design.....	25
Measurement of Gambling Problems .....	26
Assessing Correlates of Problem Gambling .....	28
Sample Characteristics and Analytic Weights.....	28
<b>RESULTS .....</b>	<b>33</b>
Gambling Participation in Florida .....	33
Prevalence of Clinical Gambling Problems.....	42
Characteristics of Problem Gamblers and Correlates of Gambling Problems.....	47
Mental Health, Substance Misuse, and Help-Seeking .....	50
Other Findings .....	57
Comparisons of the Current Sample with Previous Florida Studies of Seniors and College Students.....	62
DSM-V Considerations.....	62
Perceptions of Gambling Harm .....	64
Boredom as a Risk Factor .....	64
<b>SUMMARY AND RECOMMENDATIONS.....</b>	<b>65</b>
Recommendations .....	67
Future Research Considerations .....	69
<b>REFERENCES.....</b>	<b>70</b>
<b>APPENDICES.....</b>	<b>77</b>

## LIST OF TABLES AND FIGURES

Table 1. Comparison of Sample Characteristics to Florida Adult Population .....	30
Table 2. Demographic Comparison of Cell Phone and Landline Respondents .....	31
Table 3. Comparing Demographic Characteristics with Prior Gambling Studies.....	32
Table 4. Demographics by Gambling Participation Categories .....	34
Table 5. Gambling Participation- Lifetime, Past Year, and Past Week .....	36
Table 6. Lifetime Gambling Participation by Age Groups .....	37
Table 7. Past Year Gambling Participation by Age Groups.....	38
Table 8. Past Week Gambling Participation by Age Groups .....	38
Table 9. Lifetime Gambling Participation by Race .....	39
Table 10. Past Year Gambling Participation by Race.....	40
Table 11. Past Week Gambling Participation by Race .....	40
Table 12. Lifetime Gambling Participation by Region .....	41
Table 13. Past Year Gambling Participation by Region .....	42
Table 14. Number of Florida Adults with Gambling Problems .....	43
Table 15. Prevalence of NODS Problem or Pathological Gamblers, Lifetime and Past Year.....	44
Table 16. Prevalence of NODS Categories by Year of Study. ....	45
Table 17. Prevalence of Lifetime NODS Categories for Demographic Subgroups Across Studies .....	46
Table 18. Prevalence of Past Year NODS Categories for Demographic Subgroups Across Studies.....	46
Table 19. Lifetime Gambling Participation by Lifetime NODS Categories.....	48
Table 20. Past Year Gambling Participation by Past Year NODS Categories .....	49
Table 21. Favorite Gambling Venue by Lifetime NODS Categories .....	49
Table 22. Mental Health History by Lifetime NODS Categories .....	50
Table 23. Physical Health and Exercise by Lifetime NODS Categories .....	51
Table 24. Financial Information by NODS Categories .....	52
Table 25. Gambling Debt Payment Strategy of Lifetime NODS At Risk, Problem and Pathological Gamblers .....	53
Table 26. Gambling Motivations by Lifetime NODS Categories .....	54
Table 27. Gambling Impact on Family Among Gamblers by Lifetime NODS Categories ..	55
Table 28. Past Year Alcohol and Drug Use by Lifetime NODS Categories .....	55

**Table 29. Criminal Activity by Lifetime NODS Categories.....56**

**Table 30. Correlations between Frequency of Risky Behaviors and Gambling Frequency,  
Lifetime SOGS Score, and Lifetime NODS Score .....56**

**Table 31. Demographics of Internet and Non-Internet Gamblers .....58**

**Table 32. Perceptions of Gambling in Florida .....59**

**Table 33. Prevalence of SOGS Lifetime Problem or Pathological Gamblers .....61**

**Table 34. Prevalence of Lifetime SOGS Categories by Study Year .....62**

**Figure 1. Prevalence of Lifetime and Past Year Gambling Problems in Florida .....45**

## EXECUTIVE SUMMARY

This report presents the findings of a statewide survey of gambling participation and gambling-related problems among adults aged 18 and older in Florida. It is the second prevalence study ever conducted on the general adult population of Florida, and updates findings from the prior study conducted in 2001. The main goals of this study were to assess the prevalence of lifetime and past year at-risk, problem and pathological gambling among adults aged 18 and older in Florida, compare these primary results to the prior prevalence study, identify the forms of gambling creating the most difficulty, and assist the Florida Council on Compulsive Gambling (FCCG) in understanding demographic differences in gambling and problem gambling behaviors so they may more effectively target services for those individuals and families impacted negatively in Florida. In addition, this study was to examine the negative correlates of gambling behaviors and assess opinions about gambling in Florida. We also sought to develop a measure of gambling harm. Such a scale will assist in the understanding of attitudes towards the potential adverse consequences of gambling among non-gamblers, problem gamblers and social gambling populations, and to place these behaviors into a broader context using the public health model as a frame. Specifically, a subset of items with good internal consistency for use in future investigations will be derived.

Currently, there are many forms of gambling in Florida as government offers or allows more distinct licit opportunities to gamble than many other states. Specifically, gambling has expanded widely in Florida within the past decade, in both legal and illegal venues (e.g., sports betting, online wagering), including the presence of slot machines at pari-mutuels in designated locations, the opening of no limit poker rooms, Class III gambling at tribal owned casinos, new lottery games, and Internet cafes (which are not state sanctioned). Ongoing efforts are underway by state legislators for additional land based casinos and slot machines at dog and horse racing facilities.

In 2009-2010, the State of Florida brought in over \$1.5 billion in revenues from pari-mutuel facilities, card rooms, slot machines, and lottery games, in which \$150 million was generated from the Seminole compact (i.e. seven casinos operated by the Seminole Tribe). In 2011, the state nearly eliminated all prevention, education and outreach monies for problem gambling related programming according to the FCCG. Moreover, state government withheld monies collected from pari-mutuel facilities with slot machines (i.e. \$250,000 per facility), statutorily earmarked for compulsive gambling programming.

For the purpose of this study, gambling was defined as any activity for which a person bets money or something of value on an uncertain outcome in anticipation of gaining more money or something of greater value in return. Thus, the survey asked about many forms of mostly legal gambling. Measures of the relevant behaviors and problems were adapted from previous national and state prevalence studies. In particular, the study relied primarily on the *NORC Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV Screen for Gambling Problems* (NODS) to assess at-risk, problem or pathological gambling. The nature of gambling-related problems falls along a continuum in which social gamblers are at one end of the spectrum and pathological gamblers are on the opposite end. While the DSM criteria are only intended to account for pathological gambling, they have been used as a tool in identifying other problematic gambling behaviors along the continuum. For example, problem gambling is a label often used for individuals who experience three to four of the ten DSM-IV-TR gambling criteria. Much like pathological gamblers, who meet 5 or more of the DSM-IV-TR criteria, problem gamblers experience disruptions in their psychological, physical, social, and vocational lives. At-risk gambling is a label used to describe individuals who meet one or two of the DSM-IV-TR criteria, and may progress to more serious problems. Low-risk individuals, also known as social gamblers, engage in gambling activities but do not meet any of the criteria outlined in the DSM-IV-TR. Social gambling represents the largest percentage of gamblers, approximately 76% (Gerstein et al. - National Gambling Impact Study Commission, 1999) and is defined as gambling for entertainment that “occurs with friends or colleagues and

lasts for a limited period of time, with predetermined acceptable losses” (American Psychiatric Association, 2000).

## ***Methods***

Respondents were sampled using a random digit dialing (RDD) procedure within Florida area codes. Sampling of numbers was stratified in two subsamples of predetermined size: mobile phone and landline phone numbers. Residential phone numbers were selected at random and calls were made each weekday beginning in the mid-afternoon through evening, and most of the day and evening on weekends. Calls were completed during a 6 week period from mid-March through April, 2011. In order to improve the representativeness of the sample, the call center implemented respondent quotas based on gender and geographic region for the landline sample. When a person was reached at a randomly selected phone number, we screened the household for eligible individuals and language preference. Calls were made in English, but 2.5% of all interviews were conducted in Spanish and 0.3% in Creole. If multiple eligible individuals were available in the household, we selected the resident with the most recent birthday as the target respondent. This procedure was used to recruit 2500 individuals, 501 in the mobile phone subsample and 1999 in the landline phone subsample.

Because of the recent penetration of cell phones as the preferred modality of communication for most Floridians, and because we found that rates of gambling problems were significantly higher within the mobile phone subsample than within the landline sample, the analytic sample was weighted to more accurately represent the portion of the Florida population that rely primarily on mobile phones. In addition to these design weights, we applied poststratification weights to improve the representativeness of the sample with respect to gender, age and race. The final, weighted sample is extremely similar to the current Florida population.

The survey instrument included 11 sections with questions assessing: (1) Gambling behaviors - lifetime, past year, and past week gambling on many activities; (2) The South Oaks Gambling Screen (SOGS); (3) Financial indebtedness; (4) The NODS; (5) Alcohol and drug use; (6) Mental health status; (7) Personality variables, especially boredom proneness; (8) Impacts of gambling on family; (9) Help-seeking of any type; (10) Gambling related attitudes; and (11) Demographic characteristics.

The primary measure of problem gambling in the survey was the NORC DSM-IV Screen for Gambling Problems (NODS), a screen based on the most recent psychiatric criteria for pathological gambling. The NODS is more conservative than other problem gambling screens because it requires that some problematic behaviors such as preoccupation with gambling and gambling-related activities, and loss of control, last for two or more weeks or occur multiple times.

## ***Gambling Participation in Florida***

- The majority of Floridians have participated in some form of gambling in the past year. Of those who gamble, about 88% travel 50 miles or less to gamble, a clear decrease in distance traveled from a decade ago. This may be due to the emergence of new gambling outlets in South Florida.
- The demographic characteristics of lifetime gamblers were broadly similar to the state as a whole. The ratio of men and women is similar among lifetime and past year gamblers, but males are more common among past week gamblers.
- Floridians participate in a wide range of specific types of gambling, but lottery games were the most common form of gambling across all studied time frames, with approximately 15% of the population playing the lottery within the last week, which is approximately 5 times more common than any other form of past week gambling. Raffles, casino/racino-based gambling, and

poker were also relatively common. One in five Floridians (21%) gambled at a casino or racino in the past year, and 3.4% play (non-machine based) poker weekly, while 12% played poker in the past year.

- In the past year, younger respondents were more likely than older to play poker, cards, dice or dominoes not at a casino, sports games, table games other than cards, sports betting with a bookie, video or arcade games, and fantasy sports betting. This finding may reflect the growing popularity of non-traditional gambling forms for young adults, especially earlier introduction to poker.

### ***Problem and Pathological Gambling in Florida***

- The overall prevalence of problem or pathological gambling (combined) in Florida is 2.1% for lifetime occurrence and 1.2% for past year occurrence.
- There are an estimated 180,000 Floridians who are currently (past year) diagnosable as problem or pathological gamblers. Specifically, there is a 95% chance that the true number of current problem and pathological gamblers falls between 80,000 and 270,000.
- There are an estimated 700,000 Floridians *at-risk* for past year gambling problems, which constitutes 4.7% of the adult population. Florida's at-risk population is greater than the national at-risk prevalence rate.
- The prevalence rates for problem and pathological gambling in 2011 are not significantly different from the rates found in 2001, however the total number of problem and pathological gamblers has grown by tens of thousands, along with overall growth in the adult Florida population. Further, government funded statewide comprehensive problem gambling prevention and education programs during this same ten-year period.
- The prevalence rates for problem and pathological gambling found in the current study are also statistically similar to rates found in a nationwide study conducted in 1999.
- Clinically significant gambling problems were associated with several demographic factors. Specifically, rates of problems were higher for males than females, among younger than older Floridians, among both low and high income households relative to the middle class, among those who rent their home than those who own, and in the south of Florida than in the north. Current gambling problems were much more common (2.0% vs. 0.4%) among males.
- At risk, problem or pathological gamblers were more likely to participate in virtually every type of gambling compared to those who gamble socially.
- Relative to at-risk gamblers, problem and pathological gamblers were more likely to participate in lottery games and go to casinos/racinos. They were also more likely to play poker (70%) compared to at-risk players (45%); higher percentages of problem gamblers also play cards, slots, and poker machines (not at a casino) compared to at-risk individuals. They also tend to bet through bookies more commonly than those at risk. However, at-risk gamblers were more likely to participate in sporting event pools (31.4%) compared to those with problems (9.6%).



- Problem and pathological gamblers were twice as likely to choose a casino, racino, or other dedicated gambling establishment as their preferred gambling location relative to low-risk gamblers. Sixty percent of problem/pathological gamblers prefer a casino or racino. In contrast, low risk gamblers selected a diverse range of venues as their preferred location. Past year poker playing was common among those classified as problem (45%) or pathological (70%) gamblers. Males are much more likely to engage in internet gambling, as well as individuals under the age of 55. Most importantly, 41% of those who have used the internet to gamble were classified as either at-risk or problem/pathological gamblers, whereas about 12% of non-internet gamblers fell into these categories.
- Gambling problems were associated with symptoms of depression, with more than one-third of lifetime problem/pathological gamblers experiencing symptoms of depression at some point in their lifetime. They were also somewhat more likely to have sought mental health treatment, however almost no one reported seeking treatment specifically for gambling. Overall, nearly half of the sample had an awareness of the Florida Council on Compulsive Gambling's toll-free 24-Hour Problem Gambling HelpLine service available at 1-888-ADMIT-IT.
- Problem and pathological gamblers were more likely to use most methods to pay for gambling than were at-risk gamblers. In general, credit cards, taking money from friends and family without their knowledge, and pawning were all much more likely among problem and pathological gamblers. Although 6.5% of those who gamble filed for bankruptcy at some point during their lifetime, differences in the rate across social (6.4%), at-risk (4.7%), and problem/pathological gamblers (14.9%) were not statistically significant.
- Problem and pathological gamblers reported substantially different motivations to gamble than did non-problem gamblers. In particular, the following motivations were strongly associated with having gambling problems: “to distract yourself from everyday problems”, “to feel high or for the rush” or “to feel good”, “to escape boredom”, and “for excitement or as a challenge.”
- Gambling problems and frequency of gambling were associated with substance misuse and other risky behaviors. In particular, the level of gambling problems was positively associated with tobacco use, alcohol use, drug use, high-speed driving, and lifetime arrest. Similarly, people who gambled more frequently were more likely to smoke and drink more, and drive faster than those who gamble less frequently.
- The survey also included a range of public opinion items assessing attitudes toward gambling, gambling regulation, and gambling treatment. Approximately 38% of Floridians agreed or strongly agreed that gambling is a problem in the state, and 92% acknowledged that it could be disruptive to individuals and their families. Over 60% agreed that funding should be available from the state for programs to assist gamblers with problems as long as the state government promotes the lottery.

### ***Public Health Approach and Harm Reduction***

Gambling has long been viewed as a positive form of entertainment and valuable source of revenue for several industries, as well as a debilitating behavioral addiction that can negatively impact individuals, families, and the greater community (Korn, Gibbins, & Azmier, 2003). The utility of a public health approach incorporates the concept of harm reduction and recognizes that there are both positive and negative health impacts associated with gambling. Further, this approach emphasizes that interventions may occur at every level and that intervention is not only viewed as being necessary for those already suffering the consequences of their

behavior, but also for those in low and moderate risk groups that include a larger number of individuals, some of whom proceed to more problematic behaviors.

In short, the public health model is a framework from which an integrated, holistic and community based approach (including government, schools, workplaces, and other arenas) can be provided on issues that affect the health and well-being of a population or society at large. In addition to exploring the biological and behavioral elements of problem gambling, the public health model allows for the examination and address of social and economic factors associated with problematic gambling behavior. The key difference between the treatment (medical model) and the public health model is the focus upon prevention and early intervention, which are viewed as part of a continuum.

The public health model further acknowledges the deficits and benefits to gambling for a society and enables governments to develop educated strategies through existing institutions and infrastructures to minimize negative impacts (Korn 2002). It also allows policymakers to comprehensively address gambling-related issues rather than solely examining at the individual level, endeavors to prevent problems from occurring, and fosters sustainability for prolonged early intervention, which can be less subject to political biases and ultimately valued as a long-term goal.

The development of measure of perceived gambling harm, consisting of an eight-item subset of opinions in gauging attitudes towards the potential negative consequences of gambling, was piloted. Those who do not gamble may perceive individual and collective risk and negativity associated with gambling, and those who admitted to having problems also perceive the potential for gambling-related difficulties. Social and at-risk gamblers perceive less harm from gambling, which also has implications for intervention.

The Perceptions of Gambling Harm Scale may be used as a brief measure of public opinion toward gambling, and a way to differentiate those who perceive more harm associated with gambling from those who view it as more helpful or benign. It can be best utilized to gauge community or state-wide sentiment about gambling and gambling-related problems with repeated administrations over time. It could also be used clinically to generate discussion of gambling attitudes among clients, and to illuminate discrepancies between client attitudes and their own gambling behaviors.

### ***Future Directions and Recommendations***

As the population of the State of Florida continues to grow, efforts should be made to expand programs that educate the community about gambling problems, as well as the capacity to deliver treatment to those that have or will develop problems related to gambling. Though occurring in a minority of the population, the effects of problem gambling can be substantial for families and communities as well as for the affected individuals. The present study confirmed the presence of a significant number of adults with past or current gambling problems in Florida, but did not examine systematically the extent, quality or effectiveness of the available educational, referral and treatment services available in the state (either public or private). Such an analysis should be performed to improve treatment utilization and effectiveness, but also to gauge service needs for those negatively affected at present, and in the future.

It is important to note that many people may not be knowledgeable about what constitutes a need for formal or self-help treatment for problem gambling. Others may be unwilling to seek help even when they recognize the need. Therefore, trying to promote a clear and consistent culture of treatment acceptance (e.g., reducing stigma associated with gambling problems and help-seeking) and expanding treatment availability are policy goals that may be important in minimizing harm caused by gambling in the State of Florida. It may also be helpful to broaden the existing public education campaigns to address the large at-risk population, in addition to the relatively small population of problem and pathological gamblers. Endorsing even one criterion for problem

gambling may be clinically significant, and could negatively impact family members, friends or employers. It may be easier to intervene in a preventive manner with those who are at-risk compared to treating only those with severe symptoms.

The Florida Council on Compulsive Gambling's 24-hour Problem Gambling HelpLine is very widely-known within the state, and provides direct services, referrals and free treatment to a large number of Floridians with gambling problems. The existing outreach using billboards has reached a large portion of the population, but this approach is costly, particularly in light of state budgetary cuts which will curtail such efforts. It may be useful to look beyond the common forms of outreach utilized by the FCCG, which includes social media and internet based educational and referral systems, to determine how best to target demographic groups most at risk, e.g., young men in South Florida. It might also prove helpful if community, statewide and government based organizations utilized FCCG programs, which are available at no cost, are already established, geared toward target specific populations (e.g., at-risk males, college students, criminal justice offenders, and senior citizens), and are state sponsored.

In keeping with the public health model, recognizing that a holistic approach to prevention is essential, and based on the current population estimates of at-risk, problem, and pathological gambling, a review of the broader literature on the treatment of gambling and addiction, and review of FCCG resources and materials, we offer several recommendations:

- State government should consider the utilization of a public health model for problem gambling and evaluate the establishment of an independent entity to address the policy impacts of gambling and gambling addiction on an ongoing basis. In addition, as this replication study did confirm that the majority of Florida citizens believe the state should fund programs for problem gambling as long as it sponsors a lottery, the state may wish to consider the creation of a dedicated fund versus a year-to-year set aside. Beyond reinstating monies earmarked by pari-mutuel facilities, government may opt for all gambling operations to contribute to the fund for problem gambling related programming to assure that prevention, intervention and counseling services can be provided to citizens in need, as well as to foster ongoing research. Requiring the use of a standardized responsible gambling program by gambling operators, as well as consistent policies allowing for statewide self-exclusion may also be worthy of government examination.

Further, in instances when government is funding the development of population specific programming, it may choose to require the usage of these materials by appropriate state entities and assure adequate oversight by these entities.

- The FCCG should continue its efforts to provide information about gambling and its potential negative impacts to Floridians, and referrals to qualified professionals as well as mutual help organizations (e.g., Gamblers Anonymous) through its HelpLine services. It may be necessary to find additional funding to meet a possible increase in call volume and growth in the absolute numbers of gamblers and their families needing assistance. An expansion of a campaign already begun to educate health care providers of all types about proper gambling assessment and referral procedures may improve utilization of treatment for these problems. Providing in-depth training to more licensed mental health treatment providers, and arranging to offer discipline-specific continuing education credits across the state to attract attendees, may improve the breadth and quality of treatment available in Florida. One way this can be accomplished is through the continued and consistent dissemination of free or low-cost online presentations and webinars. Similarly, as the Seminole Tribe has provided funding to the FCCG to furnish intensive treatment supports by certified professionals to individuals adversely affected by gambling, advertising the availability of free counseling services for persons unable to afford this

assistance, coupled with the importance of screening by mental health and medical professionals, could provide much needed relief.

- Integrating gambling screening questions into routine clinical and institutional (e.g., criminal justice; governmental) assessments may help identify and intervene with those needing assistance or harm mitigation. This is a particular concern given higher arrestee rates, as well as higher rates of alcohol and marijuana use among the problem gambling population.
- FCCG services and trainings should continue to be targeted to those regions in the state comprised of the largest percentage of at-risk and problem gamblers (e.g., south, south central, and north central Florida).
- As problem gambling rates appear highest in South Florida, which is also the geographical area where the majority of gambling venues are located within the state and the largest number of calls to the FCCG HelpLine originate, government should consider careful evaluation of the potential negative impacts of gambling expansion in this region along with the potential for economic gain.
- The FCCG should continue its efforts to encourage communication among gambling researchers, clinicians, and policy makers in Florida in order to bridge existing gaps between research and best practices in regard to responsible gambling and treatment services. One way to do this would be to advocate for the establishment of an independent and/or governmental body, affiliated with a recognized research organization that could launch systematic investigations into the nature of gambling and gambling problems in Florida, and test interventions over time in keeping with the public health approach to potentially harmful behaviors. This entity would be non-partisan and ideally receive consistent year-to-year funding from the legislature to maintain its credibility and research mission. In essence, there is a need for government, academia and other entities to address gambling and gambling addiction as a public health issue.

Finally, we recommend that future epidemiological studies of gambling in Florida consider several methodological modifications to improve the usefulness and precision of the results. These include: expanding the mobile phone subsample, shortening the instrument, offering participant incentives, and expanding the time needed for study design and data collection.

## BACKGROUND INFORMATION

National and state organizations that focus on problem gambling, such as the Florida Council on Compulsive Gambling (FCCG), usually carry the unique responsibility of understanding changes in public policy, changes in society, and patterns of gambling behavior in order to provide the necessary services for the betterment of the general public. The current study has been commissioned by the FCCG as a means to monitor changes in patterns of gambling in the state of Florida over the past decade. In order to better understand the Florida gambling environment and the gambling behaviors and motivations of individuals, we briefly outline the history of gambling in Florida, and major events that affected the state since the last survey was completed in 2001.

### Recent Changes in Florida's Gambling Environment

There are currently many forms of gambling in Florida as the state offers or allows more distinct licit opportunities to gamble than many other states. Legal forms of gambling in the State of Florida for adults include: dog and horse racing, Jai Alai, lottery, bingo and casino gambling on eight (almost all Seminole) Indian reservations (which includes Class III gaming machines, Blackjack, Pai-Gow Poker, Baccarat and other banked card games) and "cruises to nowhere" that depart from several Florida ports. There are no legalized forms of gambling within the State of Florida for adolescents (i.e., persons under 18 years of age). In 1988 Florida voters approved a constitutional amendment authorizing the State to operate a lottery. In 2006, South Florida pari-mutuels, per a referendum, were allowed to offer Class III slot machine gambling. This same legislation required these facilities pay \$250,000 per year for problem gambling related programming, to institute employee training on this issue, to implement a responsible gaming program for patrons, including the conspicuous posting of the toll-free phone number to call for assistance, and the odds of winning.

In 2008, select Seminole Tribal casinos started offering Class III gaming machines and banked card games such as Blackjack and Pai-Gow Poker. Over the next few years, several other forms of gambling surfaced. This included the introduction of Powerball to the current array of lottery games, the start of the Internet Sweepstakes Café era in 2009 (there are currently over 1,000 of these establishments in the state according to the FCCG), and most recently, in 2010, the enactment of legislation which allowed no-limit poker in all statewide pari-mutuels with card rooms. Florida statutes regarding gambling include Chapter 849.01-849.46 *Gambling* and Chapter 77.04 *Attempts, Solicitation, and Conspiracy*. The legal age to gamble in Florida is 18 with the exception of slot machines at pari-mutuel facilities in South Florida and machine gambling at the Native American tribal casinos. These tribal facilities require that patrons be 21 years of age or older. Revenue generated by these activities is significant. The State brought in \$1.5 billion in revenues from pari-mutuel facilities, card rooms, slot machines, and lottery games in 2009-2010, in which \$150 million was generated from the Seminole compact. In 2010, the Seminole Tribe, which operates seven casinos in Florida, entered into a compact with the State of Florida.

During this same period, and prior to 2000, the State of Florida's funding paid for operation of the FCCG HelpLine, at \$100,000 annually. Thereafter, the HelpLine grant was increased to \$134,000 and the Florida Lottery provided a second grant in the amount of \$1.3 million to support prevention, education, outreach, research, and training activities. In 2010-2011, in response to the presence of slot machines, lottery games, and the casino compact, the FCCG was granted over \$3 million, in which \$1.75 million was furnished by the Seminole Tribe for intensive treatment services by certified professionals, with the remaining funding received from the Florida Lottery and the Florida Department of Business and Professional Regulation (i.e. DBPR is the regulatory authority for pari-mutuels with slot machines). However, most recently, the Florida Legislature and Governor reduced funding for problem gambling programming (e.g. eliminated Lottery money slated that traditionally funds most FCCG services) and significantly reduced the appropriation by DBPR from the slot machine set aside. This reduction occurred even though calls to the FCCG's HelpLine in 2010-2011

increased more than 600% since 2002-2003 (5,848 called for help and information during the past year; 912 in 2002-2003).

## State Prevalence Studies of Problematic Gambling

To document population estimates of gambling and problem gambling, epidemiological studies have flourished over the past decade. The National Gambling Impact Study Commission reported that 2.5 million American adults are pathological gamblers, 3 million are problem gamblers and 15 million are at-risk gamblers (Gerstein et al., 1999). This study was comprised of 2,417 adults and was conducted using a Random Digit Dial (RDD) telephone sample. Since then, the population of the United States has increased by 9.71% from 281,421,906 in 2000 to 308,745,538 in 2010 (U.S. Census Bureau). Dating from 2001, 17 states have conducted gambling prevalence studies (see Table below).

Some definitional confusion and non-uniformity has characterized the epidemiological study of gambling problems. Primarily, this is due to the use of different instruments across studies. The South Oaks Gambling Screen (SOGS) is an older instrument developed initially for clinical use that does not correspond directly to modern psychiatric diagnostic criteria (DSM-IV), while the NORC DSM-IV Screen for Gambling Problems (NODS) is a newer instrument that does correspond to DSM-IV criteria, but it typically yields lower rates of problem and pathological gamblers than does the SOGS. For example, the South Oaks Gambling Screen (SOGS) was used as the only gambling screen by two states. The NORC DSM-IV Screen for Gambling Problems-NODS was used as the only gambling screen by six states. The SOGS and NODS were used in combination by six states.

<b><i>SOGS Problem &amp; Pathological Gambling Rates by State</i></b>								
<b>State</b>	<b>Year</b>	<b>Problem Lifetime</b>	<b>Problem Past Year</b>	<b>Pathological Lifetime</b>	<b>Pathological Past Year</b>	<b>Combined Lifetime</b>	<b>Combined Past Year</b>	<b>Sample Size</b>
Arizona	2003	3.6%	1.6%	1.9%	0.7%	5.5%	2.3%	2,750
Connecticut	2009	2.2%	0.9%	1.5%	0.7%	3.7%	1.6%	2,298
Florida	2001	2.5%	1.4%	1.1%	0.6%	3.6%	2.0%	1,504
Louisiana	2008	--	1.7%	--	1.4%	--	3.1%	2,400
Michigan	2007	2.7%	1.1%	1.4%	0.9%	4.1%	2.0%	957
Nevada	2001	--	--	--	--	--	6.4%	2,217
Oregon	2006	2.4%	1.7%	1.9%	1.0%	4.3%	2.7%	1,554

The results based on the SOGS were gathered by state and compare problem gambling and pathological gambling in “lifetime” and in “past year” time periods. Arizona had the greatest combined (i.e., problem and pathological gambling) lifetime percentage of 5.5% (Volberg, 2003). Nevada had the greatest combined (i.e., problem and pathological gambling) past year percentage of 6.4% (Volberg, 2002). Delaware had the lowest combined (i.e., problem and pathological gambling) past year percentage of 1.6% (Health Services Policy Research Group, University of Delaware, 2002).

<b><i>NODS Problem &amp; Pathological Gambling Rates by State</i></b>								
<b>State</b>	<b>Year</b>	<b>Problem Lifetime</b>	<b>Problem Past Year</b>	<b>Pathological Lifetime</b>	<b>Pathological Past Year</b>	<b>Combined Lifetime</b>	<b>Combined Past Year</b>	<b>Sample Size</b>
Arizona	2003	1.6%	0.7%	0.5%	0.3%	2.1%	1.0%	2,750
California	2006	2.2%	--	1.5%	--	3.7%	--	7,121
Connecticut	2009	2.1%	0.8%	1.2%	0.6%	3.3%	1.4%	2,298
Delaware	2002	--	--	--	--	--	0.7%	2,638
Florida	2001	0.5%	0.5%	0.5%	0.3%	1.0%	0.8%	1,504
Georgia	2007	2.6%	1.1%	1.4%	0.4%	4.0%	1.5%	1,602
Kentucky	2008	1.7%	--	0.3%	--	2.0%	--	850
Nevada	2001	3.0%	1.8%	2.1%	0.3%	5.1%	2.1%	2,217
New Mexico	2006	--	1.1%	--	1.1%	--	2.2%	2,850

New York	2007	--	0.5%	--	0.4%	--	0.9%	--
Washington	2003	--	0.7%	--	0.5%	--	1.2%	6,713

Results based on the NODS revealed that Nevada had the greatest combined (i.e., problem and pathological gambling) lifetime percentage of 5.1% (Volberg, 2002). New Mexico had the greatest combined (i.e., problem and pathological gambling) past year percentage of 2.2% (Volberg & Bernhard, 2006). Florida had the lowest combined (i.e., problem and pathological gambling) lifetime percentage of 1.0% (Shapira, Ferguson, Frost-Pineda, & Gold, 2002). Delaware had the lowest combined (i.e., problem and pathological gambling) past year percentage of 0.7% (Health Services Policy Research Group, University of Delaware, 2002).

### **The 2001 Florida Prevalence Study**

Both legal and illegal forms (e.g., poker rooms, the Internet and sports betting) of gambling opportunities have increased in the State of Florida in recent decades. One way of estimating increases in gambling participation and consequent problems in the State of Florida is to gauge the number of persons seeking help for gambling-related problems. In recent years, self-help groups (e.g. Gamblers Anonymous, Gam-Anon) have been organized in various communities throughout the state and have increased from less than 10 in 1985 to over 70 in 2010 (Shapira et al., 2002; Gamblers Anonymous, 2011). Calls to the FCCG HelpLine have also risen steadily. However, the trend to empirically evaluate the extent of gambling problems nationwide and in other states resulted in the only Florida prevalence study which was conducted in 2001. Below are some of the key findings (Shapira et al., 2002):

- In 2001, *lifetime gambling participation* was about 90% among Florida residents, ages 18 and older, and highest for lottery (73%), raffles (63%), casino gambling (60%), pari-mutuels (horses, dogs or other animals) and Off-Track-Betting/OTB (30%). From nearly one-third to almost 75% of respondents acknowledged wagering on these forms of gambling. Participation levels for other forms of gambling included bingo (24%), cards-not at a casino (20%), slot machines-not at a casino (18%), pool (18%), sports (16%) and Jai Alai (14%).
- Other popular forms of gambling in Florida in the *past year*, reported by more than 5% of respondents, were bingo, cards-not at a casino, day trading, horses, dogs or other animals and OTB, pool, sports and slot machines-not at a casino. Of respondents participating in one or more of these activities, 32% visited a casino, 16% frequented a convenience store, 13% gambled at the supermarket and nearly 8% bet in their own homes.
- Approximately 10% of Floridians reported that they have never gambled, another 20% gamble infrequently (i.e., not placed a bet in the past year), 45% are past year gamblers and 25% gamble weekly.
- Two percent of the adult population qualified as past year problem or pathological gamblers and 3.6% were lifetime problem or pathological gamblers based on the South Oaks Gambling Screen (SOGS). Four percent of Florida adults were past year at-risk gamblers who were experiencing some level of difficulty, according to the National Opinion Research Center's NORC DSM Screen for Gambling Problems (NODS).
- Using the NODS, 0.8% of adults were identified as past year problem or pathological gamblers and 1.0% were lifetime problem or pathological gamblers.

## **Role of the FCCG**

The Florida Council on Compulsive Gambling, Inc. (FCCG), established in 1988, is a not-for-profit, gambling-neutral corporation. The mission of the FCCG is to increase public awareness and provide services and supports to Floridians. The FCCG provides confidential and free support, including counseling, to persons in need of help, and aids healthcare professionals working with diverse populations to assess and treat for gambling related problems. The FCCG also plays a role in aiding gambling operators in establishing responsible gaming programs. Moreover, the agency assists organizations, employers and others in establishing problem gambling awareness programs for workplaces and elsewhere. Various resources are tailored specifically for the needs of youth, college students, adults, and seniors. These services include:

- Prevention/education/outreach programs
- Referral for free treatment
- Training, program development assistance
- Research sponsorship
- Public representation before governing bodies
- Operation of the 24-hour HelpLine 888-ADMIT-IT

According to FCCG records, during Fiscal Year (FY) 2010-2011, the FCCG handled nearly 6,000 help and information contacts, reflecting more than a 30% increase from FY 2008-2009. In fact, the FCCG's Problem Gambling HelpLine service receives more than 600 calls a month. Since the date of the HelpLine's inception, June 1992, the FCCG's confidential HelpLine has responded to well over 45,000 contacts from individuals seeking help or information regarding problem and compulsive gambling. The data from callers show that slot machines and cards continue to be the top two primary gambling problems. Over one-third of callers admit to committing illegal acts to finance their gambling, and more than one in five gamblers is either unemployed or disabled. Relationship problems are the most cited precipitating event leading to the HelpLine contact (FCCG, 2011).

## **Recent Social and Economic Change**

The first Florida gambling survey was conducted in 2001, shortly after the terrorist attacks on September 11<sup>th</sup>. The investigators (Shapira et al., 2002) rightly acknowledged that the timing of the survey may have affected response rates (they reported an astounding 76%, although this rate was not computed using any of the standard response rate definitions of the American Association of Public Opinion Research, AAPOR). These authors speculated that the effects of the stress caused by the terrorist attacks could have affected gambling behaviors in multiple ways, such as an increased need to cope with or escape from the anxiety, anger or dysphoria. The proposition of threat and personal uncertainty may have influenced more impulsive individuals, who are more likely to gamble in problematic ways (Nower, Derevensky, & Gupta, 2004), to engage in potentially risky behaviors.

There are several other events since the 2001 survey that might affect rates of gambling participation or gambling problems. This includes the 2004 and 2005 hurricane seasons in Florida, which were atypically active and disrupted the lives of most Floridians in some way. According to the National Oceanic and Atmospheric Administration's (NOAA) National Hurricane Center (NHC), 2005 set the record for the most major (stronger than or equal to category 3) U.S. hurricane strikes since 1851, with seven (Blake, Rappaport, & Landsea, 2007). Furthermore, the two-year period of 2004-2005 set the record for the most tropical storms and hurricanes in a two-year period. Groen and Polivka (2008) reported that approximately 1.5 million people left their residences due to damage caused by Katrina. These evacuees were relocated to 45 different states and many came to Florida. In addition, the Gulf Oil Disaster of 2010 damaged the state's leisure and tourism as well as fishing industries. It is unknown how this environmental disaster affected gambling participation and rates of problem



gambling, but precedent has been noted for this type of phenomenon with increased alcohol and drug use, and community conflict and breakdown following the Exxon Valdez incident in Alaska.

Economically, after the initial financial drawback caused by the 2001 terrorist attacks and the consequential military actions in Afghanistan and Iraq, economic growth was slower throughout the decade than during the prior several decades. Most notably, the country entered a severe recession in December of 2007. The impacts of this recession were comparatively more severe in Florida than nationwide. The number of unemployed individuals in Florida during the 2007-2009 time period increased from 335,000 to 984,000, a 194% increase (Morrell, 2009). Unemployment may affect an individual's likelihood to engage in problematic and pathological gambling behaviors. A study on Canadian gamblers found that being unemployed significantly predicted internet gambling (Wood & Williams, 2009). House foreclosures and bankruptcies are consequences of a down economy, but the present study assesses how gambling behaviors relate to negative financial outcomes.

### **Changes in Accessibility: Internet Gambling**

Use of the internet for gambling purposes has burgeoned since 2001. The National Gambling Impact Study Commission was created by Congress to inform the nation about social and economic impacts of gambling. In 1999, the Commission's report raised concerns about internet gambling. Internet gambling concerns included: increased pathological and problem gambling, increased unregulated underage gambling, increased criminal abuse, increased personal, family, and community costs, and deficient consumer protections (Parke & Griffiths, 2004). Some have speculated that internet gambling has features that may make it more conducive to abuse, such as the use of virtual money, availability of gambling 24 hours a day, seven days a week, and that it is generally solitary, occurring without supervision or regulation (Simmons, 2006).

The potential for increased unregulated underage gambling is a real concern with internet gambling. Gambling websites may offer free electronic games, which could later translate as an introduction to gambling for children (Simmons, 2006). Even with continuous supervision and advanced software protections, parents may have little control over these activities. Notably, if those under 18 show interest for such sites there are now preference monitoring capabilities that gear advertisements toward those preferences (see Facebook's Privacy Policy, 2010). Once a site is visited, gambling-related ads may be difficult to stop.

Petry and Weinstock (2007) compared internet and non-internet gamblers among college students and found that internet gambling was closely related to pathological gambling behaviors. Internet gambling was found to be associated with male, younger aged individuals. Approximately one third of college students who had ever gambled on the internet were classified as probable pathological gamblers (Ladd & Petry, 2002; Petry, 2006; Petry & Weinstock, 2007). It is uncertain if internet gambling leads to problem gambling behaviors, or if individuals who are problem gamblers are more prone to gamble on the internet (Oster & Knapp, 2001; Shaffer, Hall, & Vanderbilt, 1999). However, internet gambling was a statistically significant predictor of poor mental health (Ladd & Petry, 2002; Petry, 2006; Petry & Weinstock, 2007).

In a study conducted in Canada in 2009, the United States ranked 10th in the top 20 of countries for volume of internet gambling transactions (Wood & Williams, 2009). Demographic characteristics of an international sample of internet gamblers (i.e., gamblers from 105 countries, primarily the United States, Canada, and the United Kingdom) indicate that they tend to be male (78%), married (53.2%), employed full-time (62.7%), and have an average of \$76,728 of household debt compared to non-internet gamblers' average of \$66,948. Unfortunately, the existing literature is limited in several ways, including reliance on convenience samples and lack of detailed statistical controls. Therefore, while the convenience of internet gambling has provided access to various types of gambling for consumers of all ages (Deloitte, 2005), there is currently a lack of data indicating this modality is more problematic than other forms of play.

<i>Prevalence of Internet Gambling by State</i>		
<i>State</i>	<i>Year</i>	<i>Past Year Prevalence*</i>
Arizona	2003	1.3%
California	2006	1.1%
Connecticut	2009	2.0%
Florida	2001	0.5%
Indiana	2005	1.9%
Michigan	2006	0.7%
Nevada	2001	3.7%
New Mexico	2006	1.4%
New York	2006	1.0%
Oregon	2006	0.9%

\*Nationwide estimate of 2% from the American Gaming Association, 2008.

### *Legislative Context of Internet Gambling*

According to the Government Accountability Office internet gambling could be a powerful vehicle for criminal activities, considering the “volume, speed, and international reach of internet transactions and the offshore locations of internet gambling sites.” (Doyle, 2004, p. 25). The Unlawful Internet Gambling Enforcement Act (UIGEA) was created in 2006 to prevent financial institutions from providing transactions for internet gambling (U.S. Congress, CBO, 2006). Sections 5363 and 5366 criminalize the acceptance of funds of bettors by operators of most online gambling websites. Operators who are affected by this include those who: are engaged in the business of betting, knowingly accept these funds, receive proceeds from credit cards or electronic fund transfers or checks, are in connection with the participation of a bettor, or are sponsoring online gambling that violates any other federal or state anti-gambling law (Wood & Williams, 2009). The UIGEA defined unlawful internet gambling as placing, receiving, or transmitting a bet by means of the internet but only if that bet is unlawful under any other federal or state law applicable in the location where the bet is placed, received, or transmitted (Humphrey, 2006). The new law only applies to online gambling operators who violate other existing state or federal anti-gambling laws. Therefore, all online gambling sports books, casinos, and card rooms violate existing anti-gambling laws in all fifty states. Also illegal, are pre-money transfers from potential U.S. online gamblers to internet gambling providers. Although the law may be interpreted where non-U.S. based companies are not subject to legal ramifications, there has been previous successful prosecution (Wood & Williams, 2009).

### *Internet Cafes*

There is an emerging trend in the form of “internet sweepstakes cafes” in Florida (Gillette, 2011). The first internet sweepstakes cafes started around 2005 in the southeast. Currently, there are over 1000 Internet Sweepstakes Centers in Florida, located in strip malls, next to laundromats or pizza establishments, in rural areas where traditional gambling facilities are not easily accessible, and are attracting individuals who may not normally frequent a casino or racetrack. They are called by different names, “business centers” or “internet cafes” but offer similar products; internet time, concession food, and “sweepstakes” games. Games played in these outlets look like gambling and may be perceived by the customers to be gambling but there is legal confusion surrounding the definition of sweepstakes. Exercises in liability mitigation are taken by some owners though, such as having first-time customers sign a “sweepstakes entry” form, which includes a clause stating: “I am not gambling.” Despite such precautions, localities are seeking to pass ordinances banning the use of simulated gambling devices. Internet sweepstakes cafes are a \$10 billion to \$15 billion industry in the U.S. collectively (Gillette, 2011). At this time there is uncertainty regarding the legality of these businesses.

## *Policy Implications*

Despite attempts to prohibit online gambling, it is still easily available for individuals who seek it out. This is due to the difficulty in blocking individual access and in prosecuting companies in other countries that provide these services legally (Andrle, 2004; Eadington, 2004; Friedrich, 2003; Parke & Griffiths, 2004; Watson et al., 2004). This is clearly illustrated in the rate of Internet gambling in the United States with prohibitionist legislation (2.0%) being roughly equal to Canada (2.1%), with more permissive legislation. Some argue that the issues surrounding the societal disregard for alcohol prohibition are also plaguing internet gambling prohibition (Wood & Williams, 2009). Wood and Williams (2009) argued, “Regardless of whether online gambling is good or bad for society, it is better for it to come under some form of legal regulatory control so as to accrue the economic benefits (i.e., gambling revenue, tax revenue, employment, decrease the flow of money leaving the jurisdiction), and to better ensure player protection (e.g., fair games, responsible gambling practices, etc.).”

## **Mood States, Depression, and Gambling**

Whether they serve as a stressing catalyst that will drive an individual to cope by gambling, as a predecessor that drives one to gamble, or as a condition which facilitates the continuation of gambling, an individual’s mood states seem to interact with gambling likelihood. It appears that individuals who gamble problematically are more likely to feel a more broad range of negative mood states which may include anger, disgust, guilt, scorn, and depression. Therefore, while gambling may be proposed as a means to alleviate negative mood states, this goal is not always accomplished or is only temporary in nature.

While negative mood states vary widely, depression in particular has been found to be linked with gambling prevalence. A summary of the literature compiled by Zangeneh, Grunfeld, and Koenig (2008) points to the high prevalence of depressive disorder in problem gamblers. The study also highlights the fact that gambling appears to serve as a coping mechanism, by noting a group of depressed patients in a Virginia hospital who stated that “gambling was the only activity that seemed capable of energizing them and altering their depressed mood” (p. 87). In many cases, such as in the study of elderly Detroit natives, depression precedes the gambling problems, and additional associations between gambling and other psychiatric illnesses can also be made (Zaranek & Lichtenberg, 2008). As such, depression may be both a precipitating and exacerbating factor that might both initiate and propagate problem gambling.

## **Gambling and Crime**

Prior research suggests a relationship between gambling and those who commit various types of crime. A national study revealed that 20% of inmates are probable pathological gamblers (Lesieur, 2005). There are estimates that 35% of problem and pathological gamblers commit crimes (Gerstein et al., 1999). In fact, in a study conducted by the U.S. Department of Justice (2004) on gambling and crime among arrestees, pathological gamblers reported that 25% of assaults, 33% of all property offenses, and 20% of all drugs sales were committed to get money or pay off money related to their gambling problem. In the state of Florida, the FCCG sponsored a study of 1,445 adult arrestees in 2010 (Lieberman & Cuadrado, 2010), using the two-question Lie/Bet Screen to determine the extent of gambling problems among these arrestees. Their results indicated that 17.4% of arrestees were problem gamblers. Thirty-six percent of the sample gambled once or twice in the past year and 17% gambled once a week or more frequently. The study authors recommended that screening for gambling problems and early intervention for this population may be useful, and that institutionalization of gambling prevention and treatment programs can make a difference if implemented systematically within the criminal justice system.

Although the above backgrounding section is not intended to be exhaustive in its coverage of relevant issues regarding gambling in Florida and other states, it provides a context by which to view the present study's approach and findings, and emphasizes the importance of efforts to better understand the complexities of gambling behavior and responses to problems commonly associated with gambling. The present study, therefore, assessed several of these associated factors.

## THE PRESENT STUDY

The present study updates and supplements the epidemiological work completed a decade ago in Florida (Shapira et al., 2002), which was the first investigation of its kind in the state. The main goals of this study were to assess the prevalence of lifetime and past year at-risk, problem and pathological gambling, and at-risk gambling, among adults aged 18 and older in Florida, compare these primary results to the prior prevalence study, and assist the FCCG in understanding demographic differences in gambling and problem gambling behaviors so they may more effectively target services for those individuals and families impacted negatively in Florida. In addition, the study examines negative correlates of gambling behaviors and pilots a brief measure of perceived gambling harm. We begin by defining gambling and what constitutes gambling problems, and place these behaviors into a broader context using the public health model as a frame.

### Definition and Measurement of Gambling and Gambling Problems

For the purpose of this study, gambling is defined as any activity for which a person bets money or something of value on an uncertain outcome in anticipation of gaining more money or something of greater value in return. This definition is based on the one put forth by Potenza, Kosten, and Rounsaville (2001) who stated that gambling is “placing something of value at risk with the hope of gaining something of greater value” (p.141). While most people are able to gamble without facing negative consequences, there are some who experience difficulties with their gambling behavior which can become debilitating for both the individual and his or her family and friends. Individuals who experience the most severe of these negative consequences have been referred to as pathological gamblers, who are presently characterized by “persistent and recurrent maladaptive gambling behavior” (APA, 2000, p.674) as indicated by five or more out of the ten criteria outlined below from the DSM-IV (American Psychiatric Association, 2000).

<b>DSM-IV-TR Criteria for Pathological Gambling (APA, 2000)</b>	
<b>Preoccupation</b>	Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
<b>Tolerance</b>	Needs to gamble with increasing amounts of money in order to achieve the desired excitement
<b>Withdrawal</b>	Is restless or irritable when attempting to cut down or stop gambling
<b>Escape</b>	Gambles as a way of escaping from problems or relieving dysphoric mood (e.g., feelings of helplessness, guilt, anxiety or depression)
<b>Chasing</b>	After losing money gambling, often returns another day in order to get even (“chasing one’s losses”)
<b>Lying</b>	Lies to family members, therapists or others to conceal the extent of involvement with gambling
<b>Loss of Control</b>	Has made repeated unsuccessful efforts to control, cut back or stop gambling
<b>Illegal Acts</b>	Has committed illegal acts (e.g., forgery, fraud, theft or embezzlement) in order to finance gambling
<b>Risk Significant Relationship</b>	Has jeopardized or lost a significant relationship, job or educational or career opportunity because of gambling
<b>Bailout</b>	Has relied on others to provide money to relieve a desperate financial situation caused by gambling

Pathological gambling, also known as compulsive gambling, is characterized by a chronic and progressive inability to refrain from the impulse to gamble, which can take years to develop. The trajectory with which gambling-related problems develop is similar to that of substance addictions in that not everyone who

engages in the behavior (i.e., gambling or alcohol use) experiences negative consequences, while others may experience difficulties that worsen over time (Grant, Potenza, Weinstein, & Gorelick, 2010).

The nature of gambling-related behaviors and problems suggests a continuum model in which social gamblers are at one end of the spectrum and pathological gamblers remain on the opposite end (Grant et al., 2010; Shapira et al., 2002). While the DSM-IV-TR criteria are only intended to account for pathological gambling, it has been used as a tool in identifying other problematic gambling behaviors along the continuum. For example, problem gambling is a label used for individuals who experience three to four of the ten DSM-IV-TR criteria. Much like the pathological gamblers, problem gamblers experience disruptions in their psychological, physical, social, and vocational lives. Problem and pathological gamblers are considered high-risk because of the negative consequences they and their loved ones experience, and because of the increased likelihood of engaging in substance abuse, illegal acts, and suicidal ideation and attempts. At-risk gambling is a label used to describe individuals who meet one or two of the DSM-IV-TR criteria, and are therefore “at-risk” of progressing to more serious problems. Low-risk individuals, also known as social gamblers, engage in gambling activities but do not meet any of the criteria outlined in the DSM-IV-TR. Social gambling represents the largest percentage of gamblers, approximately 76% (Gerstein et al., 1999) and is defined as gambling for entertainment that “occurs with friends or colleagues and lasts for a limited period of time, with predetermined acceptable losses” (APA, 2000). Another grouping that exists of course is that of non-gamblers, who have never spent money or wagered something of value on a gambling activity.

Regardless of where individuals fall on the spectrum of gambling-related problems, it is understood that negative consequences of gambling may occur at any point in time, with some individuals developing a strong affinity after their first bet placed and others progressing after many years of social gambling. Researchers have found that the urge to gamble and engage in gambling activities generally increases during periods of stress and depression. Furthermore, problem gamblers may be competitive in nature, restless and easily bored (APA, 2000; Mercer & Eastwood, 2010). Identified risk factors for gambling problems that are probable and well-established in the literature remain multifaceted (see below). In the current study, prevalence rates for problem and pathological gamblers in the state of Florida are examined, along with several demographic, cognitive, personality, and gambling-related risk factors.

## **Public Health Model**

Gambling has been viewed as a positive form of entertainment and valuable source of revenue for several industries, as well as a debilitating behavioral addiction that can negatively impact individuals, families, and the greater community (Korn, Gibbins, & Azmier, 2003). Regardless of this dichotomy, much of the research on gambling activity has focused on the negative impacts of Pathological and Problem Gambling (P&PG), largely due to the profound disruptions P&PG can have on the individual, family, and general public. Korn and Shaffer (1999) have proposed the utility of a public health approach to P&PG, which incorporates the concept of harm reduction and recognizes that there are both positive and negative health impacts associated with gambling. This approach emphasizes the fact that addictive and other risky behaviors are a result of complex interactions between individual factors (e.g., personality), environmental/social factors and lifestyle choices. The impact that the individual gambler can have on social and cultural systems can be profound, particularly when evaluating how one’s gambling behavior impacts his or her own family (Kalischuk, 2010). Korn et al. (1999) also propose that the relationship between various social and cultural systems and the individual gambler is bidirectional in that the gambling behavior of the individual develops largely from influences existing in communities and in the broader culture.

**Probable and Well-Established Risk Factors for Problem and Pathological Gambling  
(Johansson, Grant, Kim, Odlaug, & Götestam, 2009)**

<b>Demographics</b>	<b>Physical &amp; Biological</b>	<b>Comorbidity</b>	<b>Personality &amp; Characteristics</b>	<b>Cognitive Distortions</b>	<b>Types of Gambling</b>
<ul style="list-style-type: none"> <li>• Age (&lt; 29)</li> <li>• Gender (Male)</li> <li>• Low income</li> <li>• Unemployed</li> <li>• On welfare</li> <li>• Reside in large city</li> <li>• Low academic achievement</li> <li>• Immigrant and/or minority status</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate and arousal during play</li> <li>• Increase in noradrenaline (NA)</li> <li>• Dopamine (DA) receptor increase</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety</li> <li>• Obsessive-Compulsive Disorder</li> <li>• Alcohol abuse</li> <li>• Other drug use</li> <li>• Personality Disorders (Antisocial)</li> </ul>	<ul style="list-style-type: none"> <li>• Maladaptive coping styles</li> <li>• High impulsivity</li> <li>• High sensation seeking</li> <li>• Delinquency &amp; Illegal Acts</li> </ul>	<ul style="list-style-type: none"> <li>• Erroneous Perceptions</li> <li>• Illusion of Control High</li> </ul>	<ul style="list-style-type: none"> <li>• High availability of play</li> <li>• Sensory factors: fast speed and high sound</li> <li>• Continuous forms of play</li> <li>• Schedules of reinforcement (intermittent and random)</li> <li>• Early age of onset (&lt;21)</li> <li>• Rapid onset (short latency)</li> </ul>

The public health approach emphasizes that interventions may occur at every level. Intervention is viewed as being necessary, not only for those who are already suffering the consequences of their behavior, but also for those in low and moderate risk groups that include a larger number of individuals, some of whom proceed to more problematic behaviors. Education and prevention approaches can help prevent or delay onset of gambling problems among adolescents (Messerlian, Derevensky, & Gupta, 2005) as well as prevent onset or relapse for individuals experiencing difficulty with substance abuse, psychiatric disorders, and homelessness (Shaffer, Freed, & Healea, 2002). It has also been suggested that an emphasis on reduced gambling may be useful for individuals with less severe gambling problems, since the expectation of ‘abstinence only’ could serve as a barrier to intervention or treatment for these gamblers (Korn et al., 1999). The majority of problem gamblers, as has been found in individuals with alcohol problems (Sobell et al., 1996), experience resolution of, or reduction in, their gambling problems without formal treatment (Petry, 2005; Slutske, 2006). Gamblers who have resolved their problems frequently report that family influences or demands contributed to their ceasing to gamble, with those who have achieved long-term abstinence frequently citing social support as a reason for ceasing gambling (Hodgkins et al., 1999; 2000), and approximately 40% of gamblers endorsed ‘confrontation’ and ‘problems with spouse’ as reasons for gambling cessation. Thus, our research incorporates help-seeking questions to assist in understanding how gambling problems were resolved or reduced in individuals who self-identify as problem gamblers, and those who report distal or proximal indicators of such.

In addition, the current study seeks to contribute to research on the public health approach through the development of a Perceived Gambling Harm measure, which assists in understanding attitudes towards the potential negative consequences of gambling among non-gamblers, problem gamblers and social gambling populations. As this is a piloting of items rationally derived from literature reviews and population-based surveys, the primary goal in this regard is to derive a subset of items with good internal consistency so they may be used in future investigations. In summary, the present study will determine the prevalence of at-risk, problem, and pathological gambling in Florida, and investigate these findings in relation to demographic and geographic variables.

## METHODS

### *Overview*

The research team, in conjunction with the FCCG, considered various factors to enable valid comparison to the 2001 Florida study, while incorporating new questions that reflected changes in gambling options and limitations in the prior research. The length of the survey, representation of cell phone users, limitations in Random Digit Dialing (RDD), time-frame in which the survey was administered; and whether to use an internet-based sampling procedure to supplement the phone survey were all considered. Due to the difficulty obtaining a random subsample of Floridians who use the internet, it was decided to focus efforts on a traditional RDD methodology while placing an emphasis on obtaining a sizeable sample of cell phone users. Cell phone users were not included in the previous Florida prevalence study.

The number of Americans who have abandoned traditional landline use for mobile phones has greatly increased in recent years. As reported by Christian et al. (2010), 25% of the population relies exclusively on cell phones, while only about 10% rely exclusively on landlines. Certain populations report even higher exclusive cell phone usage, including Hispanics (30%) and younger adults, most prominently those aged 25-29 years (49%). Thus, conducting a landline only study in 2011 would have resulted in a substantially non-representative sample.

Appropriately incorporating both mobile phone and landline users is critical when assessing potentially addictive or risky behaviors such as gambling. It has been reported that both young and low-income adults who have higher rates of exclusive cell phone use are more likely to engage in some risky behaviors such as smoking and binge drinking (Blumberg & Luke, 2007). Thus, it is plausible that individuals who exclusively use cell phones may differ from those who have landlines in ways that pertain to gambling behavior and gambling problems.

### *Sampling and Recruitment*

Respondents were sampled using RDD within Florida area codes. Residential phone numbers were selected at random and called up to six times in order to make contact with an eligible respondent. The calls were made each weekday beginning in the mid-afternoon through evening, and most of the day and evening on weekends.

Separate sampling frames were designed for mobile phone numbers and landline phone numbers so that the study could meet the funder's target enrollment of 2500 respondents, of which at least 500 were to be conducted over mobile phones. In order to improve the representativeness of the sample, the call center implemented respondent quotas based on gender and geographic region for the landline sample. Specifically, once the RDD had achieved more female respondents and more respondents from North Florida than would be required for a representative sample of 2500, they stopped recruiting women into the study, and stopped dialing numbers from North Florida.

The study was initially designed without incentive payments. This was the funder's preference, due to concerns about the possibility that the financial incentives could be an inducement to gamble or may result in a less intrinsically motivated sample. However, initial results from the mobile phone sample suggested that very few Floridians were willing to use their cell phone minutes to complete a survey without some form of compensation. In order to improve the quality of the mobile phone sample, the study began mailing incentive payments (\$10) to mobile phone respondents approximately half-way through the study. Landline participants were never offered incentives.



When a person was reached at a randomly selected phone number, we screened the household for eligible individuals and language preference. Primarily this required screening out all individuals under the age of 18, although once the gender quote was implemented it also involved screening out women. Calls were made in English, however calls were handed off to Spanish or Creole interviewers if either of these appeared to be the respondents' preferred language, or a call back was scheduled. If multiple eligible individuals were available in the household, we selected one resident as the target respondent. This was done by asking to speak with the household member who had the most recent birthday. The target individual was informed about the purpose and requirements of the study using a script and procedure approved by the University of West Florida Institutional Review Board. This procedure was used to recruit 501 individuals who participated on a mobile phone and 1999 who participated on a landline telephone. This required the sampling of approximately 43,000 numbers and the completion of 103,000 individual calls.

The project had an overall response rate that was at the lower end of the normal range for an RDD telephone study. We estimate that 78% of the sampled numbers corresponded to eligible households or individuals. The overall response rate among those households estimated to contain an eligible individual was 7.4% (i.e., American Association of Public Opinion Research, Response Rate 3). This rate reflects several factors, including (a) the long-term trend in the U.S. toward individuals not responding to calls from pollsters, (b) the length of the interview, (c) the sensitivity of the subject being polled, (d) the lack of respondent incentive payments and (e) the inclusion of a cell phone sample in which respondents were implicitly asked to use their allotted mobile-plan minutes in order to participate. By comparison, brief RDD studies that offer substantial incentives on topics of general interest (e.g., CDC conducted studies of population health) can have RR3 response rates above 35%, while commercial political polling conducted by telephone routinely have response rates similar to the current study (i.e., below 10%).

### *Procedures*

The market research firm of Kerr and Downs from Tallahassee was contracted to perform all call center responsibilities, including purchase of the phone number listings from Genesys Sampling. Kerr and Downs staff provided input on several iterations of the survey as did the FCCG administration and its consultant, Ms. Laura Letson. Call center supervisory staff were then involved in detailed review of the final version of the instrument, and led trainings of the interviewers, two of which were observed by the lead investigator and FCCG consultant. The questionnaire was piloted prior to full implementation. During the 6-week period of calling from mid-March 2011 through April, the lead investigator and FCCG consultant made both announced and unannounced visits to the call center to observe the process and provide feedback. Call center supervisors validated 8.3% (208) of the 2500 interviews completed. That is, they verified with the respondent at a later time that the operator successfully completed the interview.

### *Questionnaire Design*

The questionnaire is contained in Appendix II. It contained 11 sections with questions asked in the following order:

1. Gambling behaviors (respondents were asked if they participated in lifetime, past year, and past week gambling on activities ranging from lottery and casino/racino play, to wagering on sporting events or one's own sport/game skill. Further, respondents were questioned about reasons for gambling, gambling preferences and time spent gambling)
2. South Oaks Gambling Screen (SOGS)

3. Financial indebtedness
4. Screen for pathological gambling based on the DSM-IV diagnostic criteria (NORC DSM-IV Screen for Gambling Problems–NODS)
5. Alcohol and drug use
6. Mental health status
7. Personality variables, especially boredom proneness
8. Impacts of gambling on family
9. Help seeking
10. Gambling related attitudes
11. Demographic characteristics

### *Measurement of Gambling Problems*

While there are several measures for assessing the gambling-related psychological and behavioral problems, the South Oaks Gambling Screen (SOGS) and the National Opinion Research Center (NORC) Diagnostic Screen for Gambling Problems (NODS) are two of the most commonly used measures in prevalence studies, both nationally and in the state of Florida. Classification based on screening tools such as the SOGS and NODS, should not be confused with formal clinical diagnoses, despite their close correspondence with the clinical definitions contained in the Diagnostic and Statistical Manual of Mental Disorders (DSM). They are lay-administered questionnaires and may not perfectly correspond to clinician administered diagnostic instruments.

*South Oaks Gambling Screen (SOGS-R)*. The SOGS was developed by Lesieur and Blume (1987) as a screening questionnaire that could assess the prevalence of individuals at high-risk for problem and pathological gambling in both clinical and non-clinical settings. Although originally established to measure gambling comorbidity in individuals seeking substance abuse treatment, the SOGS was the first tool of its kind to be adopted for both clinical and epidemiological research (Lesieur, 2005). Despite its widespread use, the SOGS has been criticized on various grounds and widely modified in some studies (Stinchfield, 2002). The revised version of the SOGS (SOGS-R) has been validated and used in a variety of population studies in other states, including Arizona (Volberg, 2003), Michigan (Hartmann, 2007), and Connecticut (Spectrum Research Group, 2009). Investigations in Nevada, Oregon, Minnesota, Australia, and Great Britain have utilized a variety of modifications of the SOGS and SOGS-R in order to best evaluate the gambling behaviors in their idiosyncratic locations (Emerson & Laudergeran, 1996; Volberg, 2002; Productivity Commission, 1999; Sprosten, Erens, & Orford, 2000).

Sixteen SOGS items assess for the participants' lifetime gambling behaviors and are used to determine if the participant hides his or her gambling behaviors, spends increasing amounts of time or money beyond that which is intended, argues with family or friends over gambling, or borrows money to pay for gambling debts. Typical scoring yields a possible 20 points. One point each is given for each of 20 scoring criteria. Cut-off scores have been established in which a score of 0 = no problem, 1 to 2 = some problem (i.e., at-risk), 3 to 4 = problem gambler, and 5 or more = pathological gambler. A modified version of the SOGS, which attempts screening for both lifetime and past year problems, was used in the present study.

*NORC DSM-IV Screen for Gambling Problems (NODS).* The NODS is a screening tool that was developed in 1999 as a way to measure gambling behavior in relation to the newly established DSM-IV criteria. Its development emerged from a report to the National Gambling Impact Study Commission, the members of which felt it necessary to contract with NORC as a way to evaluate the epidemiological impact of the rapid expansion of legalized gambling that took place in the early 1990's with the new DSM-IV criteria, which varied from the DSM-III. The NODS specifically incorporates both 17 "Lifetime" questions and 17 "Past Year" questions. Of these 17 items, 14 are used in the scoring. It is scored on a 0-10 range based on the number of DSM-IV criteria that were endorsed. Respondents are classified as: 0 = no or low-risk; 1-2 = At-risk; 3-4 = Problem gambler; 5+ = Probable pathological gambler. This is a more restrictive scoring algorithm than is used with the SOGS and results in fewer false positives relative to that instrument. While the NODS represents a new generation of gambling screening tools, it too has been criticized in the literature. Critics of the NODS indicate that it is too demanding in nature and that false positives are better than false negatives so that individuals at-risk for or experiencing problem and pathological gambling can receive services. In addition, critics point out that the NODS is restrictive in that it is not best suited for young adults and that two of the items are only scored if a person has endorsed those behaviors on three or more occasions. However, these criticisms apply exclusively to the use of this instrument as a screener in clinical settings. When used in population epidemiology, the more stringent criteria of the NODS – which closely corresponds to the clinical definitions – produces population estimates that more accurately reflect rates derived from clinical practice.

#### Correspondence between NODS Questions and DSM-IV Criteria

NODS Question	DSM-IV Criteria	Inclusion for Scoring
1. Thinking of experiences/planning	1. Preoccupation	<i>YES (either)</i>
2. Thinking of getting money to gamble	1. Preoccupation	
3. Increasing amounts of money & time needed	2. Tolerance	<i>YES</i>
4. Tried to stop, cut down, control	3. Withdrawal	<i>NO</i>
5. Tried to control but became restless/irritable	3. Withdrawal	<i>YES</i>
6. Tried and not succeeded to control	7. Loss of Control	<i>NO</i>
7. Three or more times	7. Loss of Control	<i>YES</i>
8. Escape personal problems	4. Escape	<i>YES (either)</i>
9. Relieve guilt, anxiety, helpless	4. Escape	
10. Lost money and return to get even	5. Chasing	<i>YES</i>
11. Lied about how much time and \$	6. Lying	<i>NO</i>
12. Three or more times	6. Lying	<i>YES</i>
13. Written a bad check or stole	8. Illegal Acts	<i>YES</i>
14. Problems in relationships	9. Risk Relationships	<i>YES (any)</i>
15. School: Miss class/grades drop	9. Risk Relationships	
16. Lose, trouble with, miss out job	9. Risk Relationships	
17. Ask for loan to bail out	10. Bailout	<i>YES</i>

## *Assessing Correlates of Problem Gambling*

The survey instrument is also comprised of questions that target mental health symptoms, substance use behaviors, treatment history, financial consequences of gambling, criminal behaviors that may be related to gambling, and personality factors such as boredom susceptibility. Because gambling may be used to alleviate boredom among individuals, and has been found to be a coping mechanism to reduce negative emotions including the malaise and dissatisfaction that may accompany boredom (Blaszczynski, McConaghy, & Frankova, 1990), we utilized a brief measure of boredom proneness to examine this association. Prior research has found that problem gamblers have increased levels of boredom when compared to non-problem gamblers (Wood, Griffiths, & Parke, 2007), and report decreased feelings of boredom when they gamble (Blaszczynski et al., 1990; Wood et al., 2007). Ultimately, the use of gambling as a means to alleviate boredom, along with the irresponsible playing practices that may be prompted by impulsivity and disinhibition, could account for greater gambling severity among individuals who score higher on measures of boredom proneness, which is considered a multi-dimensional construct (Ahmed, 1990; Gordon Wilkinson, McGown, & Jovanoska, 1997) which can be measured using the Boredom Proneness Scale (BPS; Farmer & Sundberg, 1986). Vodanovich (2003) suggested that two factors, Internal Stimulation and External Stimulation, can be consistently extracted from the BPS. Internal Stimulation means the ability to entertain oneself while External Stimulation indicates the need for external excitation. Six items comprising the External Stimulation subscale (previously derived) were included in the present study to determine the extent to which gamblers (i.e., pathological, problem, at-risk) differ on this dimension, especially when compared to non-gamblers.

### *Sample Characteristics and Analytic Weights*

The unweighted sample characteristics of the 2500 are shown in Table 1, along with information about the demographic characteristics of adult Florida residents. The Florida Adult Population estimates of demographics are based on the Census Bureau's 2009 population estimates, because 2010 census figures were not fully available at the time of analysis. Estimates for phone type are derived from estimates conducted by the Centers for Disease Control's (CDC) National Center for Health Statistics, documenting the proportion of the U.S. adult population that is reachable by mobile telephone, landline telephones, or both. Specifically, it reflects the rapid market penetration of mobile phones and the relatively recent phenomena of many households dropping landline service. Based on the CDC's National Center for Health Statistics 2010 national estimate (see <http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201106.htm>), we estimated that a representative sample of Floridians would include somewhat more mobile phone respondents than landline respondents. This is also consistent with the current ratio of mobile telephone numbers in use to landline residential telephone numbers in use nationwide.

Because the study was designed (per the RFP) to include a 20% mobile telephone subsample, the raw, unweighted sample dramatically over-represents Floridians who use residential landline phones, and under-represents those who rely exclusively or primarily on mobile phones. To correct this large deviation from a representative sample, we applied analytic weights to increase the influence of the mobile phone subsample on our estimates. These weights were designed so that the mobile and landline subsamples were equally influential on all statistical estimates. As a side effect, these weights substantially improved the representativeness of the sample with respect to the age distribution (see Table 2). It is also important to note that rates of gambling problems were significantly higher within the mobile phone subsample than within the landline sample ( $p < .05$ ). Thus the decision to address the under-representation of mobile phone users with design weights has a direct effect on our prevalence estimates for the study's primary outcomes.

In addition to these design weights, we applied poststratification weights to improve the representativeness of the sample. Specifically, the sample was weighted to match the Census Bureau estimates

from a 24 cell table (2 gender x 3 age x 4 race). These weights compensated for the well-documented tendency in RDD studies to over-represent older, female, Caucasians. In general, the effect of the poststratification weights was modest and they contributed trivially to the overall variance of our statistical estimates. In contrast, the variance inflation due to the design weights addressing the under-representation of mobile phone users was substantial. The overall design effect of the combined weights when estimating the prevalence of gambling problems was approximately 2.1.

As shown in Table 1 the weighted sample is extremely similar to the current Florida population. It includes an age distribution that essentially matches the population's, with 10% young adults, 35% aged 25 to 44, 33% aged 45 to 64, and nearly 22% who were 65 or older. The racial demographic was mostly Caucasian (62%), but with excellent representation of both Hispanics (19.7%) and African Americans (14.4%). Regionally, most of the respondents (43.3%) live in South Florida as expected. The sample is also broadly similar to prior studies of gambling, including the 2001 Florida study and the 1999 nationally representative study (Table 3). One difference was that we collected data from primary Spanish and Creole speakers, while the prior Florida study did not.

All analyses reported in the results section incorporate the analytic weights. Analyses were conducted in SAS PROC SURVEYFREQ, which appropriately incorporates the effects of the weights on descriptive statistical estimates, as well as on the variance of those estimates.

**Table 1. Comparison of Sample Characteristics to Florida Adult Population**

<b>Variable</b>	<b>Attribute</b>	<b>Florida Adult Population</b>	<b>Unweighted Sample</b>	<b>Weighted Sample</b>
Overall	N	14,480,000	2500	2500
Gender	Male	48.6	42.5	48.2
	Female	51.4	57.5	51.8
Age				
	18 to 24	11.6	5.0	10.0
	25 to 44	33.0	27.1	34.9
	45 to 64	33.3	38.0	33.3
	Over 65	22.1	29.9	21.8
Race/Ethnicity				
	Caucasian	62.4	70.1	62.4
	African American	14.3	11.3	14.4
	Hispanic	20.2	15.2	19.7
	Native American	0.3	0.5	0.5
	Asian	1.6	1.3	1.4
	Other Race/Ethnicity	1.2	1.7	1.6
Region				
	South Florida	38.6	44.2	43.3
	South Central Florida	25.4	22.2	20.9
	North Central Florida	16.4	15.3	15.1
	Northwest Florida	9.6	9.3	10.9
	Northeast Florida	10.0	9.1	9.8
Phone Type				
	Landline	40	80.0	50
	Mobile	60	20.0	50

Note: Percentages for each variable are among those with non-missing values.

**Table 2. Demographic Comparison of Cell Phone and Landline Respondents**

Demographics	Overall	Cell Phone Users	Landline Users
Gender			
Male	48.2	49.1	47.2
Female	51.8	50.9	52.8
Age			
18-34	25.7	38.3	13.1
35-54	33.4	32.5	34.3
55+	36.0	25.8	46.2
Missing	5.0	3.4	6.5
Race/Ethnicity			
Caucasian	60.2	56.8	63.9
African-American	13.9	20.0	7.8
Hispanic/Latino	19.0	15.4	22.6
Other/Missing	6.8	8.0	5.6
Marital Status			
Married	58.7	51.4	66.1
Widowed	6.7	4.2	9.3
Divorced/Separated	11.0	11.9	10.2
Never Married	23.6	32.5	14.5
Education			
HS or Less	25.2	27.8	22.6
Some College	36.8	39.4	34.1
College Graduate	38.0	32.8	43.3

Demographics	Overall	Cell Phone Users	Landline Users
Employment			
Working Full Time	48.9	53.6	44.0
Working Part Time	11.4	12.2	10.7
Retired	3.5	11.8	23.7
Homemaker	6.3	4.2	7.4
Student	3.6	4.9	2.2
Disabled	4.6	4.8	4.4
Unemployed	7.5	7.5	7.4
Income			
Less than \$35,000	13.0	17.4	8.7
\$35,000 to \$89,999	20.7	20.7	20.8
\$90,000 or more	15.9	14.6	17.1
Missing	50.3	47.4	53.3
Living arrangement			
Own	67.7	57.5	77.9
Rent	23.1	33.2	13.1
Other	9.2	9.3	9.0
NODS Lifetime			
Non-Gamblers/ Social Gamblers	91.5	90.4	92.6
At-Risk	6.4	6.9	6.0
Problem/Pathological	2.1	2.7	1.4

**Table 3. Comparing Demographic Characteristics with Prior Gambling Studies**

		<b>NORC (1999) N= 2,417</b>	<b>Florida (2001) N= 1,540</b>	<b>Florida (2011) N= 2,500</b>
Gender	Male	51.9%	52.4%	48.2
	Female	48.1	47.6	51.8
Age	18-29	22.5	18.9	17.8
	30-39	24.0	19.0	15.3
	40-49	20.2	18.7	17.5
	50-64 (65 in Florida)	17.1	21.8	23.8
	65 + (66+ in Florida)	16.2	21.6	20.7
	Unknown	---	---	5.0
Race/Ethnicity	Caucasian	71.5	74.3	60.2
	African-American	11.1	10.8	13.9
	Hispanic/Latino	10.2	9.4	19.0
	Other	7.3	5.5	6.8
Marital Status	Married	58.0	51.5	58.7
	Widowed	10.0	16.1	6.7
	Divorced/Separated/Other	24.7	22.8	11.0
	Never Married	7.4	9.6	23.6
Education	High School or less	39.3	34.3	25.2
	Some College	31.2	40.1	36.8
	College Graduate	29.5	25.6	38.0
Employment	Working Full Time	59.1	50.4	48.9
	Working Part Time	11.4	9.4	11.4
	Not Employed	29.5	30.2	39.7
Distance traveled to gamble	0 to 50 miles	21.2	57.2	88.3
	More than 50 miles	78.8	42.8	11.7
Language of Interview	English	98.2	100.0	97.2
	Spanish	1.8	0.0	2.5
	Creole	0.0	0.0	0.3



## RESULTS

### *Gambling Participation in Florida*

Table 4 gives rates of participation in any form of gambling over three time intervals (lifetime, past year, past week), as well as the demographic characteristics of each of these three subsamples. In general the majority of Floridians have participated in some form of gambling in the past year, and the demographic characteristics of those who have gambled are descriptively similar to the state as a whole. About 88% travel 50 miles or less to gamble (see Table 3 above), a clear decrease in distance traveled from a decade ago. This may be due to the emergence of new gambling outlets in South Florida (e.g., Seminole Hard Rock) and other places where most of the respondents live. The mean age at which gambling began was 24.2. The ratio of men and women are similar among lifetime and past year gamblers, but males are more common among past week gamblers. Other demographic characteristics were quite similar across lifetime, past year, and past week gamblers.

Floridians participate in a wide range of specific types of gambling (see Table 5). In general, the lottery is the most common form of lifetime gambling. It is also the most frequent, with approximately 15% of the population playing the lottery within the last week, approximately 5 times greater than any other form of gambling in the past week. Raffles, casino/racino-based gambling, and poker were also relatively common forms of gambling within at least one of the studied time frames (i.e., weekly, past year, lifetime). For example, one in five (21%) gambled at a casino or racino in the past year, and 3.4% of Floridians play (non-machine based) poker weekly, while 12% played poker in the past year.

The selection of gambling type varies across various Florida subpopulations. When *lifetime participation* rates are examined by age (see Table 6), we find that the youngest cohort reported more involvement wagering on themselves when playing sport games, playing arcade or video games, and participating in fantasy sports for money. Older gamblers were more likely to play the horses/dogs, the financial markets, and bingo.

Similar findings emerge when looking at past year or past week gambling. In the past year, younger respondents were more likely than older to play poker, cards, dice or dominoes not at a casino, sports games, table games other than cards, sports betting with a bookie, video or arcade games, and fantasy sports betting. This finding may reflect the growing popularity of non-traditional gambling forms for young adults, especially earlier introduction to poker. All age groups were just as likely to wager on lottery games and raffles during the past year (see Table 7). Looking at *past week* gambling, younger respondents were more likely to wager on sports games, while respondents over 35 were somewhat more likely than younger respondents to play the lottery weekly (see Table 8). However, playing the lottery on a weekly basis was by far the most common type of gambling across all ages.

Non-Hispanic Caucasians were significantly more likely than other racial or ethnic groups to engage in most specific forms of gambling during their *lifetime*. Thirteen different forms of gambling were more common among Caucasians (see Table 9). While playing lottery games during the *past year* was common and occurred at approximately the same rates across racial groups, Caucasians again were more likely than others to wager on raffles or charitable games (29.6% of white Floridians did this), to wager at land-based casinos or racinos (22% vs. 15 and 18 percent for African Americans and Hispanics, respectively), to play poker, to bet on sporting events via a pool, and to be involved in the financial markets (see Table 10). Caucasians were also significantly more likely to use the internet for gambling purposes during the past year. Differences were not found by race when considering weekly gambling participation, except for greater rates among Caucasians playing poker (see Table 11).

Relatively modest differences in particular types of gambling were found across regions (see Tables 12 and 13). *Lifetime* participation rates for common forms of gambling such as playing the lottery, raffles, and visiting casinos were fairly high across all regions, with rates of play ranging from 32% to 55.5%. Lottery games were more likely to ever be played in North Central and South Central Florida (55%), and respondents in these regions had higher lifetime participation rates of casino play (42%).

Past year wagering patterns differed significantly by region as a greater percentage of the population in North and South Central Florida played the lottery (over 44%) and poker (over 11%) compared to other regions. Bingo was more commonly played in Northwest and South Central Florida with participation rates over 7% in each locale. Internet gambling was more prevalent in Northeast and North Central Florida, though these rates were below 6% (see Table 13).

**Table 4. *Demographics by Gambling Participation Categories (N=2500)***

Demographic		Overall	Lifetime Gambler	Past Year Gambler	Past Week Gambler
N		2500	1446	1304	543
Percent		100.0	59.8	54.4	23.4
Gender	Male	48.2	51.0	51.9	60.8
	Female	51.8	49.0	48.1	39.2
Age	18-34	25.7	24.0	25.3	26.1
	35-54	33.4	34.9	34.5	31.8
	55+	36.0	37.7	36.9	39.7
	Unknown	5.0	3.4	3.4	2.4
Race	White, Non-Hispanic	60.2	65.8	66.0	64.3
	African-American	13.9	11.4	10.6	12.5
	Hispanic	19.0	16.1	16.5	16.5
	Other/Unknown	6.8	6.7	6.9	6.7
Marital Status	Married	58.7	61.0	61.0	57.4
	Widowed	6.7	6.1	5.3	6.1
	Div/Sep/Other	11.0	11.1	10.9	9.8
	Single	23.6	21.8	22.8	26.7
Education	High School or Less	25.2	21.3	20.8	23.1
	Some College	36.8	38.6	38.9	41.5
	College Degree	38.0	40.0	40.3	35.4
Employment	Full-Time	48.9	51.3	51.6	46.0
	Part-Time	11.5	12.0	12.6	11.8
	Not employed	39.7	36.7	35.8	42.2
Household Income	<35k	13.0	11.6	11.5	12.9

Demographic		Overall	Lifetime Gambler	Past Year Gambler	Past Week Gambler
	35-89.9k	20.7	24.6	24.5	22.1
	>90k	15.9	19.4	19.6	17.8
	Unknown	50.3	44.4	44.4	47.2
Religion	Protestant	50.8	49.1	47.9	45.3
	Catholic	25.2	28.2	29.0	29.4
	Other	14.6	13.9	14.1	17.3
	Unknown	9.4	8.8	9.0	8.1
Military experience	No	83.5	81.0	81.0	80.4
	Yes	16.5	19.0	19.0	19.6
Residence	Own	67.7	71.8	71.8	68.0
	Rent	23.1	21.8	22.0	27.1
	Other/Unknown	9.2	6.4	6.3	5.0
Primary Language Spoken in Home	English	89.4	93.4	93.3	93.1
	Spanish	8.7	5.6	5.6	4.8
	Other	1.9	1.0	1.1	2.1
Region	Northwest	10.9	11.0	10.4	10.0
	Northeast	9.8	10.9	11.1	8.7
	North Central	15.1	16.2	15.9	15.4
	South Central	20.9	22.7	22.6	23.8
	South	43.3	39.2	40.0	42.2

Note: "Not employed" category includes retirees, students, homemakers, and unemployed.

**Table 5. *Gambling Participation - Lifetime, Past Year, and Past Week (N=2500)***

<b>Type of Gambling</b>	<b>Lifetime</b>	<b>Past Year</b>	<b>Past Week</b>
Lottery Tickets, Powerball, or Lotto	53.0	44.0	14.8
Raffles or Charitable Games	46.3	25.4	2.9
Land-based Casino or Racino	40.3	20.9	2.3
Floating Casino	23.8	6.5	0.2
Poker	22.1	12.0	3.4
Sporting Events through a Pool	19.9	11.1	0.9
Horses or Dogs	19.8	6.1	0.9
Cards/Dice/Dominos Not at Casinos	19.4	11.9	2.2
Bingo	19.1	5.7	1.1
Slot/Poker Machines Not at Casinos	18.7	7.2	1.2
Stock Market/Bonds/Commodities	16.7	11.3	3.1
Playing Sports Games	13.1	7.3	2.0
Jai Alai	10.4	0.9	0.1
Table Games, Not Cards/Dice/Dominos	9.9	5.0	0.2
Day-Trading in the Stock Market	8.4	4.6	1.8
Sporting Events through a Bookie	8.2	5.0	1.0
Pull-Tabs	7.4	2.9	0.3
Arcade or Video Games	6.8	3.8	0.8
Fantasy Sports	5.0	3.6	1.5
Gambled on the Internet	4.8	3.3	0.8
Car Races	2.7	1.2	0.6
Mah Jongg	1.5	0.8	0.4
Cock or Dog Fighting	1.1	0.4	0.0
Policy, Numbers, or Bolita	0.8	0.5	0.1
Other	0.7	0.0	0.0

**Table 6. Lifetime Gambling Participation by Age Groups (N=2500)**

	<b>18-34</b>	<b>35-54</b>	<b>55+</b>	<b>Unknown</b>
Lottery Tickets, Powerball, or Lotto*	50.2	56.0	55.0	33.3
Raffles or Charitable Games*	41.3	52.5	46.9	25.8
Land-based Casino or Racino	36.5	44.0	40.9	31.8
Floating Casino*	19.5	27.1	25.5	11.1
Poker	25.8	21.6	20.9	14.6
Sporting Events through a Pool*	17.0	22.5	21.0	9.6
Horses or Dogs*	12.4	21.4	24.3	15.2
Cards/Dice/Dominos Not at Casinos	22.9	18.8	18.2	14.6
Bingo*	14.3	20.9	22.3	9.6
Slot/Poker Machines Not at Casinos	15.8	21.1	19.2	13.1
Stock Market/Bonds/Commodities*	11.0	14.3	23.6	13.2
Playing Sports Games*	20.3	14.1	7.9	6.1
Jai Alai*	4.5	12.5	13.3	5.6
Table Games, Not Cards/Dice/Dominos	11.9	10.4	8.7	6.1
Day-Trading in the Stock Market	5.4	9.2	10.1	6.6
Sporting Events through a Bookie	10.3	9.4	5.8	5.6
Pull-Tabs	7.7	8.2	7.0	3.0
Arcade or Video Games*	11.0	6.3	3.8	10.6
Fantasy Sports*	9.3	6.7	1.1	0.5
Gambled on the Internet*	7.7	5.7	2.1	4.5

Note: Gambling types Car Races, Mah Jongg, Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size. Unknown denotes age missing.

\* Denotes that the lifetime rate of this type of lifetime gambling differs significantly by age at  $p < 0.05$ .

**Table 7. Past Year Gambling Participation by Age Groups (N=2500)**

Type of Gambling	18-34	35-54	55+	Unknown
Lottery Tickets, Powerball, or Lotto*	46.6	46.0	42.3	28.9
Raffles or Charitable Games*	22.6	27.4	26.9	14.7
Land-based Casino or Racino	21.8	20.4	20.6	21.2
Floating Casino	6.7	6.3	6.6	5.6
Poker*	15.8	12.6	9.0	9.1
Sporting Events through a Pool	13.0	11.0	10.7	4.0
Horses or Dogs	7.0	6.0	5.6	6.1
Cards/Dice/Dominos Not at Casinos*	16.4	10.5	10.3	9.6
Bingo	4.4	6.9	6.2	1.0
Slot/Poker Machines Not at Casinos	7.6	7.6	6.7	6.6
Stock Market/Bonds/Commodities*	8.9	9.0	15.9	7.1
Playing Sports Games*	13.2	7.1	3.8	2.5
Table Games Other Than Cards/Dice/Dominos*	10.0	3.6	3.3	2.0
Day-Trading in the Stock Market	3.7	4.2	5.9	1.5
Sporting Events through a Bookie*	8.6	5.1	2.6	4.0
Arcade or Video Games*	7.7	2.8	1.4	7.1
Fantasy Sports*	7.4	4.1	0.8	0.5
Gambled on the Internet	4.5	4.0	1.6	4.5

Note: Gambling types Jai Alai, Pull-Tabs, Car Races, Mah Jongg, Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size.

\* Denotes that the past year rate of this type of gambling differs significantly by age at  $p < 0.05$ .

**Table 8. Past Week Gambling Participation by Age Groups (N=2500)**

Type of Gambling	18-34	35-54	55+	Unknown
<u>Lottery Tickets, Powerball, or Lotto</u>	<u>12.1</u>	<u>16.8</u>	<u>15.9</u>	<u>7.7</u>
<u>Raffles or Charitable Games</u>	<u>3.8</u>	<u>3.3</u>	<u>2.2</u>	<u>1.5</u>
<u>Land-based Casino or Racino</u>	<u>1.4</u>	<u>2.6</u>	<u>2.3</u>	<u>5.1</u>
<u>Poker</u>	<u>3.9</u>	<u>2.3</u>	<u>4.5</u>	<u>0.5</u>
Cards/Dice/Dominos Not at Casinos	2.5	1.1	3.4	0.0
Stock Market/Bonds/Commodities	2.9	1.6	4.7	2.0
Playing Sports Games*	4.4	1.3	1.1	1.0

Note: Gambling types Floating Casino, Sporting Events, Horses or Dogs, Bingo, Slots, Jai Alai, Other Table Games, Day-trading, Pull-tabs, Arcade Games, Fantasy sports, Internet Gaming, Car Races, Mah Jongg, Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size.

\* Denotes that the past week rate of this type of gambling differs significantly by age at  $p < 0.05$ .

**Table 9. Lifetime Gambling Participation by Race (N=2500)**

Type of Gambling	Caucasian, Non-Hispanic	African- American	Hispanic	Other/ Unknown
Lottery Tickets, Powerball, or Lotto*	56.6	47.3	46.3	52.0
Raffles or Charitable Games*	53.8	31.7	35.0	40.8
Land-based Casino or Racino*	45.6	26.6	32.6	43.2
Floating Casino*	27.3	16.5	21.1	14.6
Poker*	25.3	11.6	19.2	23.2
Sporting Events through a Pool*	25.1	8.6	14.8	10.5
Horses or Dogs*	23.6	10.4	15.1	19.3
Cards/Dice/Dominos Not at Casinos	21.1	17.4	16.5	16.7
Bingo*	22.6	10.1	16.4	15.0
Slot/Poker Machines Not at Casinos	20.0	15.3	18.0	15.5
Stock Market/Bonds/Commodities*	21.3	6.2	11.1	14.0
Playing Sports Games	14.4	12.6	11.8	6.5
Jai Alai*	12.5	4.1	10.1	5.3
Table Games, Not Cards/Dice/Dominos*	11.9	5.1	8.5	6.2
Day-Trading in the Stock Market	9.7	4.3	7.6	8.0
Sporting Events through a Bookie	8.7	6.7	8.0	7.1
Pull-Tabs*	9.6	2.6	5.1	4.4
Arcade or Video Games	6.4	5.8	7.3	11.0
Fantasy Sports*	5.5	1.6	7.4	1.7
Gambled on the Internet	5.5	2.3	3.9	7.3

Note: Other Race includes Native American and Asian and Pacific Islander. Gambling types Car Races, Mah Jongg Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size.

\* Denotes that the lifetime rate of this type of gambling differs significantly by race at  $p < 0.05$ .

**Table 10. Past Year Gambling Participation by Race (N=2500)**

Type of Gambling	Caucasian, Non-Hispanic	African- American	Hispanic	Other/ Unknown
Lottery Tickets, Powerball, or Lotto	46.3	36.7	41.1	46.6
Raffles or Charitable Games*	29.6	13.5	21.1	24.4
Land-based Casino or Racino*	22.4	15.2	17.8	28.0
Floating Casino	6.5	4.7	7.6	6.6
Poker*	13.7	6.5	9.3	15.4
Sporting Events through a Pool*	12.8	4.6	11.6	6.9
Horses or Dogs	6.6	3.0	5.9	8.9
Cards/Dice/Dominos Not at Casinos	11.5	12.6	11.8	14.2
Bingo	6.6	4.2	4.7	3.9
Slot/Poker Machines Not at Casinos	7.7	7.4	4.9	9.0
Stock Market/Bonds/Commodities*	14.4	3.0	9.2	7.7
Playing Sports Games	7.3	8.6	8.0	2.1
Table Games, Not Cards/Dice/Dominos	5.5	5.0	4.1	4.0
Day-Trading in the Stock Market	5.1	3.3	4.3	3.4
Sporting Events through a Bookie	5.0	4.8	4.7	6.8
Arcade or Video Games	2.7	5.2	4.5	7.8
Fantasy Sports	3.9	1.0	5.2	1.3
Gambled on the Internet*	4.4	0.1	1.6	5.1

Note: Other Race includes Native American and Asian and Pacific Islander. Gambling types Jai Alai, Pull-Tabbs, Car Races, Mah Jongg, Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size.

\* Denotes that the past year rate of this type of lifetime gambling differs significantly by race at  $p < 0.05$ .

**Table 11. Past Week Gambling Participation by Race (N=2500)**

Type of Gambling	Caucasian, Non-Hispanic	African- American	Hispanic	Other/ Unknown
Lottery Tickets, Powerball, or Lotto	14.6	15.7	13.1	19.9
Raffles or Charitable Games	3.1	2.8	3.0	1.9
Land-based Casino or Racino	2.6	1.6	1.3	4.0
Poker*	4.9	0.7	1.7	0.6
Cards/Dice/Dominos Not at Casinos	2.3	3.1	1.9	0.4
Stock Market/Bonds/Commodities	3.8	1.6	2.7	0.3
Playing Sports Games	2.0	2.8	2.3	0.0

Note: Other Race includes Native American and Asian and Pacific Islander. Gambling types Floating Casino, Sporting Events, Horses or Dogs, Bingo, Slots, Jai Alai, Other Table Games, Day-trading, Pull-tabs, Arcade Games, Fantasy sports, Internet Gaming, Car Races, Mah Jongg, Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size.

\* Denotes that the past year rate of this type of lifetime gambling differs significantly by race at  $p < 0.05$ .



**Table 12. Lifetime Gambling Participation by Region (N=2500)**

Type of Gambling	Northwest	Northeast	North Central	South Central	South
Lottery Tickets, Powerball, or Lotto*	51.7	52.0	55.5	55.3	47.8
Raffles or Charitable Games*	49.6	49.8	50.4	47.5	42.5
Land-based Casino or Racino*	38.4	32.2	42.4	42.9	37.8
Floating Casino	20.7	18.1	25.0	25.5	23.9
Poker*	19.0	21.6	22.9	21.0	16.6
Sporting Events through a Pool*	14.2	22.6	23.2	19.2	17.9
Horses or Dogs	16.8	20.3	20.3	20.1	19.1
Cards/Dice/Dominos Not at Casinos	16.4	20.3	21.1	17.2	15.7
Bingo	18.2	15.9	22.4	21.8	18.7
Slot/Poker Machines Not at Casinos	16.4	16.3	17.4	18.5	17.3
Stock Market/Bonds/Commodities	13.0	17.8	20.2	17.3	17.0
Playing Sports Games	7.8	14.5	13.3	9.3	10.7
Jai Alai*	3.5	6.6	12.1	10.9	12.7
Table Games, Not Cards/Dice/Dominos	6.9	8.4	12.4	9.2	8.9
Day-Trading in the Stock Market	7.8	7.0	10.8	5.8	8.2
Sporting Events through a Bookie	7.8	8.8	5.0	4.9	7.8
Pull-Tabs	7.0	7.1	8.6	6.1	6.9
Arcade or Video Games	2.6	7.5	8.2	6.0	6.5
Fantasy Sports	2.6	3.1	4.2	3.1	3.9
Gambled on the Internet*	1.7	6.2	7.1	3.1	3.2

Note: Other Race includes Native American and Asian and Pacific Islander. Gambling types Car Races, Mah Jongg, Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size.

\* Denotes that the lifetime rate of this type of gambling differs significantly by region at  $p < 0.05$ .

**Table 13. Past Year Gambling Participation by Region (N=2500)**

Type of Gambling	Northwest	Northeast	North Central	South Central	South
Lottery Tickets, Powerball, or Lotto*	37.5	40.5	47.8	44.4	39.1
Raffles or Charitable Games	26.4	27.3	27.4	27.3	25.3
Land-based Casino or Racino	19.4	14.5	20.3	20.7	20.7
Floating Casino	7.3	4.8	5.0	5.6	6.2
Poker*	6.9	7.1	12.6	11.2	7.7
Sporting Events through a Pool	9.1	11.9	11.1	10.0	9.3
Horses or Dogs	3.9	4.8	5.8	4.3	5.7
Cards/Dice/Dominos Not at Casinos	8.2	9.3	12.9	9.6	8.9
Bingo*	7.3	4.0	5.5	7.8	4.4
Slot/Poker Machines Not at Casinos	6.9	4.4	6.6	6.3	7.7
Stock Market/Bonds/Commodities	9.1	14.5	12.4	10.3	11.7
Playing Sports Games	3.4	6.6	7.1	4.5	5.5
Table Games, Not Cards/Dice/Dominos	3.4	4.4	3.4	3.8	4.5
Day-Trading in the Stock Market	4.7	4.8	4.7	3.4	4.6
Sporting Events through a Bookie	5.2	5.7	2.1	3.3	3.9
Pull-Tabs*	5.2	4.0	3.7	2.0	1.9
Arcade or Video Games	1.7	3.5	5.5	2.9	3.0
Fantasy Sports	2.6	1.3	3.4	2.2	2.6
Gambled on the Internet*	1.3	4.4	5.8	2.0	2.3

Note: Other Race includes Native American and Asian and Pacific Islander. Gambling types Jai Alai, Pull-Tabs, Car Races, Mah Jongg, Cock or Dog Fighting, Policy, Numbers, or Bolita and Other not presented due to insufficient sample size.

\* Denotes that the past year rate of this type of lifetime gambling differs significantly by region at  $p < 0.05$ .

### *Prevalence of Clinical Gambling Problems*

Table 14 gives the estimate of the number (in thousands) of adult Floridians who have gambling problems or are at risk for gambling problems. These numbers are based on a Census Bureau estimate of the 2009 adult Florida population of 14,480,000. Because the population in 2011 is likely to be slightly larger than this, the estimates in Table 14 are likely to slightly underestimate the total number of individuals who are currently experiencing gambling problems. Our best estimate is that there are 180,000 Floridians who are currently (past year) diagnosable as problem or pathological gamblers, however there is some uncertainty around this estimate. Specifically, there is a 95% chance that the true number of current problem and pathological gamblers within Florida falls between 80,000 and 270,000. Those considered at-risk for past year gambling problems (endorsed 1 or 2 NODS criteria) number approximately 700,000 in the state, which constitutes 4.7% of the adult population.

The overall prevalence of problem or pathological gambling (combined) in Florida is 2.1% for lifetime occurrence and 1.2% for past year occurrence (see Table 15 and Figure 1). However, this rate varies significantly across various Florida subpopulations. Specifically, the prevalence of clinically significant

gambling problems was higher for males than females, was higher among younger than older Floridians, was higher among both low and high income households relative to the middle class, was higher among those who rent their home than those who own, and was higher in the south of Florida than in the north (see Table 15). For example, current gambling problems were much more common (2.0% vs. 0.4%) among males, and similar differences were observed on lifetime prevalence rates. Young adults were found to have greater lifetime and past year problem prevalence rates compared to those at least 35 years old; those over 55 had the lowest lifetime and past year rates.

As shown in Table 16 the prevalence of gambling problems observed in our sample was slightly higher than found in the sample of the 2001 survey. However, this difference across these samples is not statistically significant -- the reader should not attribute this difference to an actual change in the rate of gambling problems within the Florida population over this decade. The difference is sufficiently small that it may be due to random sampling variation, rather than an actual shift in Floridians' gambling problems.

Tables 17 and 18 depict the rate of clinically significant gambling problems with demographic subgroups across three studies: the current study, the 2001 study of gambling in Florida, and a 1999 study of gambling in a nationally representative sample. No significant differences were found between the current study and either of the prior studies within these various subpopulations. Although not statistically significant, Florida's at-risk population was greater than the national rate.

Examination of Table 18 illustrates the similarities in past year prevalence rates for problematic gambling between the studies when considering gender, age and race. The table also describes the at-risk population in the current study by these demographics, again revealing that males and young adults are more likely to belong to this category. For example, 11.4% of 18-29 year olds are considered at-risk in 2011.

**Table 14. Number of Florida Adults with Gambling Problems (in thousands)**

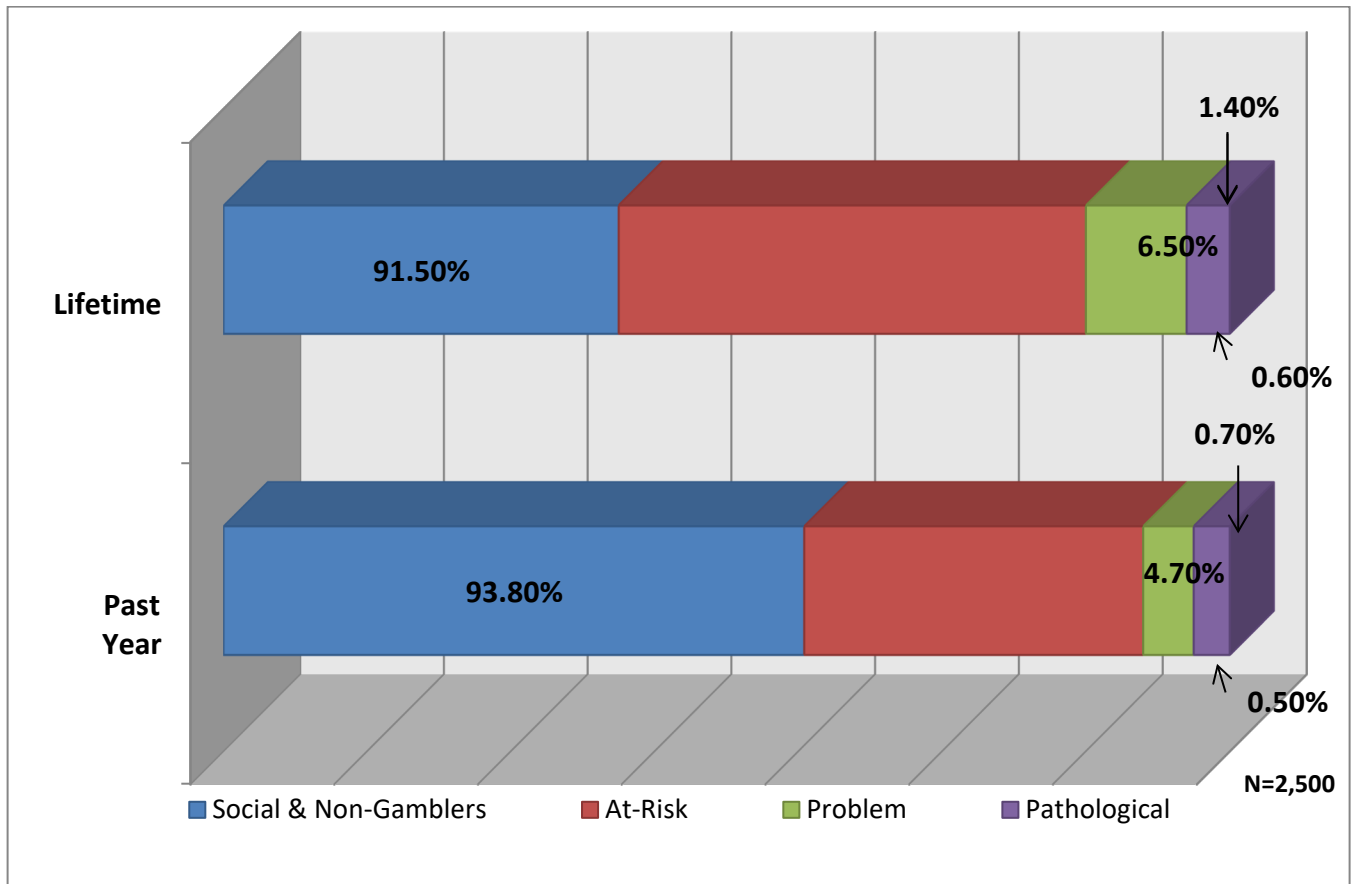
	<b>NODS Diagnostic Criteria</b>	<b>Lifetime (Lower CI, Upper CI)</b>	<b>Past Year (Lower CI, Upper CI)</b>
No Gambling Problem	No DSM-IV criteria	13720 (13500,13950)	14120 (13920,14310)
At-Risk	1-2 items indicated	960 (780,1150)	700 (540,880)
Problem	3-4 items indicated	210 (120,310)	100 (40,160)
Pathological	5+ items indicated	90 (20,160)	70 (10,130)
Either Problem or Pathological	3+ Items indicated	310 (180,430)	180 (80,270)

**Table 15. Prevalence of NODS Problem or Pathological Gamblers, Lifetime and Past Year (N=2500)**

		<b>Lifetime Percent (Lower CI, Upper CI)</b>	<b>Past Year Percent (Lower CI, Upper CI)</b>
Overall		2.1 (1.2, 2.9)	1.2 (0.5, 1.8)
Gender*	Male	3.7 (2.0, 5.3)	2.0 (0.7, 3.2)
	Female	0.6 (0.1, 1.0)	0.4 (0.1, 0.8)
Age*	18-34	4.0 (1.5, 6.6)	2.3 (0.4, 4.1)
	35-54	2.0 (0.6, 3.3)	1.5 (0.4, 2.7)
	55+	1.0 (0.4, 1.6)	0.2 (0.0, 0.3)
	Unknown	0.0	0.0
Race/Ethnicity	White, Non-Hispanic	1.7 (0.8, 2.6)	1.0 (0.3, 1.8)
	African-American	3.5 (0.1, 6.8)	2.0 (0.0, 4.8)
	Hispanic	2.1 (0.3, 4.0)	0.5 (0.0, 1.2)
	Other/Unknown	2.2 (0.0, 4.6)	2.2 (0.0, 4.6)
Marital Status	Married	1.8 (0.8, 2.8)	1.1 (0.3, 1.9)
	Widowed	1.4 (0.0, 3.6)	0.4 (0.0, 1.1)
	Div/Sep/Other	1.4 (0.0, 3.4)	1.2 (0.0, 3.2)
	Single	3.3 (0.9, 5.6)	1.6 (0.0, 3.2)
Education	High School or Less	2.5 (0.7, 4.3)	1.4 (0.1, 2.8)
	Some College	2.5 (0.9, 4.1)	1.9 (0.5, 3.3)
	College Degree	1.5 (0.3, 2.6)	0.4 (0.0, 0.7)
Employment	Full-Time	2.1 (0.9, 3.4)	0.9 (0.2, 1.6)
	Part-Time	2.3 (0.0, 5.1)	2.3 (0.0, 5.1)
	Unemployed	2.0 (0.8, 3.2)	1.2 (0.2, 2.3)
Household Income*	<35k	3.9 (0.8, 7.0)	2.2 (0.0, 4.7)
	35-89.9k	1.1 (0.0, 2.5)	0.1 (0.0, 0.4)
	>90k	4.9 (1.7, 8.0)	2.7 (0.6, 4.8)
	Unknown	1.1 (0.2, 2.0)	0.8 (0.0, 1.6)
Religion	Protestant	1.9 (0.8, 3.0)	1.1 (0.2, 1.9)
	Catholic	2.1 (0.4, 3.7)	0.8 (0.0, 1.7)
	Other	3.7 (0.7, 6.7)	2.8 (0.1, 5.4)
	Unknown	0.3 (0.0, 0.8)	0.3 (0.0, 0.8)
Military	Yes	1.3 (0.4, 2.2)	0.3 (0.0, 0.6)
	No	2.2 (1.2, 3.2)	1.4 (0.6, 2.1)
Living Arrangements*	Own	1.5 (0.7, 2.2)	0.6 (0.2, 1.0)
	Rent	4.4 (1.6, 7.2)	3.1 (0.8, 5.5)
	Other/Unknown	0.3 (0.0, 0.8)	0.3 (0.0, 0.8)
Region*	Northwest	0.7 (0.0, 1.4)	0.7 (0.0, 1.4)
	Northeast	0.0	0.0
	North Central	2.2 (0.1, 4.4)	0.8 (0.0, 1.6)
	South Central	1.5 (0.4, 2.6)	0.7 (0.0, 1.4)
	South	3.1 (1.4, 4.8)	1.9 (0.6, 3.3)

\* Denotes that the rate of lifetime problem/pathological gambling differs significantly across levels of this demographic variable ( $p < .05$ )

**Figure 1. Prevalence of NODS Categories in Florida (Lifetime and Past Year)**



**Table 16. Prevalence of NODS Categories by Year of Study**

	Diagnostic Criteria	Lifetime 2011	Past Year 2011	Lifetime 2001	Past Year 2001
<b>No Problem</b>	No DSM-IV criteria indicated	91.5	93.8	92.1	95.2
<b>At-Risk</b>	1-2 items indicated	6.5	4.7	6.9	4.0
<b>Problem</b>	3-4 items indicated	1.4	0.7	0.5	0.5
<b>Pathological</b>	5 or more items indicated	0.6	0.5	0.5	0.3

Note: Differences across years are not significant at the  $p < .05$  level

**Table 17. Prevalence of Lifetime NODS Categories for Demographic Subgroups Across Studies**

	National Survey (%)			2001 Florida Survey (%)			2011 Florida Survey (%)		
	At Risk	Problem	Pathological	At Risk	Problem	Pathological	At Risk	Problem	Pathological
Gender									
Male	9.6	1.6	0.9	10.3	1.1	1.0	8.1	2.6	1.1
Female	6.3	1.0	0.7	4.4	0.1	0.2	4.9	0.4	0.2
Race									
Caucasian	6.8	1.2	0.6	7.4	0.5	0.4	6.3	1.3	0.4
African-American	8.1	2.3	1.9	4.2	0.6	0.6	6.8	1.4	2.0
Hispanic	13.7	0.8	0.9	5.7	0.0	2.1	5.3	1.8	0.4
Other	9.6	1.1	0.6	6.3	2.5	0.0	10.2	2.0	0.2
Age									
18-29	10.3	1.9	1.2	7.8	0.4	0.4	10.8	3.0	2.2
30-39	6.9	1.0	0.5	9.7	1.1	0.7	7.3	0.7	0.0
40-49	9.2	1.5	0.9	6.7	0.7	0.7	6.9	1.5	0.4
50-64	5.3	1.7	1.1	6.8	0.3	0.3	4.9	1.8	0.4
65+	6.9	0.2	0.1	4.1	0.3	0.3	4.2	0.6	0.2

Note: None of the subgroup prevalence estimates from 2011 study differ from either the other two surveys at the  $p < .05$  level of significance when adjusting for multiple comparisons.

**Table 18. Prevalence of Past Year NODS Categories for Demographic Subgroups Across Studies**

	National Survey (%)			2001 Florida Survey (%)			2011 Florida Survey (%)		
	At Risk	Problem	Pathological	At Risk	Problem	Pathological	At Risk	Problem	Pathological
Gender									
Male	3.2	0.4	0.1	5.1	1.1	0.6	6.6	1.2	0.8
Female	1.6	0.4	0.2	3.3	0.1	0.1	3.1	0.3	0.1
Race									
Caucasian	2.2	0.2	0.1	4.0	0.5	0.3	4.7	0.9	0.2
African-American	2.9	1.2	0.0	2.4	0.6	0.6	5.8	0.0	2.0
Hispanic	3.6	0.8	0.0	5.7	0.0	0.7	4.1	0.2	0.4
Other	1.4	0.5	0.3	5.0	1.3	0.0	4.7	2.2	0.0
Age									
18-29	4.3	0.8	0.1	5.3	1.1	0.0	11.4	0.5	2.2
30-39	1.4	0.4	0.2	6.7	0.7	0.7	5.3	0.7	0.0
40-49	2.3	0.5	0.3	3.4	0.7	0.7	3.1	1.3	0.4
50-64	2.3	0.0	0.0	2.8	0.3	0.3	3.2	1.0	0.0
65+	1.3	0.2	0.0	2.9	0.0	0.0	2.9	0.2	0.0

Note: None of the subgroup prevalence estimates from 2011 study differ from either the other two surveys at the  $p < .05$  level of significance when adjusting for multiple comparisons.

### *Characteristics of Problem Gamblers and Correlates of Gambling Problems*

High risk, problem or pathological gamblers were more likely to participate in virtually every type of gambling compared to those who do not gamble or who gamble socially (see Tables 19 and 20). Problem and pathological gamblers, however, were more likely at some point in their lives to play poker, cards (not at a casino), use slot or poker machines (not at a casino), wager on sports games, and bet on Jai-Alai compared to at-risk gamblers. It should be mentioned that both the at-risk and combined problem/pathological group have very high rates of lifetime lottery, raffle, and casino/racino participation.

Past year participation rates among the three groups show the same patterns as lifetime rates in that at-risk and problem gamblers are attracted to many forms of gambling compared to low-risk gamblers (see Table 20), especially lottery games and casinos/racinos. It is more common for those with problems to play poker (70%) compared to at-risk players (45%); higher percentages of problem gamblers also play cards, slots, and poker machines (not at a casino) compared to at-risk individuals. They also tend to use bookies more commonly than those at-risk. However, at-risk gamblers were more likely to participate in sporting event pools (31.4%) compared to those with problems (9.6%).

However, when asked to select a preferred gambling venue substantial differences were observed between individuals with and without a history of gambling problems (Table 21). Specifically, problem and pathological gamblers were twice as likely to choose a casino, racino, or other dedicated gambling establishment as their preferred location relative to low-risk gamblers. Sixty percent of problem/pathological gamblers prefer a casino or racino. In contrast, low risk gamblers were likely to select a broader range of venues as their preferred location.

**Table 19. *Lifetime Gambling Participation by Lifetime NODS Categories (N=2500)***

Type of Gambling	No or Low-Risk	At Risk	Problem/ Pathological
Lottery Tickets, Powerball, or Lotto	49.5	89.1	98.6
Raffles or Charitable Games	43.0	83.4	75.0
Land-based Casino or Racino	36.2	87.5	77.4
Floating Casino	21.8	45.3	45.0
Poker	19.0	49.7	73.8
Sporting Events through a Pool	18.1	40.9	32.8
Horses or Dogs	17.9	42.7	35.9
Cards/Dice/Dominos Not at Casinos	16.4	48.5	65.2
Bingo	17.4	40.4	28.6
Slot/Poker Machines Not at Casinos	16.1	41.7	60.6
Stock Market/Bonds/Commodities	15.2	34.6	27.2
Playing Sports Games	10.4	36.0	59.4
Jai Alai	8.8	22.6	46.9
Table Games Other Than Cards/Dice/Dominos	7.9	29.2	39.0
Day-Trading in the Stock Market	7.1	19.1	31.2
Sporting Events through a Bookie	6.5	23.7	36.2
Pull-Tabs	6.5	17.4	15.2
Arcade or Video Games	5.4	18.6	33.4
Fantasy Sports	3.5	18.8	29.0
Gambled on the Internet	3.1	20.7	31.7

Note: Problematic and Pathological NODS categories are collapsed into one. Because NODS categories are associated with gambling participation by definition, tests of statistical significance were not performed.



**Table 20. Past Year Gambling Participation by Past Year NODS Categories (N=2500)**

Type of Gambling	No or Low-Risk	At Risk	Problem/ Pathological
Lottery Tickets, Powerball, or Lotto	41.2	87.3	94.3
Raffles or Charitable Games	23.5	56.1	49.2
Land-based Casino or Racino	17.6	74.4	72.0
Floating Casino	5.5	21.4	24.2
Poker	9.6	45.1	70.3
Sporting Events through a Pool	10.0	31.4	9.6
Horses or Dogs	5.4	17.7	18.1
Cards/Dice/Dominos Not at Casinos	9.8	40.2	61.9
Bingo	5.1	16.5	13.1
Slot/Poker Machines Not at Casinos	5.7	28.0	49.3
Stock Market/Bonds/Commodities	10.4	32.0	3.7
Playing Sports Games	5.6	29.1	54.4
Jai Alai	0.7	2.7	9.6
Table Games Other Than Cards/Dice/Dominos	3.6	26.7	35.3
Day-Trading in the Stock Market	4.2	13.0	2.4
Sporting Events through a Bookie	4.1	15.9	36.2
Pull-Tabs	2.5	12.0	0.0
Arcade or Video Games	3.0	14.1	21.7
Fantasy Sports	2.7	15.2	24.8
Gambled on the Internet	2.2	19.0	26.7

Note: Problematic and Pathologic NODS categories are collapsed into one category. Because NODS categories are associated with gambling participation by definition, tests of statistical significance were not performed.

**Table 21. Favorite Gambling Venue by Lifetime NODS Categories (N=1500)**

Favorite Gambling Venue*	Overall	Low-risk	At-risk	Problem/ Pathological
Casino, racino, or other gambling establishment	34.7	32.0	44.9	60.0
Home	15.5	16.3	9.7	16.2
Gas station/ convenience store	15.0	15.8	9.7	13.8
Other	34.8	35.9	35.7	10.0

Note: Analytic categories were created by grouping a large number of nominated favorite venues.

\*Selection of favorite gambling venue differs significantly across NODS gambling categories at  $p < 0.05$ .

As shown in Table 22, participants' level of gambling problem was also associated with primary symptoms of depression (sadness and loss of interest). One quarter to over one third of the at-risk and combined problem/pathological group reported having significant symptoms of depression during their lifetime. They were also somewhat more likely to have sought mental health treatment, however almost no one reported seeking treatment specifically for gambling. Overall, nearly half of the sample had an awareness of the FCCG's HelpLine service available at 1-888-ADMIT-IT (primarily due to the billboard campaign), however problem and pathological gamblers were more likely to learn about the service through some other means such as television. Overall, very few reported calling the number themselves. About three percent of all respondents indicated that they, or someone they know, attended a self-help group for gambling.

**Table 22. Mental Health History by Lifetime NODS Categories**

	Overall	No or Low-risk	At-risk	Problem/Pathological
Have you ever had two weeks or longer when nearly every day you felt sad for most of the day?*	17.0	16.0	26.6	28.8
Have you ever had two weeks or longer when you lost interest in most things?*	16.6	15.4	27.5	37.3
Ever seen a counselor or been treated for a mental health problem?	12.3	11.9	16.7	19.2
Past year, treatment for a mental health problem?*	5.0	4.3	11.1	14.6
Ever sought help for substance use problems?	1.4	--	--	--
Past year, sought help for substance use problems?	0.1	--	--	--
Considered getting help to reduce/stop gambling?	0.5	--	--	--
Received help or treatment for gambling	0.3	--	--	--
Know anyone attending a self-help group for gambling?	2.7	--	--	--
Heard of 1-888-ADMIT-IT?*	46.7	45.6	62.4	48.2
Where heard of 1-888-ADMIT-IT?*				
Billboard	48.0	48.2	52.7	23.5
Television	21.9	22.9	14.2	10.7
Other	30.1	28.9	33.1	65.8
Called 1-888-ADMIT-IT?	0.5	--	--	--

-- Denotes subpopulations too small to subdivide by NODS categories

Asterisks indicate mental health measure that varies significantly across NODS gambling categories at the \*  $p < 0.05$  or \*\* $p < 0.01$

As with other potentially maladaptive behaviors such as substance use disorders, exercise can be utilized as a lifestyle change tool that helps decrease the time and emphasis placed on gambling, as well as an adjunct to treatments for addictive behaviors that aids in relapse prevention efforts. Thus we examined this variable in association with gambling. Interestingly, findings showed that gambling behaviors were significantly associated with physical activity or the lack thereof, with problem gamblers less likely to engage in vigorous physical activity or play sports (see Table 23).

**Table 23. Physical Health and Exercise by Past Year NODS Categories**

	Overall	No or Low-risk	At-risk	Problem/ Pathological
Past year general health status				
Excellent	36.5	36.5	41.5	11.0
Good	45.3	45.3	40.0	71.7
Fair	14.1	14.0	16.8	11.5
Poor	4.1	4.2	1.7	5.7
In the past year about how often did you engage in physical activity or play sports? *				
Once a day	21.4	21.8	15.1	16.5
More than once a week	32.2	32.1	39.2	10.8
Once a week	13.2	13.5	8.9	6.1
More than once a month	11.8	11.7	15.5	6.6
Once a Year to Not at all	21.4	21.0	21.4	60.0
During a typical week, how often do you engage in any regular activity long enough to work up a sweat or get your heart beating rapidly? *				
Once a day	24.4	24.4	26.5	18.7
More than once a week	37.2	37.2	42.3	12.3
Once a week	13.0	13.2	10.3	6.1
More than once a month	6.8	6.8	7.6	6.1
Once a Year to Not at all	18.6	18.4	13.3	56.3

\* Denotes health measure that varies significantly across NODS gambling categories at the  $p < 0.05$  level

Current occupational status was not associated with gambling problems, however reported income was associated (see Table 24). As discussed earlier, those who reported gambling problems were less likely to be middle class than those without problems, however they were also more likely to reveal to the interviewer their income than were non-gamblers and non-problem gamblers. The rate of missingness for income was extremely high, particularly among non-gamblers. As expected, the single day losses and wins from gambling (both past year and lifetime) were substantially higher among problem and pathological gamblers than other types of gamblers. Moreover, a significant percentage of at-risk gamblers reported gambling, losing, and winning more than \$300 in a single day.

Examining in more detail the ways these problem gamblers fund their gambling (see Table 25) we find that problem and pathological gamblers were far more likely to use every method to pay for gambling than were at-risk gamblers. In general, credit cards, taking money from friends and family without their knowledge, and pawning were all much more likely among problem and pathological gamblers. Although 6.5% of those who

gamble (N=1446) filed for bankruptcy at some point during their lifetime, rates were not statistically significant across social (6.4%), at-risk (4.7%), and problem/pathological gamblers (14.9%).

**Table 24. Financial Information by NODS Categories**

	<b>Overall</b>	<b>No or Low-risk</b>	<b>At-risk</b>	<b>Problem/ Pathological</b>
Employment				
Working Full Time	48.9	48.6	57.9	37.1
Working Part Time	11.5	11.2	13.3	21.8
Retired	17.7	18.2	12.5	0.0
Homemaker	6.3	6.7	0.4	1.5
Student	3.5	3.6	1.9	5.2
Disabled	4.6	4.7	3.2	7.9
Unemployed	7.5	7.0	10.8	26.6
Income*				
Unknown	50.3	51.3	35.2	36.1
\$9,999 to \$34,999	13.0	12.7	17.4	24.5
\$35,000 to \$89,999	20.7	21.1	18.3	29.1
\$90,000 or more	15.9	14.9	29.1	37.1
Largest amount gambled in one day during the past year*				
Less than \$100	83.4	87.6	44.2	18.3
\$100-\$299	7.7	7.2	14.4	9.1
\$300 or more	8.9	5.2	41.4	72.6
Largest amount lost in a single day in lifetime*				
Less than \$100	80.0	84.7	35.9	10.2
\$100-\$299	10.2	9.0	27.9	10.0
\$300 or more	9.7	6.4	36.2	79.8
Largest amount won in a single day in lifetime*				
Less than \$100	72.6	77.1	30.3	4.2
\$100-\$299	7.6	7.0	16.3	5.3
\$300 or more	19.8	15.9	53.4	90.4

\* Denotes financial measure that varies significantly across NODS gambling categories at the  $p < 0.05$  level. Current employment and income are crossed with past year NODS categories while lifetime questions are crossed with lifetime NODS categories.

**Table 25. Gambling Debt Payment Strategy of Lifetime NODS At Risk, Problem and Pathological Gamblers (N=187)**

Money-Acquiring Strategies	At-Risk	Problem/ Pathological
Made withdrawals on credit or bank cards*	21.1	46.7
Borrowed from friends or acquaintances*	8.8	35.6
Borrowed money from family without their knowing*	3.5	30.2
Sold or pawned personal or family property*	3.9	29.6
Charged one or more credit cards to the limit	3.9	14.2
Gotten loans from a bank, credit union, loan shark, or elsewhere?	0.0	10.4
Cashed in bonds, stocks, or other securities	0.8	1.4
Taken out a second mortgage or home equity loan	0.0	1.2
Delayed or not paid federal or state taxes	0.0	0.0

\* Denotes money-acquiring strategies that vary significantly across NODS gambling categories at the  $p < 0.05$  level

In addition, problem and pathological gamblers reported substantially different motivations to gamble than did non-problem gamblers (see Table 26). In particular, the following motivations were strongly associated with having gambling problems: “to distract yourself from everyday problems”, “to feel high or for the rush” or “to feel good”, “to escape boredom”, and “for excitement or as a challenge.” They also endorsed the reason “to impress friends or family members” significantly more often than at-risk and social gamblers, suggesting that impression management and what others think of them is a critical part of their mindset. At-risk gamblers placed more emphasis on socializing with friends (42.6% endorsed this) compared to low-risk and problem gamblers (21%).

**Table 26. Gambling Motivations by Lifetime NODS Categories (N=1304)**

	<b>Low-Risk Gamblers</b>	<b>At-Risk Gamblers</b>	<b>Problem/Pathological Gamblers</b>
To distract yourself from everyday problems*	12.0	40.5	61.3
To feel high or for the rush*	10.0	38.7	55.2
To escape boredom*	22.3	49.4	67.2
For excitement or as a challenge*	40.4	69.3	75.9
To feel good*	27.9	49.1	67.9
As a hobby*	20.6	42.5	49.3
To escape loneliness*	6.5	22.4	25.9
To impress friends or family members*	2.4	7.6	25.8
For entertainment or fun*	72.4	89.1	75.9
To socialize with friends*	21.8	42.6	21.1
For a sense of power or control	5.1	15.6	7.4
To be around or with other people	31.6	34.9	36.8
To win money	71.7	76.2	73.4
Because of peer pressure	2.8	1.9	6.1
Out of curiosity	31.7	36.6	28.1
To support worthy causes	60.9	56.2	42.0

Note. Percentage of respondents who indicated motivation was “somewhat” or “very important”

\* Denotes that this gambling motivation differed significantly by NODS category at  $p < 0.05$  level. Table is ordered with motivations most associated with problem gambling near the top, and those most associated with healthy gambling near the bottom.

Gambling problems were also associated with a family history of gambling (see Table 27), with problem gamblers most likely to have parents who gambled. Individuals identified as problem/pathological gamblers (44%) were just as likely as at-risk gamblers (43.3%) and low-risk gamblers (35.7%) to have first gambled with a family member. Overall, the largest percentage of gamblers (41.9%), identified that their first experience gambling was with a spouse. Problem/pathological gamblers (41.4%) and at-risk gamblers (37.4%) were more likely than low-risk gamblers (16.1%) to indicate that the individual that they first gambled with did so often. The average age of problem onset reported by problem/pathological gamblers was 28.3.

Moreover, gambling problems were associated with substance misuse and other risky behaviors (see Tables 28, 29, and 30). In particular, the level of gambling problems was significantly associated with tobacco use, alcohol use, drug use, high-speed driving, and lifetime arrest. Prior research has shown that frequent gambling behavior often co-occurs with various forms of risk-taking behaviors, such as alcohol and drug use (e.g., Martins, Tavares, da Silva Lobo, Galetti, & Gentil, 2004; Powell, Hardoon, Deverensky, & Gupta, 1999).

**Table 27. Gambling Impact on Family Among Gamblers by Lifetime NODS Categories (N=1446)**

	Overall	Low-Risk Gambler	At-Risk Gambler	Problem/ Pathological Gambler
<b>Parents gambled or played games of chance for money*</b>	41.2	39.3	47.4	68.1
Father/ Step-Father	26.6	23.7	35.8	47.0
Mother/ Step-Mother	16.5	17.3	12.4	14.4
Both	56.9	59.0	51.8	38.6
<b>Parents had a problem with betting money or gambling</b>	2.4	--	--	--
<b>First person with whom you gambled*</b>				
Family	37.1	35.7	43.3	44.0
Friend	21.0	23.3	10.4	9.8
Spouse	41.9	41.0	46.3	46.2
<b>Frequency of that person's gambling*</b>				
Seldom Gambled	48.9	49.9	44.0	40.4
Often Gambled	19.3	16.1	37.4	41.4
<b>Lived with someone in past year whose gambling has troubled or bothered you</b>	2.4	--	--	--

-- Denotes subpopulation too small to split by NODS categories.

\* Denotes the gambling impact on the family differs significantly by NODS category at  $p < 0.05$  level.

**Table 28. Past Year Alcohol and Drug Use by Lifetime NODS Categories**

Substance Use Experiences in Past Year	Overall	Low-Risk Gamblers/ Non-Gamblers	At-Risk Gamblers	Problem/ Pathological Gamblers
Used tobacco*	26.3	24.4	41.6	58.8
Past year drinking of alcohol*	66.3	65.2	80.3	67.2
Past year heavy/binge drinking*	14.1	12.1	33.6	25.3
Social problems from drinking	2.4	1.9	8.9	4.3
Used marijuana or hashish*	5.9	5.1	11.2	27.8
Any drug use, excluding marijuana	1.4	--	--	--

-- Denotes subpopulation too small to split by NODS categories

\* Denotes significantly different rates across NODS categories at the  $p < .05$  level

A significant proportion of Florida residents have been arrested (14%), and those with a history of gambling problems were more likely to report this than low-risk or at-risk groups. However, we did not find a significant association between incarceration and gambling problems (see Table 29). While this does not appear consistent with prior research showing that gambling problems are not uncommon among arrestees, the current

study did not have a great deal of power to detect relationships within such small subgroups. The lack of significant effects should not be interpreted as indicating that no relationship exists in the overall Florida population. Therefore, the use of a brief screening tool for gambling problems among arrestees, incarcerated individuals, and at-risk populations by criminal justice organizations could prove beneficial.

**Table 29. Criminal History by Lifetime NODS Categories**

<b>Criminal Activity</b>	<b>Overall</b>	<b>Low-Risk</b>	<b>At-Risk</b>	<b>Problem/Pathological</b>
Ever been arrested*	14.2	12.4	19.4	43.8
Gambling a significant factor in arrest	0.6	--	--	--
Arrested in past year	1.0	--	--	--
Ever served time in jail or prison	6.8	6.3	10.5	7.0
Gambling a significant factor in imprisonment	0.1	--	--	--
Served time in jail or prison past year	1.0	--	--	--

-- Denotes subpopulation too small to split by NODS categories

\* Denotes significantly different rates across NODS categories at the  $p < .05$  level

We also reviewed associations between gambling problems and other continuous measures of risky behavior (see Table 30). Significant correlations ( $p < 0.001$ ) were found between lifetime NODS scores and frequency of tobacco, alcohol, and marijuana use. Similarly, the frequency of past year gambling was significantly associated with tobacco, alcohol, and marijuana use. As the frequency of gambling increases, so does the use of these substances. Gambling frequency in the past year was modestly but significantly correlated with the extent to which individuals drive faster than the speed limit, suggesting a propensity among these respondents to take more risks in general. The scores for lifetime SOGS and lifetime NODS were also correlated with past year tobacco use, number of alcoholic drinks, and past year marijuana use. Past year drinking frequency was significantly associated with both lifetime SOGS and NODS scores, though the strength of these correlations was small. In brief, our results indicate a clear connection between gambling behaviors and several other risk-taking behaviors: people who gamble more, and who have a history of a gambling problem, are more likely to smoke and drink more, and drive faster than those who gamble less frequently. Although the association with gambling behaviors is small, the relatively large effects that these risk-taking behaviors have on overall health and well-being suggests that these are important findings.

**Table 30. Correlations between Frequency of Risky Behaviors and Gambling Frequency, Lifetime SOGS Score, and Lifetime NODS Score**

	<b>Past year Gambling Frequency</b>	<b>SOGS Symptom Count</b>	<b>NODS Symptom Count</b>
Past year frequency of tobacco use	.18**	.22**	.19**
Past year frequency of alcohol use	.16**	.10**	.06*
Typical alcohol quantity when drinking	.17**	.10**	.10**
Past year frequency of marijuana use	.10**	.10**	.12**
Average driving speed above limit	.10**	.07**	.04*

Note: correlations based on between 2448 and 2486 non-missing pairs of observations.

\*  $p < 0.05$ ; \*\*  $p < 0.001$



### *Other Findings*

Because internet gambling is relatively new and was understudied in prior epidemiological research on gambling (e.g., Gerstein et al., 1999), we wanted to investigate the characteristics of those gamblers who used the internet as one gambling venue, regardless of the websites they visited (see Table 31). Because the current data reflect the responses of only 97 individuals who had ever gambled on the internet, these findings should be seen as preliminary. It appears that males are much more likely to engage in internet gambling, as well as individuals under the age of 55. Forty-one percent of these internet gamblers were between 18 and 34 years old. Caucasians far outnumbered respondents from other racial groups, but no differences were found on this variable between gamblers who use the internet and those who do not. Most importantly, 41% of those who have used the internet to gamble were classified by the NODS as either at-risk or problem/pathological gamblers, whereas about 12% of non-internet gamblers fell into these categories. Respondents who used the internet for gambling-related reasons reported spending an average of 3.7 hours per week online. We did not find significantly increased rates of depression or help-seeking among internet gamblers as prior research has suggested.

**Table 31. Demographics of Internet and Non-Internet Gamblers (N=1500)**

Demographics	Internet Gamblers (N=97)	Non-Internet Gamblers (N=1349)
Gender*		
Male	79.8	48.4
Female	20.2	51.6
Age*		
18-34	40.9	22.5
35-54	39.0	34.6
55+	5.4	39.6
Missing	4.7	3.2
Race/Ethnicity		
Caucasian	68.0	65.6
African-American	6.5	11.8
Hispanic/Latino	15.2	16.2
Other/Missing	10.3	6.4
Marital Status*		
Married	48.7	62.1
Widowed	4.0	6.3
Divorced/Separated/Other	11.5	11.0
Never Married	35.8	20.3
Education		
High School/GED or Less	21.4	21.3
Some College/AA or Technical	37.2	38.8
College Graduate	41.4	39.9
Employment		
Working Full Time	62.4	50.3
Working Part Time	9.0	12.2
Unemployed	28.5	37.4
NODS Category *		
Low Risk	59.0	88.1
At Risk	27.6	9.3
Problem/Pathological	13.4	2.5

\* Indicates significantly different rates across Internet and Non-internet gamblers at the  $p < .05$  level

The survey also included a range of public opinion items assessing attitudes toward gambling, gambling regulation, and gambling treatment (see Table 32). Across the whole sample, participants were most likely to agree with statements that: (a) affirmed the possible problems caused by gambling, (b) stated support for state funded gambling treatment, and (c) stated that gambling was common in Florida (e.g., 59% agreed that most people in Florida engage in some form of gambling). They were most likely to disagree with statements that: (a) gambling was a good way to make money, (b) gambling was a problem in their community, or (c) indicated gambling is a sin, should be banned, as should gambling advertising. It should be noted that 35.7% of Floridians, agreed or strongly agreed that gambling is a problem in the state. Over 60% think funding should be available from the state for programs to assist gamblers with problems as long as the state government promotes the lottery.

**Table 32. *Perceptions of Gambling in Florida***

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Unsure/Don't Know/Refused</b>
Problem gambling can be disruptive to a person and their family, just like having a problem with alcohol.	49.0	43.3	3.2	0.9	3.6
As long as the state government promotes the lottery, it should fund programs for people who experience gambling related problems.	15.6	47.9	22.8	3.5	10.2
Most people in Florida engage in some form of gambling.	8.3	50.8	19.7	1.8	19.3
Parents who gamble strongly influence their kids to gamble.	11.7	43.1	28.3	3.5	13.4
Casinos or racinos are safe places to be.	5.8	41.4	27.7	4.9	20.3
Gambling is important for providing financial support for things like education.	9.0	34.0	35.2	11.2	10.6
Gambling is a problem in the State of Florida.	11.2	24.5	35.2	6.8	22.3
Gambling advertisements on television should be banned.	7.4	21.2	52.0	10.0	9.3
Gambling is a sin.	6.1	20.1	47.0	13.9	13.0
Most forms of gambling should be banned in Florida.	6.1	18.1	52.4	13.0	10.5
Gambling is a good way to make money.	4.1	16.9	49.1	24.5	5.5
Gambling is a problem in my community.	5.6	11.4	50.5	10.6	21.8

Note: Table is ordered so that items with greatest overall agreement are at the top and least agreement are at the bottom.

The NODS instrument was the primary tool for identifying participants' level of clinically significant gambling problems because it closely corresponds to the criteria for clinical diagnosis. We also administered a second gambling screen that is commonly used in clinical settings, the SOGS. In general, analysis of the SOGS very closely replicates the findings from the NODS discussed above. Overall lifetime prevalence rates from

this instrument are similar to those presented above from the NODS, although they are higher (see Table 33), consistent with prior research. Five percent of the adult population in Florida qualified as having a lifetime occurrence of either problem or pathological gambling as defined by the SOGS, which is over twice the lifetime rate produced by the NODS.

**Table 33. Prevalence of SOGS Lifetime Problem or Pathological Gamblers (N=2500)**

		<b>Percent (Lower CI, Upper CI)</b>
<b>Overall</b>		5.0 (3.8, 6.1)
Gender*	Male	7.4 (5.3, 9.6)
	Female	2.7 (1.6, 3.8)
Age*	18-34	7.7 (4.4, 11.0)
	35-54	4.8 (2.9, 6.8)
	55+	3.0 (1.8, 4.2)
	Unknown	6.1 (0.4, 11.8)
Race/Ethnicity	White, Non-Hisp	4.5 (3.1, 6.0)
	African-American	7.3 (3.1, 11.5)
	Hispanic	3.8 (1.6, 6.0)
	Other/Unknown	7.4 (2.0, 12.7)
Marital Status*	Married	3.6 (2.4, 4.9)
	Widowed	3.1 (0.0, 6.1)
	Div/Sep/Oth	5.8 (2.0, 9.5)
	Single	7.8 (4.5, 11.2)
Education	HS or Less	5.1 (2.7, 7.6)
	Some College	4.9 (2.8, 6.9)
	College Degree	4.6 (2.8, 6.4)
Employment	Full-Time	4.9 (3.2, 6.6)
	Part-Time	6.1 (1.7, 10.5)
	Unemployed	4.4 (2.7, 6.1)
Household Income*	<35k	5.5 (1.9, 9.2)
	35-89.9k	4.2 (1.8, 6.5)
	>90k	8.8 (4.9, 12.7)
	Unknown	3.9 (2.5, 5.4)
Religion	Protestant	4.5 (2.9, 6.0)
	Catholic	4.5 (2.2, 6.7)
	Other	8.1 (4.1, 12.2)
	Unknown	4.0 (0.8, 7.2)
Military Experience	Yes	4.2 (2.0, 6.5)
	No	4.9 (3.6, 6.3)
Current Arrangement*	Own	3.2 (2.2, 4.3)
	Rent	8.9 (5.4, 12.5)
	Other/Unknown	7.8 (2.7, 12.8)
Region*	Northwest	1.8 (0.6, 3.0)
	Northeast	1.5 (0.1, 2.9)
	North Central	4.2 (1.3, 7.0)
	South Central	3.0 (1.3, 4.6)
	South	7.4 (5.1, 9.7)

\* Indicates that the rate of lifetime problem/pathological gambling differs significantly across levels of this demographic variable (p<.05)

The pattern of gambling problems across demographic groups is quite similar to those presented for the NODS (compare Tables 33 and 15). Gambling problems were found to be more common among males, adults aged 18-34, single or divorced/separated individuals, those who rent rather than own their place of residence, those who report household income of less than \$35,000 and more than \$90,000, and South Floridians. As with the NODS, there was no statistically significant change in prevalence rates between the 2011 and the 2001 studies when looking at the SOGS (see Table 34).

**Table 34. Prevalence of Lifetime SOGS Categories by Study Year**

	<b>Diagnostic Criteria</b>	<b>Lifetime 2011</b>	<b>Lifetime 2001</b>
Non-Gamblers/ No Problem	Not Applicable/ No DSM-IV criteria indicated	81.0	84.3
At-Risk	1-2 items indicated	14.0	12.1
Problem	3-4 items indicated	2.7	2.5
Pathological	5 or more items indicated	2.2	1.1

Note: Differences across years are not significant at the  $p < .05$  level

#### *Comparisons of the Current Sample with Previous Florida Studies of Seniors and College Students*

The prevalence of problem or pathological gambling among Florida seniors (55 and over) in the present study was 1.0% lifetime, and .2% past year. The present sample had somewhat lower combined problem and pathological gambling rates among seniors in Florida compared to the 2003 Florida senior prevalence study (1.8% lifetime and 1.1% past year), but these differences are not statistically significant so they should not be interpreted as a change in the population. In 2011 those in the younger age groupings were more likely than those over 55 to have a lifetime or past year gambling problem, thus while many seniors gamble, most of them are not experiencing self-reported problems.

Several studies on gambling behavior have focused on the college-aged population (18-24). A report to the Florida Council on Compulsive Gambling, Inc. in 2008 was completed by researchers at the Center for Research, Evaluation, Assessment, and Measurement (CREAM) at the University of South Florida. The focus of that report was the prevalence of gambling and problem gambling among college students in the state of Florida. Unlike the current study which utilized stratified random sampling, the 2008 report utilized a convenience sample of college students. In addition, the current study included very few respondents in this age range, and so our confidence intervals for these stratified estimates are quite large (e.g., +/- 10%), thus comparisons between samples are not particularly informative. With that caveat, however, the 2008 CREAM sample did generally find more gambling and gambling problems than in this age group in our study. For example, the CREAM (2008) report found that 66.2% of their total sample reported gambling on at least one activity in the past year; however, the results of the current study found that 33% of 18-24 year olds reported having *ever* gambled in their lifetime. In the 2008 study, about 39% of the students endorsed at least 1 NODS item. In contrast, our results found that a very low percentage (1%) of the 18-24 year olds in the subsample endorsed one symptom or more. It is not possible to interpret these differences due to the differences in populations studied, sampling methods, and the relatively low precision in the estimates.

#### *DSM-V Considerations*

The emergence of the new DSM-V presents the opportunity for gambling researchers and clinicians to improve diagnostic criteria so that they can be more accurate and representative of individuals who experience gambling-related problems. Empirical research on gambling since the adoption of DSM-IV criteria has accumulated and forms the basis for the following proposed changes that are being considered for the next

DSM definition of Pathological Gambling: 1) Relocate the classification to the Substance Use Disorders section, 2) Change the name of the disorder, 3) Remove the illegal acts criterion, and 4) Lower the threshold for meeting the disorder from 5 to 4 criteria.

The relocation of Pathological Gambling will be an important move for advocates of the addiction model in that it will better identify the addictive nature of the problem. Gambling is the only behavioral addiction being considered for inclusion in the new DSM-V section in large part due to the body of literature that demonstrates high levels of comorbidity between substance use disorders and problem/pathological gambling (Kessler et al., 2008; Petry, Stinson, & Grant, 2005), similarities in the presentation of some symptoms (Petry, 2006), similarities in biological dysfunction and a shared genetic liability (Potenza et al., 2003; Slutske, Eisen, True, Lyons, Goldberg, & Tsuang, 2000), and efficacy of overlapping treatment approaches (Hodgins, Curry, & el-Guebaly, 2001; Petry et al., 2006; Petry, Weinstock, Ledgerwood, & Morasco, 2008). Along with the relocation and renaming of the main section, the DSM-V workgroup is considering renaming the disorder as “the term ‘pathological’ conjures pejorative thoughts among providers, patients, and the public” (Petry, 2010, p. 113). Another suggestion at this point is renaming it to ‘disordered gambling’, but the renaming of pathological gambling is still undetermined at this time. Opponents of this change believe it will dilute the meaning of severe gambling problems, thus minimizing them.

Another major change proposed in the DSM-V will be the removal of the illegal acts criterion, which would lower the number of diagnostic criteria to 9 possible. Although research has shown that engaging in illegal acts and delinquency is a risk factor for development of problems (Potenza, Steinberg, McLaughlin, Wu, Rounsaville, & O’Malley, 2001), it is consistently the least endorsed criterion across a number of population surveys and is believed by advocates of the criterion removal to add little to diagnostic classification accuracy (Blanco, Hasin, Petry, Stinson, & Grant, 2006; Gerstein et al., 1999; Grant, 2010; Petry, 2010; Strong & Kahler, 2007). The proposal for the DSM-V to delete the illegal acts criterion is supported by the DSM-V work group, (DSM-V Work Group, [www.dsm5.org](http://www.dsm5.org)).

Perhaps the most controversial change in DSM-V will be the possible lowering of the threshold for diagnosis of pathological gambling. Currently, a cutoff score of 4 instead of 5 is being considered, which was originally demonstrated as appropriate by Lesieur and Rosenthal (1991), prior to the APA decision to increase the cutoff score to 5 in the DSM-IV (1994). Since that time, further studies have re-evaluated the findings of Lesieur and Rosenthal (1991) and have determined that lowering the threshold to 4 would improve classification accuracy (Grant, 2010; Jimenez-Murcia et al., 2009; Stinchfield, 2003; Stinchfield, Govoni, & Frisch, 2005). While some argue that the cutoff should not be lowered, others have commented that the threshold should be made even lower than 4. Post-hoc analysis on large-population prevalence research has suggested that lowering the threshold below 4 would more than double the rate of the disorder (Blanco et al., 2006; Welte, Barnes, Wieczorek, Tidwell, & Parker, 2001), which would change the current classification system (Martin & Petry, 2005; Petry, 2010). In the present study of Floridians, we found deleting the illegal acts criterion and lowering the formal diagnostic threshold to 4 doubled the rate of lifetime pathological gambling, from .6% to 1.2%. However, the past year classification changed only slightly from .46% to .54%. These nosological issues underscore the cultural and sometimes political nature of determining cutoffs for unacceptable or treatment-worthy behaviors such as problem gambling. From a public health perspective which views disorder along a continuum, diagnostic cutoffs are less important than acknowledging the notion that education, prevention and treatment efforts often target different segments of the population in the attempt to reduce harm. Therefore, education efforts for those who have never gambled, or who gamble lightly, will differ from interventions for at-risk and problem gamblers.

### *Perceptions of Gambling Harm*

Table 32 displays 12 attitudinal items used to gather descriptive information and develop a brief index of gambling harm. These items were winnowed down to form an 8-item measure with good internal consistency (Cronbach's  $\alpha = .80$ ), the Perceptions of Gambling Harm Scale (see Appendix III). After 2 items were reverse scored, higher total scores on this scale were made to represent attitudes less favorable toward gambling. As might be expected, those who do not gamble at all had the highest mean total scores, and were significantly differentiated from the mean scores of social gamblers, and at-risk gamblers. The lowest mean scores (least perceived harm) belonged to the at-risk group, suggesting that those who gamble regularly but with minimal problems are least likely to see potential harms. In contrast, problem or pathological gamblers had higher average perceived harm scores, although not as high as the non-gamblers. Examination of demographic breakdowns of the overall sample revealed that women, those over 55, and ethnic minorities perceive significantly more potential harm than do males, younger, or Caucasian respondents, respectively. Regional differences were not found using this scale.

### *Boredom as a Risk Factor*

Although boredom as a self-reported motivation to gamble was significantly associated with gambling problems in this study (see Table 26), the results using the External Stimulation subscale of the Boredom Proneness Scale do not suggest a significant link between boredom proneness and gambling frequency or problem severity. No significant differences were found between non-gamblers and those who gamble socially, at-risk gamblers, and those who meet criteria for lifetime problem or pathological gamblers on this scale. The mean overall total score of the 6 items for the entire sample was 16.98; men had significantly higher scores than women. In summary, these data did not support our hypothesis which was derived from prior work finding that problem gamblers had higher levels of disinhibition and boredom susceptibility than non-problematic groups (Gupta, Derevensky, & Ellenbogen, 2006).



## SUMMARY AND RECOMMENDATIONS

The central focus of this epidemiological investigation of gambling in Florida was to determine the rates of at-risk, problem and pathological gambling among adults aged 18 and older, and the demographic variables associated with these maladaptive behaviors. The analytic sample of 2500 Floridians used for these estimates was very closely matched to the overall population of Florida. This analytic sample incorporated data from cell phone and landline subsamples, and the accuracy of the estimates was further improved by weighting, a statistical process used to make representative comparisons of the true population characteristics. Results indicated that the majority of Floridians have participated in some form of gambling in the past year, and the demographic characteristics of those who have gambled are descriptively similar to the state as a whole. Floridians participate in a wide range of specific types of gambling. In general, the lottery was the most common form of gambling. It was also the most frequent, with approximately 15% of the population playing the lottery within the last week.

Consistent with most other statewide investigations and the 1999 national prevalence study, we found pathological gambling to have a low prevalence in the population. However, when considering problem gambling jointly with pathological gambling, the combined prevalence rate of 2.1% (lifetime) translates into approximately 310,000 individuals who have indicated significant symptoms and distress due to gambling at some point in their lives. A majority of those, 180,000, are *currently* problem or pathological gamblers and an additional 4.7% of the overall adult population (700,000 Floridians) are at-risk gamblers. The prevalence of clinically significant gambling problems was higher for males than females, was higher among younger than older Floridians, was higher among both low and high income households relative to the middle class, was higher among those who rent their home than those who own, and was higher in the south and south central regions of Florida than in the northeast or northwest Florida. Therefore, residents from the larger urban areas of Florida with the easiest access to preferred gambling venues (e.g., casinos, racinos) are most at risk. Prevalence findings from the current study do not differ significantly from results of the first Florida prevalence survey conducted in 2001, nor do they differ from the national survey conducted in 1999. While rates of problem or pathological gambling have not increased in a statistically detectable way over the past decade, there has been substantial growth in the actual numbers of Floridians who have clinically significant gambling problems due to the overall population growth. The large number of Floridians with gambling problems, along with the well-documented financial, social, and behavioral problems associated with pathological gambling, suggests that gambling is of significant clinical concern.

From a public health perspective, increased access to gambling opportunities on the internet and at the casino/racino venues, coupled with population growth, may translate into more clinical need. Current outpatient and inpatient treatment capacity would likely be strained in meeting treatment needs even if only a small percentage of those experiencing current problems with gambling sought treatment. Indeed, recent data from the gambling HelpLine (2011) document increased calls for information and help from both gamblers and family members. Tracking callers' service utilization patterns may be helpful in determining future need for formal treatment programs. The decision by the FCCG to launch training initiatives for medical and mental health professionals to better assess and manage possible increases in those who seek gambling specialty services reflects an attitude of preparedness. Ultimately, integrating gambling screening questions into routine clinical and institutional (e.g., criminal justice; governmental) assessments may help identify and intervene with those needing assistance or harm mitigation. This is particularly true given higher arrestee rates, as well as higher rates of alcohol and marijuana use among the problem gambling population.

Similarly, as the Seminole Tribe has provided funding to the FCCG to furnish intensive treatment supports by certified professionals to individuals adversely affected by gambling, advertising the availability of free counseling services for persons unable to afford this assistance, coupled with the importance of screening by mental health and medical professionals, could provide much needed relief.

High risk or problem gamblers were different from the broader population in several ways. Problem and pathological gamblers were more likely to participate in many types of gambling, and they were more likely to choose a casino, racino, or other dedicated gambling establishment as their preferred location relative to low-risk gamblers. Respondents' level of gambling problem was also associated with symptoms of depression, such as sadness and loss of interest. They were also more likely to have sought mental health treatment, but almost no one in the sample sought treatment specifically for gambling. Overall, the sample had a very high level of awareness of the service available via the FCCG's 24-Hour Problem Gambling HelpLine, 1-888-ADMIT-IT (primarily due to the billboard campaign), but very few reported calling the number themselves. Current occupational status was not associated with gambling problems, although reported income was. Those who reported gambling problems were more likely to be on the extremes of the income distribution, than those without problems.

Problem and pathological gamblers used somewhat different methods to pay for gambling than other gamblers. In general, credit cards, taking or borrowing from friends and family, and pawning were all much more likely behaviors among problem and pathological gamblers. They also reported different motivations to gamble than did non-problem gamblers. Specifically, they reported gambling to distract themselves from everyday worries; to feel good, high or for the rush; to escape boredom; and for excitement. Those with gambling problems also tended to have a family history of gambling, and were prone to engage in a wide range of risky behaviors. In particular, both gambling frequency and gambling problems were associated with greater tobacco use, alcohol use, drug use, high-speed driving, and being arrested. These results are consistent with research that has shown that frequent gambling behavior often co-occurs with various forms of risk-taking behaviors, such as alcohol and drug use (Martins et al., 2004; Powell et al., 1999), which may complicate the identification and treatment of problem gambling.

Because internet gambling has gained momentum culturally and was understudied in prior epidemiological research on gambling (e.g., Gerstein et al., 1999; Shapira et al., 2002), we examined the characteristics of gamblers who used the internet as one gambling venue. The current study only included approximately 100 individuals who had ever gambled on the internet – and most of those also gambled in several non-internet venues – and thus the descriptive findings should be seen as preliminary. However, a greater percentage of our sample reported ever using the internet to gamble (4.8%) than was found in the 2001 statewide survey (1.1%). Past year rates of internet gambling were also higher (3.3% vs. 0.5%). Just under one third of the identified problem and pathological gamblers reported using the internet to gamble, but as mentioned previously the respondents with gambling problems typically engaged in many forms of wagering and were overrepresented within any given type of gambling. Males are much more likely to engage in internet gambling, as well as individuals under the age of 55. Most importantly, 41% of those who have used the internet to gamble were classified as either at-risk or problem/pathological gamblers, whereas about 12% of non-internet gamblers fell into these categories.

In regard to so called “internet cafes”, a new phenomenon nationwide that cloaks gambling as sweepstakes, we found only two individuals who reported this as their favorite gambling venue. This is a fairly new venue, which may explain this result at least in part, but further research is necessary.

The survey also included a range of public opinion items assessing attitudes toward gambling, gambling regulation, and gambling treatment. Across the whole sample, participants were most likely to agree with statements that: (a) affirmed the possible problems caused by gambling, (b) stated support for state funded gambling treatment, and (c) stated that gambling was common in Florida. Many (35.7%) in the sample agreed or strongly agreed that gambling is a problem in the state. Over 60% think funding should be available from the state for programs to assist gamblers with problems.

An eight-item subset of these opinion items formed an internally consistent scale assessing respondents' Perceived Harm from Gambling. This scale was associated with gambling behavior and problems, with both non-gamblers and problem gamblers scoring higher than respondents who gamble with few problems. Those who do not gamble may perceive individual and collective risk and negativity associated with gambling, and those who admitted to having problems have actually experienced some of these problems. Social and at-risk gamblers perceive less harm from gambling, which has implications for intervention. This public health approach seeks to minimize society-wide problems by targeting those at-risk with information conveying the potential for the occurrence of gambling-related negative consequences. This scale, then, may be used as a brief measure of public opinion toward gambling, and a way to differentiate those who perceive more harm associated with gambling from those who view it as more helpful or benign. It can be best utilized to gauge community or state-wide sentiment about gambling and gambling-related problems with repeated administrations over time. It could also be used clinically to generate discussion of gambling attitudes among clients, and to illuminate discrepancies between client attitudes and their own gambling behaviors.

### *Recommendations*

The public health model is a framework from which an integrated, holistic and community based (including government, schools, workplaces, and other arenas) response can be provided on issues that affect the health and well-being of a population or society at large. In addition to exploring the biological and behavioral elements of problem gambling, the public health model allows for the examination and address of social and economic factors associated with problematic gambling behavior. The key difference between the treatment (medical model) and the public health model is the focus upon prevention and early intervention, which are viewed as part of a continuum.

The public health model further acknowledges the deficits and benefits to gambling for a society and enables governments to develop educated strategies through existing institutions and infrastructures to minimize negative impacts (Korn 2002). It also allows policymakers to comprehensively address gambling-related issues rather than solely examining them at the individual level, endeavors to prevent problems from occurring, and fosters sustainability for prolonged early intervention, which can be less subject to political biases.

In keeping with the public health model and based on the current population estimates of at-risk, problem, and pathological gambling, a review of the broader literature on the treatment of gambling and addiction, and review of FCCG resources and materials, we offer several *recommendations*:

- State government can embrace the utilization of a public health model for problem gambling and evaluate the establishment of an independent entity to address the policy impacts of gambling and gambling addiction on an ongoing basis. In addition, the state may wish to consider the creation of a dedicated fund versus a year-to-year set aside. Beyond reinstating monies earmarked by pari-mutuel facilities, government may opt for all gambling operations to contribute to the fund for problem gambling programming to assure that prevention, intervention and counseling services can be provided to citizens in need, as well as to foster ongoing research. Requiring the use of a standardized responsible gambling program by gambling operators may also be worthy of government examination.
- Further, in instances when government is funding the development of population specific programming, it may choose to require the usage of these materials by appropriate state entities and assure adequate oversight by these entities.

- Moreover, as problem gambling rates appear highest in South Florida, which is also the geographical area where the majority of gambling venues are located within the state and the largest number of calls to the FCCG HelpLine originate, government entities should consider careful evaluation of the potential negative impacts of gambling expansion in this region along with the potential for economic gain.
- The FCCG should continue its efforts to provide information about gambling and its potential negative impacts to Floridians, and referrals to qualified professionals as well as mutual help organizations (e.g., Gamblers Anonymous) through its HelpLine services. It may be necessary to find additional funding to meet a possible increase in call volume and growth in the absolute numbers of gamblers and their families needing assistance. An expansion of a campaign already begun to educate health care providers of all types about proper gambling assessment and referral procedures may improve utilization of treatment for these problems. Providing in-depth training to more licensed mental health treatment providers, and arranging to offer discipline-specific continuing education credits across the state to attract attendees, may improve the breadth and quality of treatment available in Florida. One way this can be accomplished is through the continued and consistent dissemination of free or low-cost online presentations and webinars.

It may be helpful to broaden the public education campaigns about not only problem and pathological gambling, but the much larger *at-risk* population. From a public health perspective, gambling behaviors can be conceptualized on a continuum from non-gambling to healthy gambling to problem gambling. This approach suggests the development of a broader array of choices and responses to gambling behaviors based on an awareness of potential negative consequences of gambling behaviors. Endorsing even one criterion for problem gambling may be clinically significant, and could negatively impact family members, friends or employers. It may be easier to intervene in a preventive manner with those who are at-risk compared to treating only those with severe symptoms. For example, the literature on non-judgmental and informational feedback for alcohol problems suggests multiple ways of brief, successful interventions.

- The FCCG might improve the outreach of their educational/marketing campaign by expanding efforts using new media methods. This study found that billboards have reached a large portion of the Florida population, but are costly, particularly in light of state budgetary cuts which will curtail such efforts. It may be useful to look beyond the forms of outreach utilized by the FCCG, which includes social media and internet based educational and referral systems, to determine how best to target demographic groups most at risk, e.g., young men in South Florida. It may be helpful to include more self-help information about compulsive gambling on FCCG-managed websites, in order to provide visitors access to important tools to help themselves, their loved ones, or client. It may further prove helpful if community, statewide and government based organizations utilized FCCG programs, which are available at no cost and already established, geared toward target specific populations (e.g., at-risk males, college students, criminal justice offenders, and senior citizens), and state sponsored.
- FCCG services and trainings should continue to be targeted to those regions in the state comprised of the largest percentage of at-risk and problem gamblers (e.g., south, south central and north central Florida). The FCCG should continue its efforts to encourage communication among gambling researchers, clinicians, and policy makers in Florida in order to bridge existing gaps between research and best practices in regard to responsible gambling and treatment services. One way to do this would be to advocate for the establishment of an independent and/or governmental body, affiliated with a recognized research organization that could launch systematic investigations into the nature of gambling and gambling problems in Florida, and test interventions over time in keeping with the public health approach to potentially harmful behaviors. This entity would be non-partisan and ideally receive consistent year-to-year funding from the legislature to maintain its credibility and research mission. In

essence, there is a need for government, academia and other entities to address gambling and gambling addiction as a public health issue.

### *Future Research Considerations*

While the current study was highly successful in accomplishing its goals, subsequent research may benefit from several modifications.

- The rate of mobile phone only individuals is growing rapidly and it is likely that any future study will require a substantially larger cell phone subsample. A careful analysis should be undertaken to determine the proper ratio of mobile to landline respondents to maximize survey precision within the available budget. The current ratio (20% mobile subsample) was likely smaller than optimal, given the variance inflation due to the weights needed to bring this up to a more representative proportion.
- The survey was considerably longer than necessary to achieve the aims of the project. This can jeopardize the quality of the data, particularly many of the key questions that were placed toward the end of the survey (e.g., income). In particular, (a) asking both the SOGS and the NODS is highly redundant and may be irritating to participants; and (b) many questions had extremely low endorsement rates and could not be reliably analyzed in a general population sample 2500. If FCCG wants to address specific issues among problem gamblers, we recommend studying gambling patrons. Such a study could efficiently enroll a large number of at-risk, problem and pathological gamblers, allowing for a more detailed analysis of the behavior of those subgroups.
- The researchers should take steps to improve the survey response rate to insure that a broader range of Floridians participate in the study. This may include offering financial incentives, making more contact attempts for sampled phone numbers, and lengthening the survey field period. These steps have cost implications; however, such a study would produce more authoritative and useful estimates of gambling in Florida.
- Research should target “internet cafes” rather than a general population study, if the FCCG wishes to understand their role in Florida’s gambling landscape. The 2010 HelpLine report indicated that this was the primary gambling location for 3% of callers, the same percentage also reported for bookies. Therefore, pending current legal movements to remove them from communities, further study of those who engage in this form of gambling, and the mechanisms by which these games encourage repetitive play, may improve policy decisions.
- Future research should include a brief social desirability scale to supplement any survey instrument or clinical assessment. The social desirability phenomenon is the tendency for individuals to overstate the extent to which they engage in culturally approved behaviors. This is a problem associated with many self-report measures despite researchers’ reassurances of anonymity to respondents. This may be especially problematic for phone surveys that include questions on illegal or potentially stigmatizing behaviors such as gambling. The future inclusion of a brief social desirability scale may prove helpful in identifying respondents whose answers misstate their behavior in an effort to be seen in a more favorable light.

## REFERENCES

- Ahmed, S. M. S. (1990). Psychometric properties of the Boredom Proneness Scale. *Perceptual and Motor Skills*, 71, 963-966.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.
- American Gaming Association (2008). State of the states: The AGA survey of casino entertainment 2008. Retrieved from [http://www.americangaming.org/assets/files/aga\\_2008\\_sos.pdf](http://www.americangaming.org/assets/files/aga_2008_sos.pdf)
- Andrle, J.D. (2004). A winning hand: A proposal for an international regulatory schema with respect to the growing online gambling dilemma in the United States. *Vanderbilt Journal of Transnational Law*, 37, 1389-1393.
- Blake, E.S., Rappaport, E.N., & Landsea, C.W. (2007). The deadliest, costliest, and most intense United States tropical cyclones from 1851 to 2006 (and other frequently requested hurricane facts). *Technical Memorandum, NWS TPC-5*, Washington D.C.: The National Oceanic and Atmospheric Administration.
- Blanco, C., Hasin, D.S., Petry, N.M., Stinson, F.S., & Grant, B.F.(2006). Sex differences in subclinical and DSM-IV pathological gambling: Results from the National Epidemiological Survey on Alcohol and Related Conditions. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences*, 36(7), 943-953.
- Blaszczynski, A., McConaghy, N., & Frankova, A. (1990). Boredom proneness in pathological gambling. *Psychological Reports*, 67, 35-42.
- Blumberg, S. J., & Luke, J. V. (2007). Coverage bias in traditional telephone surveys of low-income and young adults. *Public Opinion Quarterly*, 71(5), 734-749.
- Christian, L., Keeter, S., Purcell, K., & Smith, A. (2010). *Assessing the cell phone challenge to research in 2010*. Retrieved July 13, 2011, from <http://pewresearch.org/assets/pdf/1601-cell-phone.pdf>
- Deloitte, N. (2005). Online gaming—in the spotlight. *Executive Report*, 6, 18.
- Diagnostic and Statistical Manual of Mental Disorders Work Group. (2011). *DSM-V Proposed Revisions: Gambling Disorder*. Retrieved May 24, 2011. <http://www.dsm5.org/proposedrevision/Pages/proposedrevision.aspx?rid=210#>
- Doyle, C. (2004, November 29). Internet Gambling: A Sketch of Legislative Proposals in the 108<sup>th</sup> Congress. Washington DC: Congressional Research Service & The Library of Congress.
- Eadington, W.R.(2004). The future of online gambling in the United States and elsewhere. *Journal of Public Policy and Marketing*, 23(2), 214-219.
- Emerson, M. O., & J. C. Laundergan.(1996). Gambling and problem gambling among adult Minnesotans: Changes 1990 to 1994. *Journal of Gambling Studies*, 12(3), 291-304.
- Emshoff, J., Anthony, E., Lippy, C., Valentine, L., Mooss, A., Perkins, A., et al. (2007). *Gambling survey for the Georgia Department of Human Resources*. Retrieved June 4, 2011 from the Georgia State University Web site: [http://www2.gsu.edu/~psyjge/Rsrc/PG%20among%20GA%20Residents\\_2007.pdf](http://www2.gsu.edu/~psyjge/Rsrc/PG%20among%20GA%20Residents_2007.pdf)
- Esters, I., Biggar, R., Lacour, J., & Reyes, M. (2008, August). *2008 Louisiana study on problem gambling*. Baton Rouge, LA: Department of Health & Hospitals, Office of Behavioral Health.

- Facebook (2010, December 22). *Facebook's privacy policy*. Retrieved May 15, 2011 from <http://www.facebook.com/policy.php>.
- Farmer, R., & Sundberg, N. D. (1986). Boredom proneness-The development and correlates of a new scale. *Journal of Personality Assessment*, 50, 4-17.
- Friedrich, T.J.(2003). Internet casino gambling: The nightmare of lawmaking, jurisdiction, enforcement, & the dangers of prohibition. *CommLaw Conspectus*, 11,369.
- Florida Council on Compulsive Gambling (2008). *FCCG 24-hour HelpLine*. Retrieved June 30, 2011 from <http://gamblinghelp.org>.
- Florida Council on Compulsive Gambling (2010, July). *24-Hour problem gambling HelpLine annual report*. Altamonte Springs, FL: Author.
- Florida Lottery (2011). *Dollars to education*. Retrieved May 15, 2011 from <http://www.flalottery.com/inet/educationDollarToEducation.do>.
- Gamblers Anonymous (2011, July). Meetings. Retrieved July 25, 2011 from <http://www.gamblersanonymous.org/ga/locations/state/Florida/na/na/na/#gmap-nodemap-gmap0>
- Gerstein, D.R., Volberg, R.A., Toce, M.T., Harwood, H., Johnson, R.A., Buie, T., et al. (1999). *Gambling impact and behavior study: Report to the National Gambling Impact Study Commission*. Chicago, IL: National Opinion Research Center.
- Gillette, F. (2011, April 22). *Strip-mall casinos multiply across nation*. Retrieved April 30, 2011 from [http://www.msnbc.msn.com/id/42721939/ns/business-small\\_business/from/toolbar](http://www.msnbc.msn.com/id/42721939/ns/business-small_business/from/toolbar).
- Gordon, A., Wilkinson, R., McGown, A., & Jovanoska, S. (1997). The psychometric properties of the Boredom Proneness Scale: an examination of its validity. *Psychological Studies*, 42, 85-97.
- Grant, J.E., Potenza, M.N., Weinstein, A., & Gorelick, D.A. (2010). Introduction to behavioral addictions. *The American Journal of Drug and Alcohol Abuse*, 36(5), 233-241.
- Groen, J.A., & Polivka, A.E. (2008). The effect of Hurricane Katrina on the labor market outcomes of evacuees. *American Economic Review: Papers and Proceedings*, 98(2), 43-48.
- Gupta, R., Derevensky, J.L., & Ellenbogen, S. (2006). Personality characteristics and risk-taking tendencies among adolescent gamblers. *Canadian Journal of Behavioural Science*, 38(3), 201-213.
- Hartmann, D. J. (2007). *A survey of gambling behaviors in Michigan*. Kalamazoo, MI: Kercher Center for Social Research at the Western Michigan University for the Michigan Department of Community Health.
- Health Services Policy Research Group, School of Urban Affairs and Public Policy (2002, October). *The costs and consequences of gambling in the State of Delaware*. Retrieved May 20, 2011 from The University of Delaware Web site: <http://www.udel.edu/healthserpolresgrp/gamrpt02.pdf>.
- Hodgins, D.C., Currie, S.R., & el-Guebaly, N. (2001). Motivational enhancement and self-help treatments for problem gambling. *Journal of Consulting and Clinical Psychology*, 69(1), 50-57.
- Hodgins, D.C. & el-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers. *Addiction*, 95, 777-789.

- Hodgins, D.C., Wynne, H., & Makarchuk, K. (1999). Pathways to recovery from gambling problems: Follow-up from a general population survey. *Journal of Gambling Studies*, 15, 93-104.
- Humphrey, C. (2006, October 13). Internet gambling funding ban. *Gambling Law US*. Retrieved May 15, 2011 from <http://www.gambling-law-us.com/Federal-Laws/internet-gambling-ban.htm>.
- Jimenez-Murcia, S., Stinchfield, R., Alvarez-Moya, E., Jaurieta, N., Bueno, B., Granero, R., et al. (2009). Reliability, validity, and classification accuracy of a Spanish translation of a measure of DSM-IV diagnostic criteria for pathological gambling. *Journal of Gambling Studies*, 25, 93-104.
- Johansson, A., Grant, J.E., Kim, S.W., Odlaug, B.L., & Götestam, K.G. (2009). Risk factors for problematic gambling: A critical literature review. *Journal of Gambling Studies*, 25(1), 67-92.
- Kalischuk, R.G. (2010). Cocreating life pathways: Problem gambling and its impact on families. *The Family Journal*, 18(1), 7-17.
- Kentucky Council on Problem Gambling. (2009). Gambling in Kentucky: A research report on the prevalence of gambling among Kentucky residents. Frankford, KY: Author.
- Kessler, R.C., Hwang, I., Labrie, R., Petukhova, M., Sampson, N.A., Winters, K.C., & Shaffer, H.J. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38(9), 1351-1360.
- Korn, D., Gibbins, R., & Azmier, J. (2003). Framing public policy towards a public health paradigm for gambling. *Journal of Gambling Studies*, 19(2), 235-256.
- Korn, D.A. & Shaffer, H.J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15(4), 289-365.
- Ladd, G. T. & Petry, N. M. (2002). Disordered gambling among university-based medical and dental patients a focus on Internet gambling. *Psychology of Addictive Behavior*, 16, 76-79.
- Lieberman, L., & Cuadrado, M. (2010). *Gambling, problem gambling, and criminality in an arrestee population*. Retrieved May 20, 2011 from the Florida Council on Compulsive Gambling Web Site: [http://gamblinghelp.org/media/.download\\_gallery/S10101208570.pdf](http://gamblinghelp.org/media/.download_gallery/S10101208570.pdf)
- Lesieur, H.R. (2005, May). *Problem gambling and crime: Impacts and solutions*. Presentation at the Florida Council on Compulsive Gambling's National Think Tank, Orlando, FL.
- Lesieur, H., & Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144, 1184-1188.
- Lesieur, H.R. & Blume, S.B. (1993). Revising the South Oaks Gambling Screen in different settings. *Journal of Gambling Studies*, 9(3), 213-223.
- Lesieur, H.R., & Rosenthal, R.J. (1991). Pathological gambling: A review of the literature. *Journal of Gambling Studies*, 7(1), 5-39.
- Mancuso, D., Gilson, M., & Felver, B. (2005). *The 2003 Washington State needs assessment household survey*. Olympia, WA: Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA).
- Martin, P.R., & Petry, N.M. (2005). Are non-substance related addictions really addictions? *American Journal on Addictions*, 14, 1-7.



- Martins, S.S., Tavares, H., da Silva Lobo, D.S., Galetti, A.M., & Gentil, V. (2004). Pathological gambling, gender, and risk-taking behaviors. *Addictive Behaviors*, 29, 1231-1235.
- Mercer, K.B. & Eastwood, J.D. (2010). Is boredom associated with problem gambling behavior? It depends on what you mean by 'boredom'. *International Gambling Studies*, 10(1), 91-104.
- Messerlian, C., Derevensky, J., & Gupta, R. (2005). Youth gambling problems: A public health perspective. *Health Promotion International*, 20(1), 69-79.
- Moore, T. (2006). *The prevalence of disordered gambling among adults in Oregon (A replication study)*. Portland, OR: Oregon Gambling Addiction Treatment Foundation.
- Morrell, S.O. (2009, August). The current recession in Florida: Comparative information and data on the worst economic downturn since the 1930s. *Florida Tax Watch: Economic Commentary*, 32, Retrieved June 4, 2011, from <http://www.floridatxwatch.org/resources/pdf/eco32.pdf>
- Nower, L., Derevensky, J.L., & Gupta, R. (2004). The relationship of impulsivity, sensation seeking, coping, and substance use in youth gamblers. *Psychology of Addictive Behaviors*, 18(1), 49-55.
- Oster, S.L., & Knapp, T. J. (2001). Underage and pathological gambling by college students: Emerging problem on campus? *Psychology and Education*, 38, 15-19.
- Parke, J., & Griffiths, M. (2004). Why internet gambling prohibition will ultimately fail. *Gaming Law Review*, 8(5), 295.
- Petry, N.M. (2005). *Pathological Gambling Etiology, Comorbidity, and Treatment*. Washington D.C.: American Psychological Association.
- Petry, N. M. (2006). Internet gambling: An emerging concern in family practice. *Family Practice*, 23, 421-426.
- Petry, N.M. (2010). Pathological gambling and the DSM-V. *International Gambling Studies*, 10(2), 113-115.
- Petry, N.M., Ammerman, Y., Bohl, J., Doersch, A., Gay, Heather, Kadden, R., Molina, C., & Steinberg, K. (2006). Cognitive-behavioral therapy for pathological gamblers. *Journal of Consulting and Clinical Psychology*, 74(3), 555-567.
- Petry, N.M., Stinson, F.S., & Grant, B.F. (2005). Comorbidity of DSM-IV Pathological Gambling and Other Psychiatric Disorders: Results from the National Epidemiological Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 66(5), 564-574.
- Petry, N. M., & Weinstock, J. (2007). Internet gambling is common in college students and associated with poor mental health. *The American Journal on Addictions*, 16, 325-330.
- Petry, N.M., Weinstock, J., Ledgerwood, D.M., & Morasco, B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology*, 76(2), 318-328.
- Potenza, M.N., Kosten, TR, & Rounsaville, B.J. (2001). Pathological gambling. *Journal of the American Medical Association*, 386(2), 141-144.
- Potenza, M. N., Steinberg, M. A., McLaughlin, S. D., Wu, R., Rounsaville, B. J., & O'Malley, S. S. (2001). Gender-related differences in the characteristics of problem gamblers using a gambling HelpLine. *American Journal of Psychiatry*, 15, 1500-1505.

- Potenza, M.N., & Winters, K.C. (2003). The neurobiology of pathological gambling: Translating research findings into clinical advances. *Journal of Gambling Studies*, 19(1), 7-10.
- Powell, J., Hardoon, K., Derevensky, J.L., & Gupta, R. (1999). Gambling and risk-taking behavior among university students. *Substance Use & Misuse*, 34, 1167-1184.
- Productivity Commission (1999). *Australia's Gambling Industries* (Report No. 10). Canberra, Australia
- Rainone, G., Marel, R., Gallati, R. J., & Gargon, N. (2007). *Gambling behaviors and problem gambling among adults in New York State: Initial findings from the 2006 OASAS Household Survey*. Albany, NY: Office of Alcoholism and Substance Abuse Services.
- Rodak, A., & Wolf, J. (2005). *Gaming and Betting by Adults, Age 21-59, in Indiana – 2005*. Indianapolis, IN: Indiana University & Purdue University Survey Research Center.
- Shaffer, H.J., Freed, C.R., & Healea, D. (2002). Gambling disorders among homeless persons with substance use disorders seeking treatment at a community center. *Psychiatric Services*, 53(9), 1112-1117.
- Shaffer, H. J., Hall, M. N., & Vanderbilt, J. (1999). Estimating the prevalence of disordered gambling in the United States and Canada: A research synthesis. *American Journal of Public Health*, 89, 1369-1376.
- Shapira, N. A., Ferguson, M. A., Frost-Pineda, K., & Gold, M. S. (2002). Gambling and problem gambling prevalence among adults in Florida. Retrieved May 15, 2011, from The Florida Council on Compulsive Gambling Web site: [http://gamblinghelp.org/media/download\\_gallery/Gambling%20and%20Problem%20Gambling%20Prevalence%20Among%20Adults%20in%20Florida.pdf](http://gamblinghelp.org/media/download_gallery/Gambling%20and%20Problem%20Gambling%20Prevalence%20Among%20Adults%20in%20Florida.pdf)
- Simmons, C. W. (2006, May). *Gambling in the Golden State: 1998 forward*. Sacramento, CA: California Research Bureau.
- Slutske, W.S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry*, 163(2), 297-302.
- Slutske, W.S., Eisen, S., True, W.R., Lyons, M.J., Goldberg, J., & Tsuang, M. (2000). Common genetic vulnerability for pathological gambling and alcohol dependence in men. *Archives of General Psychiatry*, 57(7), 666-673.
- Sobell, L.C., Cunningham, J.A., & Sobell, M.B. (1996). Recovery from alcohol problems with and without treatment: Prevalence in two population surveys. *American Journal of Public Health*, 86(7), 966-972.
- Spectrum Research Group. (2009). *Gambling in Connecticut: Analyzing the economic and social impacts*. Linwood, NJ: Author.
- Sproston, K., R. Erens & J. Orford (2000). *Gambling Behaviour in Britain: Results from the British Gambling Prevalence Survey*. London: National Centre for Social Research.
- Stinchfield, R. (2002). Reliability, validity, and classification accuracy of the South Oaks Gambling Screen (SOGS). *Addictive Behaviors*, 27(1), 1-19.
- Stinchfield, R. (2003). Reliability, validity, and classification accuracy of a measure of DSM-IV diagnostic criteria for pathological gambling. *American Journal of Psychiatry*, 160, 180-182.
- Stinchfield, R., Govoni, R., & Frisch, G.R. (2005). DSM-IV diagnostic criteria for pathological gambling: Reliability, validity, and classification accuracy. *The American Journal of Addictions*, 14(1), 73-82.

- Strong, D.R., & Kahler, C.W. (2007). Evaluation of the continuum of gambling problems using the DSM-IV. *Addiction*, 102, 713-721.
- United States Congress. (2006, October). Safe port act: H.R.4954.ENR. Retrieved May 24, 2011, from The Library of Congress Web site: <http://thomas.loc.gov/cgi-bin/query/F?c109:6:./temp/~c109sYfU4u:e7659>
- University of South Florida, Center for Research, Evaluation, Assessment and Measurement (2008, July). *Gambling and problem gambling prevalence among college students in Florida*. Retrieved May 20, 2011, from the Florida Council on Compulsive Gambling Web site: [http://gamblinghelp.org/media/.download\\_gallery/CollegeStudy08\\_Web.pdf](http://gamblinghelp.org/media/.download_gallery/CollegeStudy08_Web.pdf)
- U.S. Census Bureau.(2010, June 3). *State and County Quick Facts: Florida*. Retrieved March 30, 2011 from <http://quickfacts.census.gov/qfd/states/12000.html>.
- U.S. Department of Labor, Bureau of Labor Statistics.(2011, July 8). *The employment situation – June 2011*. Retrieved July 10, 2011 from <http://www.bls.gov/news.release/pdf/empst.pdf>.
- Vodanovich, S. J. (2003). Psychometric measures of boredom: a review of the literature. *Journal of Psychology*, 137, 549-595.
- Vodanovich, S. J. & Kass, S. J. (1990). A factor analytic study of the Boredom Proneness Scale. *Journal of Personality Assessment*, 55, 115-123.
- Vodanovich, S. J., Wallace, J. C., & Kass, S. J. (2005). A confirmatory approach to the Boredom Proneness Scale: Evidence for a two-factor form. *Journal of Personality Assessment*, 85, 295-303
- Volberg, R. A. (2002). *Gambling and problem gambling in Nevada*. Carson City, NV: Nevada Department of Human Resources.
- Volberg, R. A. (2003). *Gambling and problem gambling in Arizona*. Phoenix, AZ: Arizona Lottery.
- Volberg, R. A., & Bernhard, B. (2006). *The 2006 study of gambling and problem gambling in New Mexico (Report to the Responsible Gaming Association of New Mexico)*. Northampton, MA: Gemini Research.
- Volberg, R. A., Nysse-Carris, K. L., & Gerstein, D. R. (2006, August). *2006 California Problem Gambling Prevalence Survey*. Retrieved June 1, 2011 from [http://www.adp.ca.gov/opg/pdf/CA\\_Problem\\_Gambling\\_Prevalence\\_Survey-Final\\_report.pdf](http://www.adp.ca.gov/opg/pdf/CA_Problem_Gambling_Prevalence_Survey-Final_report.pdf)
- Watson, S., Liddell, P., Moore, R.S., Eshee, W.D. (2004). The legalization of internet gambling: A consumer protection perspective. *Journal of Public Policy & Marketing*, 23(2), 209-213.
- Welt, J., Barnes, G., Wieczorek, W., Tidwell, M.C., & Parker, J. (2001). Alcohol and gambling pathology among U.S. adults. Prevalence, demographic patterns and comorbidity. *Journal of Studies on Alcohol*, 62, 706-712.
- Wood, R. T. & Williams, R. J. (2009, January 5). *Internet gambling: Prevalence, patterns, problems, and policy options*. Ontario, CANADA: Ontario Problem Gambling Research Centre.
- Wood, R. T. A., Griffiths, M. D., & Parke, J. (2007). Acquisition, development, and maintenance of online poker playing in a student sample. *Cyberpsychology & Behavior*, 10, 354-361.

- Zangeneh, M., Grunfeld, A., Koenig, S.(2008). Individual factors in the development and maintenance of problem gambling. In M. Zangeneh, A. Blaszczyński, & N. Turner (Eds.), *The pursuit of winning: Problem gambling theory, research, and treatment* (pp.83-94). New York, NY: Springer Science & Business Media.
- Zarnek, R.R., & Lichtenberg, P.A. (2008). Urban elders and casino gambling: Are they at risk of a gambling problem?. *Journal of Aging Studies*, 22(1), 13-23.

## **APPENDICES**

Appendix I. Recent Florida Gambling-Related Legislation

Appendix II. Survey instrument

Appendix III. Perceptions of Gambling Harm Scale

## Appendix I. Gambling Legislation 2001-2011

### 2009-2011

Chapter 551, Section 551.118 requires that slot machine licensees offer training to employees on responsible gaming and stipulates that they shall work with a compulsive or addictive gambling prevention program to recognize problem gambling situations and to implement responsible gaming programs and practices. Additionally, it requires the Florida Department of Business and Professional Regulation (DBPR) to contract for provisions of services related to the prevention of compulsive gambling and stipulates that such contract shall provide for an advertising program to encourage responsible gaming practices and to publicize a gambling telephone help line. Such advertisements must be made both publicly and inside the designated slot machine gaming areas of the licensee's facilities. It further states that the compulsive gambling prevention program shall be funded from an annual nonrefundable regulatory fee of \$250,000 paid by the licensee to the division. (Note: DBPR issued a competitive RFP in which the FCCG was awarded the contract.) Further, section 551.114 of Chapter 551 mandates that DBPR "shall require the posting of signs warning of the risks and dangers of gambling, showing the odds of winning, and informing patrons of the toll-free number available to provide information and referral services regarding compulsive or problem gambling."

### 2009

06/15/2009 Approved by Governor; Chapter No. 2009-170; See also SB 2600 (Ch. 2009-81)

Provided that the compact executed by the Governor and the Seminole Tribe of Florida (Tribe) in November 2007 was not approved or ratified. It granted the Governor the authority to execute an Indian gaming compact on behalf of the state for the purpose of authorizing Class III gaming on the Tribe's lands. The Division of Pari-mutuel Wagering was designated as the agency responsible for oversight of the state's responsibilities under the compact. It required a compact negotiated under the act to permit the Tribe to conduct banked card games if the licensed pari-mutuel facilities in Miami-Dade and Broward Counties become authorized to offer the play of blackjack. It also required that the compact provide for revenue sharing through periodic payments to the state, with some exceptions in case of limited funds. The revenue shared was required to be deposited in the Educational Enhancement Trust Fund.

This law was in response to the Indian Gaming Regulatory Act of 1988. It defined governance of gambling on Indian lands. Gambling was divided into three classes:

**Class I Gambling-** social gambling for minimal value or traditional forms engaged in for tribal ceremonies or celebrations.

**Class II Gambling-** includes bingo and pull-tabs, lotto, punch boards, tip jars, instant bingo, and other games similar to bingo. A tribe may conduct this type of gambling if the state in which the tribe is located permits such gaming for any purpose by any person, organization or entity and the governing body of the tribe adopts a gambling ordinance which is approved by the Chairman of the National Indian Gaming Commission.

**Class III Gambling-** includes all forms of gaming that are not Class I or Class II, such as house-banked card games, casino games such as craps and roulette, electronic or electromechanical copies of games of chance, and pari-mutuel wagering.

### 2007

06/27/2007 Approved by Governor; Chapter No. 2007-228

Amended s. 849.086, F.S., to define and include dominoes in the list of authorized games permitted to be played at a cardroom. Also, it clarified that instant bingo tickets may only be played where authorized bingo games are played.

06/13/2007 Became Law without Governor's Signature; Chapter No. 2007-130

Amended the cardroom hours of operation in section 849.086(7)(b), Florida Statutes, by allowing for operation of the cardroom between the hours of 10 a.m. and 2 a.m. only on days when the facility is authorized to accept wagers on pari-mutuel events, except or unless extended by local government. It changed the maximum bet from \$2 to \$10, authorized a cardroom operator to award giveaways, jackpots, and prizes to players. It authorized Texas Hold'em games without betting limits under certain circumstances. It provided for poker tournaments under certain conditions. It required approval by a majority vote of the local governing body where the proposed cardroom is seeking location.

05/24/2007 Approved by Governor; Chapter No. 2007-73

Amended s. 550.135, F.S., to require that revenues collected pursuant to ch. 551, F.S., be used to fund the operating costs of the Division of Pari-mutuel Wagering in the Department of Business and Professional Regulation and of the Department of Law Enforcement, with a proportionate share provided for the operation of the office of the secretary and the Division of Administration in the Department of Business and Professional Regulation, for regulation and enforcement activities related to slot machine gaming. The section specifies that, on June 30 of each year, all unappropriated funds collected in excess of \$1.5 million will revert to the General Revenue Fund.

## **2006**

10/13/2006 Unlawful Internet Gambling Enforcement Act (UIGEA)

Created to prevent financial institutions from providing transactions for internet gambling (see Internet legislation section), it added the following provisions to the money and finance provisions of Title 31 of the United States Code Subchapter IV- Prohibition on Funding of Unlawful Internet Gambling.

## **2003**

06/09/2003 Approved by Governor; Chapter No. 2003-391

Created a Class Size Reduction Lottery Revenue Bond Program and provided for the allocation and use of appropriated funds for class size reduction.

## Appendix II: Survey Instrument

### GAMBLING QUESTIONNAIRE: FLORIDA ADULTS—2011

♦ **FOR INTERVIEWERS, DO NOT READ ANY QUESTION OR ITEM WRITTEN IN RED, ITALICS, IN [ ], OR SHADED.**

1. Hello, my name is _____. I'm calling about a study being carried out by the University of West Florida on the gambling practices of Florida residents. The results may influence how government funds will be spent. This important <b>scientific</b> study is <u>not</u> related to any initiatives or groups that support or oppose gambling. Are you a Florida resident age 18 or over?	<p>DO NOT READ ALOUD ANYTHING IN THIS COLUMN. IT IS FOR RECORDING AND CODING PURPOSES ONLY.</p> <p><b>FOR THE LEFT COLUMN, PLEASE EMPHASIZE ALL WORDS IN BOLDFACE.</b></p> <p>1. YES GO TO NO. 2</p> <p>2. NO MAY I SPEAK TO SOMEONE WHO IS 18 OR OVER</p> <p>3. NO, NOT AT HOME, ARRANGE CALLBACK TO PERSON.</p>
2. I've been instructed to speak with the person in your household who is <b>age 18 or over</b> and who <b>has had the most recent birthday</b> . Would that be you? [IF NO ASK, May I speak to that person? <b>THEN GO BACK TO NO. 1.</b> ]	<p>1. YES TO "WOULD THAT BE YOU?" GO TO NO. 3.</p> <p>2. IF YES TO "MAY I SPEAK TO THAT PERSON?" GO BACK TO NO. 1 WHEN THAT PERSON IS ON THE PHONE.</p> <p>3. IF NO, ARRANGE CALLBACK TO PERSON.</p>
3. A <b>random</b> process selected your phone number. We will keep all your answers <b>strictly confidential</b> and only combine them with other survey respondents. You may refuse to answer any question that makes you uncomfortable. [IF RESPONDENT ASKS HOW LONG IT WILL TAKE, GO TO NO. 4., ELSE IMMEDIATELY BEGIN READING SECTION 1 AND THEN Q1]	<p>REMEMBER TO SMILE, IT WILL SHOW IN YOUR VOICE.</p> <p>IF ELIGIBLE RESPONDENT. SAYS HE OR SHE DOES NOT WANT TO PARTICIPATE, GO TO NO. 4.</p>
[READ ONLY TO THOSE WHO ARE RELUCTANT TO PARTICIPATE OR WHO ASK HOW LONG IT WILL TAKE. DO NOT VOLUNTEER APPROXIMATE SURVEY LENGTH UNLESS DIRECTLY ASKED]	IF RESPONDENT AGAIN REFUSES, ASK WHY AND WRITE DOWN REASON GIVEN. THANK HIM/HER AND HANG UP
4. Your participation is <b>very important</b> . It will take between 20 and 30 minutes.	

SECTION 1. GAMBLING INVOLVEMENT/PARTICIPATION	
QUESTIONS IN THIS SECTION TO BE ASKED OF ALL RESPONDENTS	
[READ THIS COLUMN ONLY, BUT DO NOT READ ALOUD MATERIAL IN CAPS, IN ARIAL NARROW 9 PT RED TYPEFACE, AND/OR IN ITALICS.]	<b><u>THIS COLUMN FOR COMPUTER PROGRAMS ONLY AND IT IS NOT EVER READ ALOUD. IT IS FOR CODING PURPOSES ONLY.</u></b>



<p>People bet or gamble on many different things. By gambling, I mean placing a bet on the outcome of a race or a game of skill or chance, buying a lottery ticket, betting on a sporting event or at a casino, playing the stock market or playing a game – including for charity – in which you might win or lose money.</p> <p>About how much money have you <b>ever spent</b> on any type of gambling in any <b>particular year</b>? On average, would you say that you have <b>ever spent more or less than 25 dollars</b> gambling in any particular year?</p> <p>Now, I'm going to ask you about specific gambling activities. Just say yes if you've <b>ever spent</b> any money on this activity within the timeframe asked.</p>	<p><i>IN THE EVENT THE RESPONDENT GIVES YOU A RESPONSE NOT PRINTED HERE, AND THE "OTHER" CATEGORY SAYS, "SPECIFY _____", WRITE IN THE VERBATIM RESPONSE. IF THE OTHER CATEGORY DOES NOT SAY "SPECIFY", THE ANSWER IS TO BE CODED AS "OTHER."</i></p> <p><i>WHERE THE LIST OF POTENTIAL ANSWERS IS LONG, THEY ARE ALPHABETIZED TO SPEED THE INTERVIEWING PROCESS.</i></p> <p><i>IF R SAYS 'WHAT IS THAT' WITH REGARD TO A TYPE OF GAMBLING, THEN SAY: "You probably don't do that if you haven't heard of it." THEN MOVE ON TO THE NEXT ITEM.</i></p> <p><b>1. NEVER IN ENTIRE LIFE SPENT A CENT ON GAMBLING, SAY, Does that include sports pools, races, bingo, raffles and the lottery? IF R. AGAIN SAYS NEVER SPENT ANY MONEY GAMBLING, ENTER 77 IN Q 1 THROUGH Q 211, SKIP TO Q 212 AND SAY "Thanks for letting me know you have never gambled. I want to ask you now about other things people do such as smoking and drinking." [THIS IS A TRANSITION TO TOBACCO, ALCOHOL AND DRUG-RELATED QUESTIONS]</b></p> <p><b>2. SPENT 25 DOLLARS OR LESS IN A PARTICULAR YEAR – COMPLETE QUESTIONS 1-105, THEN SKIP AS INDICATED: SKIP 106-107, 110-131, 135-166, 170-171, 174, 177-211, 239, 262, 264-266, 306-307, AND 314.</b></p> <p><i>[IF "YES" TO 133, ASK 134 THEN RETURN TO Q 110 AND COMPLETE SURVEY WITHOUT SKIPS].</i></p> <p><b>3. SPENT MORE THAN 25 DOLLARS IN ANY PARTICULAR YEAR- COMPLETE ENTIRE SURVEY.</b></p> <p><b>88. DON'T KNOW, COMPLETE ENTIRE SURVEY</b></p> <p><b>99. REFUSED</b></p>
<p>1. The first activity is raffles or charitable games. Have you <b>ever, in your lifetime</b>, bet or spent money on <b>raffles or charitable</b> games?</p>	<p><b>1. YES</b> <b>0. NO, SKIP TO Q 4, COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS</b> <b>77. NO, NEVER GAMBLLED</b> <b>88. DON'T KNOW</b> <b>99. REFUSED</b></p>
<p>2. Have you bet or spent money on <b>raffles or charitable games in the past year</b>?</p>	<p><b>1. YES</b> <b>0. NO SKIP TO Q 4, COMPUTER TO ENTER 55 IN NEXT Q.</b> <b>44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS</b> <b>77. NO, NEVER GAMBLLED</b> <b>88. DON'T KNOW</b> <b>99. REFUSED</b></p>
<p>3. Have you bet or spent money on <b>raffles or charitable games on a weekly basis</b>?</p>	<p><b>1. YES</b> <b>0. NO</b> <b>44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS</b> <b>55. SAID NO LAST YEAR, SO SKIPPED THIS</b> <b>88. DON'T KNOW</b> <b>99. REFUSED</b></p>
<p>4. Have you <b>ever</b> bet or spent money on <b>lottery tickets</b>, instant scratch tickets, Powerball or Lotto? <i>[LATER ASK Q80 ONLY IF R SAYS YES TO Q4.]</i></p>	<p><b>1. YES</b> <b>0. NO (SKIP TO Q 7) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS</b> <b>77. NO, NEVER GAMBLLED</b> <b>88. DON'T KNOW</b> <b>99. REFUSED</b></p>

5. The <b>past year</b> ?	1. YES 0. NO (SKIP TO Q 7) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO, NEVER GAMBLLED 88. DON'T KNOW 99. REFUSED
6. <b>Weekly</b> ?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO, NEVER GAMBLLED 88. DON'T KNOW 99. REFUSED
7. Have you <b>ever</b> bet or spent money on <b>Bingo</b> ?	1. YES 0. NO (SKIP TO Q 10) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 88. DON'T KNOW 99. REFUSED
8. <b>Past year</b> ?	1. YES 0. NO (SKIP TO Q 10) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO, NEVER GAMBLLED 88. DON'T KNOW 99. REFUSED
9. <b>Weekly</b> ?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO, NEVER GAMBLLED 88. DON'T KNOW 99. REFUSED
10. Have you <b>ever bet</b> or spent money betting on <b>Jai-Alai</b> ?	1. YES 0. NO (SKIP TO Q 13) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
11. <b>Past year</b> ?	1. YES 0. NO (SKIP TO Q 13) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
12. <b>Weekly</b> ?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
<b>[FROM HERE FORWARD READ FULL QUESTION ONLY IF R ASKS FOR CLARIFICATION]</b>	
13. <b>Land-based casino or racino or other gambling establishment, ever?</b>  [LATER ASK Q76 ONLY IF R SAYS YES TO Q 13]	1. YES 0. NO (SKIP TO Q 16) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
14. <b>Past year</b> ?	1. YES 0. NO (SKIP TO Q 16) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS

	77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
15. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
16. Day cruise/Floating casino ever?	1. YES 0. NO (SKIP TO Q 19) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
17. Past year?	1. YES 0. NO (SKIP TO Q 19) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
18. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
19. All the rest are <b>not</b> at casinos, racinos, or other gambling establishments.  Cards, dice, or domino games, ever?	1. YES 0. NO (SKIP TO Q 22) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
20. Past year	1. YES 0. NO (SKIP TO Q 22) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
21. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
22. Slot machines, poker machines, or other gambling machines, not at a casino, racino or other gambling establishment, ever?	1. YES 0. NO (SKIP TO Q 25) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
23. Past year?	1. YES 0. NO (SKIP TO Q 25) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED

24. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
25. <b>Pull-tabs ever?</b>	1. YES 0. NO (SKIP TO Q 28) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
26. <b>Past year?</b>	1. YES 0. NO (SKIP TO Q 28) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
27. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
28. <b>Horses, dogs, or other animals: at the track, at Off-Track-Betting, or with a bookie, ever?</b>	1. YES 0. NO (SKIP TO Q 31) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
29. <b>Past year?</b>	1. YES 0. NO (SKIP TO Q 31) COMPUTER TO ENTER 55 IN NEXT Q. 44.. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
30. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
31. <b>Poker ever?</b>	1. YES 0. NO (SKIP TO Q 34) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
32. <b>Past year?</b>	1. YES 0. NO (SKIP TO Q 34) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
33. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS

	77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
34. Playing arcade or video games for money ever?	1. YES 0. NO (SKIP TO Q 37) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
35. Past year?	1. YES 0. NO (SKIP TO Q 37) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
36. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
37. Playing pool, bowling, basketball, golf or other games of skill for money, ever?  ASK THEM TO SPECIFY WHICH ONE(S) AND CHECK ALL THAT APPLY	CHECK ALL THAT APPLY  0. NO (SKIP TO Q 40) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 1. YES (CHECK ALL THAT APPLY) 2. BASKETBALL 3. BASEBALL, SOFTBALL 4. BOWLING 5. GOLF 6. DARTS 7. POOL / BILLIARDS 8. OTHER  77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
38. Past year?	1. YES 0. NO (SKIP TO Q 40) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
39. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
40. Betting on car races, including NASCAR, local tracks, street races, ever?	1. YES 0. NO (SKIP TO Q 43) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
41. Past year?	1. YES 0. NO (SKIP TO Q 43) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).

	88. DON'T KNOW 99. REFUSED
42. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
43. Sporting events such as football, basketball, or other sports games using a bookie, ever?	1. YES 0. NO (SKIP TO Q 46) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
44. Past year?	1. YES 0. NO (SKIP TO Q 46) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
45. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
46. Sporting events through a pool, ever?	1. YES 0. NO (SKIP TO Q 49) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
47. Past year?	1. YES 0. NO (SKIP TO Q 49) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
48. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
49. Fantasy sports or leagues, ever?	1. YES 0. NO (SKIP TO Q 52) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
50. Past year?	1. YES 0. NO (SKIP TO Q 52) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
51. Weekly?	1. YES 0. NO

	44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
52. Policy, numbers, or Bolita, ever?	1. YES 0. NO (SKIP TO Q 55) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
53. Past year?	1. YES 0. NO (SKIP TO Q 55) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
54. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
55. Cock or dog fighting, ever?	1. YES 0. NO (SKIP TO Q 58) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
56. Past year?	1. YES 0. NO (SKIP TO Q 58) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
57. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
58. Mah Jongg, ever?	1. YES 0. NO (SKIP TO Q 61) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
59. Past year?	1. YES 0. NO (SKIP TO Q 61) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
60. Weekly?	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW

	99 REFUSED
61. <b>Table games</b> , other than cards, dice, or dominos, <b>ever?</b> [examples include ROULETTE, BACCARAT, if asked]	1. YES 0. NO (SKIP TO Q 64) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
62. <b>Past year?</b>	1. YES 0. NO (SKIP TO Q 64) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
63. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
64. <b>Day-trading in stock market, ever?</b>	1. YES 0. NO (SKIP TO Q 67) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
65. <b>Past year?</b>	1. YES 0. NO (SKIP TO Q 67) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
66. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
67. <b>Stock market, bonds, commodities, ever?</b>	1. YES 0. NO (SKIP TO Q 70) COMPUTER TO ENTER 44 IN NEXT TWO QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
68. <b>Past year?</b>	1. YES 0. NO (SKIP TO Q 70) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
69. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 99 REFUSED
70. <b>Gambled on the Internet – ever?</b>	1. YES 0. NO (SKIP TO Q 73) COMPUTER TO ENTER 44 IN NEXT THREE QUESTIONS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).



	88 DON'T KNOW 89 REFUSED
71. <b>Past year?</b>	1. YES 0. NO (SKIP TO Q 73) COMPUTER TO ENTER 55 IN NEXT Q. 44. SAID NO TO PREVIOUS QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 89 REFUSED
72. <b>Weekly?</b>	1. YES 0. NO 44. SAID NO TO PREVIOUS EVER Q, SO SKIPPED THIS 55. SAID NO LAST YEAR, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88 DON'T KNOW 89 REFUSED
73. Do you participate in some other type of gambling?	1. YES SPECIFY _____ 0. NO 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 89 REFUSED
74. How many hours in an average week do you spend on the Internet, <b>for personal use?</b>	0. 0 HOURS 1. 1-5 HOURS 2. 6-10 HOURS 3. 11-15 HOURS 4. 16-20 HOURS 5. 21-30 HOURS 6. MORE THAN 30 HOURS 77. NEVER GAMBLER, QUESTION NA 88 DON'T KNOW 89 REFUSED
75. How many hours in an average week do you spend on the Internet pursuing <b>gambling or gambling-related activities?</b>  ONLY ASK IF R ANSWERED YES TO Q 70	0. 0 HOURS 1. 1-5 HOURS 2. 6-10 HOURS 3. 11-15 HOURS 4. 16-20 HOURS 5. 21-30 HOURS 6. MORE THAN 30 HOURS 66. SAID NO TO Q 70, GO TO NEXT QUESTION, NUMBER 76 77. NEVER GAMBLER 88 DON'T KNOW 89 Refused
76. When you visit a <b>casino, racino, or other gambling establishment</b> , what state do you visit most often?  [IF R GIVES A RESPONSE OF FLORIDA, ASK, WHAT COUNTY IN FLORIDA?  [IF R GIVES MORE THAN ONE PLACE, ASK, "Which <u>one</u> do you visit most often?"]	[ASK ONLY IF R SAID YES TO Q13. IF NOT, GO TO QUESTION 79.] [DO NOT READ LIST] 1. FLORIDA (SPECIFY COUNTY _____) 2. OUTSIDE FLORIDA 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 89. REFUSED

<p>77. What is the <b>name of the casino, racino, or other gambling establishment</b> you most often visit?</p>	<p>RECORD VERBATIM _____</p> <p>44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS</p> <p>77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
<p>78. When you visit a casino, racino or other gambling establishment, which <b>games or machines</b> do you usually play? (<b>PROBE WITH</b> "What others")</p>	<p>[DO NOT READ LIST. CHECK YES FOR ALL THAT ARE MENTIONED]</p> <p>1. CARD GAMES [POKER]</p> <p>2. CARD GAMES [BLACK JACK, 21]</p> <p>3. OTHER CARD GAMES</p> <p>4. DICE/CRAPS GAMES</p> <p>5. SLOT MACHINES</p> <p>6. VIDEO GAMES SUCH AS VIDEO POKER OR VIDEO BLACKJACK</p> <p>7. ROULETTE</p> <p>8. OTHER: SPECIFY _____</p> <p>77. NO, NEVER GAMBLED</p>
<p>79. When you go some place <b>other than your home or residence</b> to gamble, who provides the transportation?</p>	<p>[DO NOT READ LIST. INDICATE ONLY FIRST ONE R MENTIONS.]</p> <p>1. I DO/MY OWN CAR</p> <p>2. A FRIEND GIVES ME A RIDE</p> <p>3. TAXI</p> <p>4. GAMBLING ESTABLISHMENT PROVIDES IT</p> <p>5. SENIOR CENTER TAKES US</p> <p>6. MY CONDO/RETIREMENT CENTER</p> <p>7. A MEMBERSHIP CLUB PROVIDES</p> <p>8. PROVIDED BY TRAVEL AGENCY</p> <p>9. OTHER ORGANIZATION</p> <p>10. PUBLIC BUS</p> <p>11. AIRPLANE</p> <p>12. OTHER _____</p> <p>44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS</p> <p>77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
<p>80. What <b>type of lottery tickets</b> do you buy most often?</p>	<p>[ASK ONLY IF R ANSWERED YES TO Q.4. DO NOT READ LIST, CHECK YES FOR ALL MENTIONED]</p> <p>1. INSTANT TICKETS (SCRATCH-OFF)</p> <p>2. CASH 3</p> <p>3. PLAY 4</p> <p>4. FANTASY 5</p> <p>5. MEGA MONEY</p> <p>6. LOTTO</p> <p>7. POWERBALL</p> <p>8. OTHER: SPECIFY _____</p> <p>44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS</p> <p>77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
<p>ASK Q 81 TO Q 104 ONLY IF R SAID "YES" TO ANY TYPE OF GAMBLING (Q 1 THROUGH Q 73) IN PAST YEAR. SKIP TO Q 106 IF NO GAMBLING THIS PAST YEAR OF ANY TYPE</p>	
<p>81. People gamble for lots of different reasons. I'm going to ask you how important each reason is to you.</p> <p><b>In the past year, would you say gambling</b></p>	<p>3. VERY IMPORTANT</p> <p>2. SOMEWHAT IMPORTANT</p> <p>1. NOT AT ALL IMPORTANT</p> <p>77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</p> <p>88. DON'T KNOW</p>

to socialize with friends or family was very important to you, somewhat important, or not at all important?	99. REFUSED
82. For excitement or as a challenge? Very important, somewhat important, or not at all important?	SAME AS ABOVE
83. As a hobby?	SAME AS ABOVE
84. To win money?	SAME AS ABOVE
85. To support worthy causes?	SAME AS ABOVE
86. Out of curiosity?	SAME AS ABOVE
87. For entertainment or fun?	SAME AS ABOVE
88. To feel good?	SAME AS ABOVE
89. To distract yourself from everyday problems?	SAME AS ABOVE
90. For a sense of power or control?	SAME AS ABOVE
91. Because of peer pressure?	SAME AS ABOVE
92. To impress friends or family members?	SAME AS ABOVE
93. To feel high or for the rush?	SAME AS ABOVE
94. For personal services from the staff at gambling locations?	SAME AS ABOVE
95. To be around or with other people?	SAME AS ABOVE
96. To escape boredom?	SAME AS ABOVE
97. To escape loneliness?	SAME AS ABOVE
98. For some other reason?	SPECIFY _____
99. Of all your gambling in the past year, please tell me which one is your favorite activity?  RECORD ONLY FAVORITE ONE. IF GIVEN MORE THAN ONE, ASK R WHICH IS FAVORITE.	<p>DO NOT READ. RECORD <u>ONLY FAVORITE ONE</u>. IF GIVEN MORE THAN, ONE ASK R WHICH IS FAVORITE.</p> <ol style="list-style-type: none"> <li>1. ARCADE/VIDEO GAMES FOR MONEY</li> <li>2. BASEBALL</li> <li>3. BASKETBALL</li> <li>4. BINGO</li> <li>5. BOLITA</li> <li>6. BOXING</li> <li>7. CARDS, OTHER THAN POKER</li> <li>8. CAR RACING (E.G., NASCAR, FORMULA 1)</li> <li>9. CAR RACING (ONE'S OWN CAR, OR WATCHING OTHERS -LIVE)</li> <li>10. COCK FIGHTS</li> <li>11. DAY-TRADING--STOCK MARKET</li> <li>12. DICE/CRAPS</li> <li>13. DICE/CRAPS, <u>NOT AT A CASINO</u></li> <li>14. DOG FIGHTS</li> <li>15. DOG RACES</li> <li>16. DOMINOS</li> <li>17. FLIPPING COINS</li> <li>18. FOOTBALL</li> <li>19. GAMES OF SKILL FOR MONEY</li> <li>20. GAMBLING MACHINES</li> <li>21. GOLF</li> <li>22. HOCKEY</li> <li>23. HORSE RACES</li> <li>24. JAI-ALAI</li> <li>25. KENO</li> <li>26. LOTTERY TICKETS</li> <li>27. MAH JONGG</li> <li>28. NUMBERS</li> <li>29. PLAYING BASKETBALL FOR MONEY</li> <li>30. PLAYING BOWLING FOR MONEY</li> <li>31. PLAYING GOLF FOR MONEY</li> <li>32. PLAYING POOL FOR MONEY</li> <li>33. PLAYING OTHER GAMES FOR MONEY _____</li> <li>34. POKER MACHINES</li> </ol>

	35. POKER WITH FRIENDS, FAMILY MEMBERS OR OTHERS 36. POKER IN A GAMBLING ESTABLISHMENT 37. POLICY 38. PULL-TABS 39. RAFFLES FOR CHARITIES 40. SLOT MACHINES 41. SPORTS POOLS 42. SPORTS WITH BOOKIES 43. STOCKS, BONDS, COMMODITIES 44. TABLE GAMES, OTHER THAN CARDS DICE OR DOMINOES 45. TRACK RACES 46. SOME OTHER TYPE OF GAMBLING (SPECIFY 66. NO FAVORITE (SKIP TO Q 104) 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
100. Of all your gambling in the past year, please tell me <b>which one</b> is your <b>favorite location</b> ?  RECORD <u>ONLY FAVORITE ONE</u> . IF GIVEN MORE THAN ONE, ASK R WHICH IS FAVORITE. IF R. SAYS "CASINO, RACINO, OR OTHER GAMBLING ESTABLISHMENT" ASK, IS THIS A LAND-BASED OR FLOATING CASINO? CODE AS EITHER LAND-BASED OR FLOATING CASINOS.	DO NOT READ. RECORD <u>ONLY FAVORITE ONE</u> . IF GIVEN MORE THAN, ONE ASK R WHICH IS FAVORITE.  1. ARCADE 2. BAR OR RESTUARANT 3. CASINO, RACINO, OR OTHER GAMBLING ESTABLISHMENT 4. HOME OF FRIENDS/FAMILY MEMBER 5. HOME 6. CASINOS-- LAND-BASED (INCLUDES GAMES PLAYED AT CASINOS) 7. CASINOS--FLOATING/DAY CRUISES 8. COMMUNITY-BASED ORGANIZATIONS 9. CONVENIENCE STORE / GAS STATION 10. DOG TRACK 11. SOCIAL/FRATERNAL ORGANIZATIONS 12. HOME ALONE 13. HOME WITH FRIENDS 14. HOME ON COMPUTER 15. HOME ON INTERNET 16. HOUSE OF FAITH 17. HORSE TRACK 18. INTERNET/WORLDWIDE WEB GAMBLING 19. INTERNET CAFE 20. JAI-ALAI FACILITY 21. OFF-TRACK-BETTING (OTB) 22. PLAYING BASKETBALL - COURT 23. PLAYING BOWLING - ALLEY 24. POOL/ BILLIARDS ESTABLISHMENT 25. RACINO 26. SCHOOL 27. BOOKIES ON PHONE/EMAIL ETC. 28. SUPERMARKET 29. TRACK: CAR, RACES 30. TRUCKSTOP 31. WORKPLACE / OFFICE 32. SOME OTHER TYPE OF GAMBLING LOCATION (SPECIFY) _____ 66. NO FAVORITE (SKIP TO Q103) 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
101. When you participated in your favorite type of gambling, <b>with whom</b> do you usually do this? <b>Any others</b> ?	DON'T READ, CHECK ALL THAT APPLY 1. ALONE 2. WITH PARENT 3. SPOUSE/PARTNER 4. OTHER FAMILY MEMBERS 5. FRIENDS 6. CO-WORKERS 7. SOME OTHER INDIVIDUAL OR GROUP  77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).

	88. <i>DON'T KNOW</i> 99. <i>REFUSED</i>
102. For how <b>many hours at a time</b> do you do this?	1. <i>LESS THAN 1 HOUR</i> 2. <i>1 HOUR</i> 3. <i>2</i> 4. <i>3</i> 5. <i>4</i> 6. <i>5</i> 7. <i>6</i> 8. <i>7</i> 9. <i>8</i> 10. <i>9</i> 11. <i>10</i> 12. <i>11</i> 13. <i>12</i> 14. <i>13</i> 15. <i>14</i> 16. <i>15</i> 17. <i>OVER 15 HOURS</i>  77. <i>NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</i> 88. <i>DON'T KNOW</i> 99. <i>REFUSED</i>
103. When you participated in your favorite type of gambling, can you tell me <b>the distance in miles you usually travel</b> in order to gamble?	1. <i>HOME, NO TRAVEL</i> 2. <i>1-5 MILES</i> 3. <i>6-10 MILES</i> 4. <i>11-20 MILES</i> 5. <i>21-30 MILES</i> 6. <i>31-39 MILES</i> 7. <i>40-49 MILES</i> 8. <i>50-59 MILES</i> 9. <i>60 MILES OR MORE</i> 77. <i>NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</i> 88. <i>DON'T KNOW</i> 99. <i>REFUSED</i>
104. In <b>the past year</b> , about <b>how often</b> have you gambled on anything?  Would you say, <b>Never, Less than Monthly, Monthly, Weekly, Daily or Almost Daily?</b>	0 <i>NEVER</i> 1. <i>LESS THAN MONTHLY</i> 2 <i>MONTHLY</i> 3 <i>WEEKLY</i> 4 <i>DAILY OR ALMOST DAILY</i> 77. <i>NO (HAS NEVER SPENT ANY MONEY ON GAMBLING)</i>
105. In <b>the past year</b> , what is <b>the largest amount of money</b> you have ever gambled in a single day?	1. <i>LESS THAN \$100</i> 2. <i>\$100 - \$299</i> 3. <i>\$300 - \$499</i> 4. <i>\$500 - \$699</i> 5. <i>\$700 - \$999</i> 6. <i>\$1,000 - \$1,499</i> 7. <i>\$1,500 - \$2,499</i> 8. <i>\$2,500 - \$2,999</i> 9. <i>\$3,000 - \$4,999</i> 10. <i>\$5,000 - \$9,999</i> 11. <i>\$10,000 OR MORE</i> 77. <i>NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</i> 88. <i>DON'T KNOW</i> 99. <i>REFUSED</i>
106. For <b>any types of gambling you have ever</b> done, what is the largest amount of money you have <b>ever lost</b> after a single day of gambling?	1. <i>LESS THAN \$100</i> 2. <i>\$100 - \$299</i> 3. <i>\$300 - \$499</i> 4. <i>\$500 - \$699</i> 5. <i>\$700 - \$999</i> 6. <i>\$1,000 - \$1,499</i> 7. <i>\$1,500 - \$2,499</i> 8. <i>\$2,500 - \$2,999</i>

	9. \$3,000 - \$4,999 10. \$5,000 - \$9,999 11. \$10,000 OR MORE 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
107. For <b>any gambling you've ever done</b> , what is the largest amount of money you've <b>ever won</b> after a single day of gambling?	1. LESS THAN \$100 2. \$100 - \$299 3. \$300 - \$499 4. \$500 - \$699 5. \$700 - \$999 6. \$1,000 - \$1,499 7. \$1,500 - \$2,499 8. \$2,500 - \$2,999 9. \$3,000 - \$4,999 10. \$5,000 - \$9,999 11. \$10,000 OR MORE 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
108. How old were you when you first started gambling?	____ YEARS OLD 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
109. What <b>type of gambling</b> were you doing then?	DON'T READ, INSTEAD WRITE IN NUMBER FROM BELOW FOR FIRST MENTION  1. ARCADE/VIDEO GAMES FOR MONEY 2. BASEBALL 3. BASKETBALL 4. BINGO 5. BOLITA 6. BOXING 7. CARDS, OTHER THAN POKER 8. CAR RACING (E.G., NASCAR, FORMULA 1) 9. CAR RACING (ONE'S OWN CAR, OR WATCHING OTHERS –LIVE) 10. COCK FIGHTS 11. DAY-TRADING--STOCK MARKET 12. DICE/CRAPS 13. DICE/CRAPS, <u>NOT AT A CASINO</u> 14. DOG FIGHTS 15. DOG RACES 16. DOMINOS 17. FLIPPING COINS 18. FOOTBALL 19. GAMES OF SKILL FOR MONEY 20. GAMBLING MACHINES 21. GOLF 22. HOCKEY 23. HORSE RACES 24. JAI-ALAI 25. KENO 26. LOTTERY TICKETS 27. MAH JONGG 28. NUMBERS 29. PLAYING BASKETBALL FOR MONEY 30. PLAYING BOWLING FOR MONEY 31. PLAYING GOLF FOR MONEY 32. PLAYING POOL FOR MONEY 33. PLAYING OTHER GAMES FOR MONEY_____ 34. POKER MACHINES 35. POKER WITH FRIENDS, FAMILY MEMBERS OR OTHERS 36. POKER IN A GAMBLING ESTABLISHMENT

	37. POLICY 38. PULL-TABS 39. RAFFLES FOR CHARITIES 40. SLOT MACHINES 41. SPORTS POOLS 42. SPORTS WITH BOOKIES 43. STOCKS, BONDS, COMMODITIES 44. TABLE GAMES, OTHER THAN CARDS DICE OR DOMINOES 45. TRACK RACES 46. SOME OTHER TYPE OF GAMBLING (SPECIFY _____) 47. CAN'T REMEMBER  77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
SECTION 2. THE SOUTH OAKS GAMBLING SCREEN (SOGS)	
[ASKED ONLY TO R WHO ANSWERED YES TO AT LEAST ONE GAMBLING ACTIVITY EVER IN Q 1 THROUGH Q 73, AND WHO HAS GAMBLED MORE THAN \$25 IN ANY YEAR]	
110. When you gamble, have you ever gone back another day to win back money you lost?	1. YES 0. NO [SKIP TO Q 112] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
111. How often have you done this in the past year? Is it Every Time, Most of the Time, Some of the Time or Never?	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 3. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
112. Have you ever told others you were winning money when you really weren't?	1. YES 0. NO [SKIP TO Q 114] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
113. How often in the past year:  Every, Most, Some, or Never?	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
114. Have you ever spent more time or money gambling than you intended?	1. YES 0. NO [SKIP TO Q 116] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
115. How often in the past year?	1. EVERY TIME 2. MOST OF THE TIME

	3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
116. Has <b>anyone ever criticized your gambling</b> or said that you had a gambling problem, regardless of whether you thought it was true?	1. YES 0. NO [SKIP TO Q 118] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
117. How often in the <b>past year has someone criticized you for gambling?</b>	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
118. Have you <b>ever felt guilty</b> about the way you gamble or about what happens when you gamble?	1. YES 0. NO [SKIP TO Q 120] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
119. How often in the <b>past year have you felt guilty about your gambling?</b>	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
120. Have you <b>ever felt you would like to stop gambling</b> , but didn't think you could?	1. YES 0. NO [SKIP TO Q 122] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
121. How often in the <b>past year?</b>	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
122. Have you <b>ever hidden betting slips</b> , I.O.U.s, lottery tickets, gambling money, or other signs of gambling from your family or friends?	1. YES 0. NO [SKIP TO Q 124] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED



123. How often in the past year?	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
124. Have you ever argued with people you live with over how you handle money?	1. YES 0. NO [SKIP TO Q 126] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
125. Have money arguments ever centered on your gambling?	1. YES 0. NO [SKIP TO Q 127] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
126. How often in the past year?	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
127. Ever lost time from work or school due to betting money or gambling?	1. YES 0. NO [SKIP TO Q 129] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
128. How often in the past year?	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
129. Have you ever borrowed money from someone and not paid him or her back as a result of your gambling?	1. YES 0. NO [SKIP TO Q 131] 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
130. How often in the past year?	1. EVERY TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).

	88. DON'T KNOW 99. REFUSED
131. Have you <b>ever left a child unattended in order to gamble?</b>	1. YES 0. NO 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
132. Have you ever experienced feelings of <b>shame</b> related to your gambling?	1. YES 0. NO 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
133. Do you think you <b>ever</b> had a problem with betting money or gambling? <i>[IF YES, ASK NEXT QUESTION, Q134]</i>	1.YES 2.NO, SKIP TO 135 3.UNSURE  77. NO, NEVER GAMBLED
134. At what <b>age</b> do you think your gambling became a problem?	____ YEARS OF AGE 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
<b>SECTION 3. FINANCIAL/INDEBTEDNESS</b>	
<b>I have a list of the ways people get money to gamble or to pay gambling debts. Please say which of these, if any, you have ever used to get money for gambling or to pay gambling debts. Please remember each question is only about getting money for gambling or to pay gambling debts.</b>	<i>IF R SPONTANEOUSLY SAYS THEY HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING, SKIP TO Q. 167. COMPUTER TO CODE Q 135 – Q 166 WITH</i>  <i>55. NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING</i>
135. Have you ever borrowed money from your family <b>without their knowing in order to gamble or to pay gambling debts?</b>  <i>[IF ASKED WHAT DO YOU MEAN BY FAMILY, SAY: parents, brothers or sisters or other family members]</i>	1. YES 0. NO [SKIP TO Q 137] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
136. Have you done that in the <b>past year?</b>	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
137. Of the money you and/or other members of your household owe, <b>was any borrowed in order to gamble or to pay gambling debts?</b>	1. YES 0. NO 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO, NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
138. <b>Ever borrowed from friends or acquaintances in order to gamble or to</b>	1. YES 0. NO [SKIP TO Q 140] ENTER 44 IN NEXT QUESTION

pay gambling debts?	55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
139. The <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
140. Ever sold or pawned personal or family property in order to gamble or to pay gambling debts?	1. YES 0. NO [SKIP TO Q 142] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
141. <b>Past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
142. Ever <b>shoplifted or stolen</b> in order to gamble or to pay gambling debts?	1. YES 0. NO [SKIP TO Q 144], ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
143. <b>Past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
144. Ever <b>bought or sold stolen property</b> in order to gamble or to pay gambling debts?	1. YES 0. NO [SKIP TO Q 146] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
145. The <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED

146. Ever <b>worked for a bookmaker</b> , a numbers writer, or someone who ran another type of gambling <b>in order to gamble or to pay gambling debts</b> ?	1. YES 2. YES, IS/WAS A BOOKMAKER 0. NO [SKIP TO Q 148] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
147. <b>Past year?</b>	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
148. Ever <b>sold drugs in order to get money to gamble or to pay gambling debts</b> ?	1. YES 0. NO [SKIP TO Q 150] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
149. <b>Past year?</b>	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
150. Ever <b>done anything else illegal in order to gamble or to pay gambling debts</b> ?	1. YES 2. YES, RAN A CON 3. YES, PROSTITUTION 4. YES, TAX EVASION 5. YES, TAX FRAUD 6. YES, EMBEZZLEMENT 7. YES, FORGERY OF ANY DOCUMENT 8. OTHER; SPECIFY _____  0. NO [SKIP TO Q 152] ENTER 44 IN NEXT QUESTION  55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
151. In <b>the past year?</b>	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
152. Ever gotten <b>loans from a bank, credit union, loan shark or elsewhere in order to gamble or to pay gambling debts</b> ?	1. YES 0. NO [SKIP TO Q 154] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR

	77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
153. In the <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
154. <b>Ever made withdrawals</b> on credit or bank (such as ATM) cards <b>in order to gamble or to pay gambling debts</b> ?	1. YES 0. NO [SKIP TO Q 156] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
155. In the <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
156. <b>Ever cashed in stocks, bonds, or other securities in order to gamble</b> or to pay for gambling debts?	1. YES 0. NO [SKIP TO Q 158] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
157. In the <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
158. Ever <b>taken out a second mortgage</b> or a home equity loan <b>in order to gamble or to pay gambling debts</b> ?	1. YES 0. NO [SKIP TO Q 160] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
159. In the <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
160. <b>Ever charged one or more credit cards to the limit in order to gamble or to pay</b>	1. YES 0. NO [SKIP TO Q 162] ENTER 44 IN NEXT QUESTION

gambling debts?	55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
161. In the past year?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
162. Have you ever delayed or not paid federal or state taxes in order to gamble or to pay gambling debts?	1. YES 0. NO [SKIP TO Q 164] ENTER 44 IN NEXT QUESTION 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
163. In the past year?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
164. Do you owe anyone or any company money because of your gambling?	1. YES 0. NO [SKIP TO Q 167], ENTER 44 IN Q 165-166 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
165. About how much do you owe?	1. LESS THAN \$100 2. \$100 - \$299 3. \$300 - \$499 4. \$500 - \$699 5. \$700 - \$999 6. \$1,000 - \$1,499 7. \$1,500 - \$2,499 8. \$2,500 - \$2,999 9. \$3,000 - \$4,999 10. \$5,000 - \$9,999 11. \$10,000 - \$14,999 12. \$15,000 - \$24,999 13. \$25,000 - \$34,999 14. \$35,000 - \$44,999 15. \$45,000 - \$59,999 16. \$60,000 - \$89,999 17. \$90,000 - \$124,999 18. \$125,000 - \$149,999 19. \$150,000 - \$174,999 20. \$175,000 OR MORE  44. NO TO PREVIOUS QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW

	99. REFUSED
166. <b>To whom</b> do you owe money for gambling?	<p>[DO NOT READ LIST, BUT RECORD ALL RESPONSES]</p> <p>1. FAMILY MEMBER—MOTHER</p> <p>2. FAMILY MEMBER—FATHER</p> <p>3. FAMILY MEMBER—GRANDMOTHER</p> <p>4. FAMILY MEMBER—GRANDFATHER</p> <p>5. FAMILY MEMBER—SPOUSE/PARTNER</p> <p>6. FAMILY MEMBER—DAUGHTER</p> <p>7. FAMILY MEMBER—SON</p> <p>8. FAMILY MEMBER—OTHER</p> <p>9. FRIEND</p> <p>10. EMPLOYER</p> <p>11. BOOKIE</p> <p>12. LOAN SHARK</p> <p>13. BANK/LOAN INSTITUTION</p> <p>14. CREDIT CARD</p> <p>15. OTHER</p> <p>16. SPECIFY _____</p> <p>44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS</p> <p>55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING</p> <p>66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR</p> <p>77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING).</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
167. Have you ever <b>filed for bankruptcy</b> ?	<p>1. YES</p> <p>2. YES, MULTIPLE TIMES</p> <p>0. NO (SKIP TO 172 AND ENTER 44 IN Q 168-171)</p> <p>77. NA, NEVER GAMBLED</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
168. In <b>the past 12 months</b> ?	<p>1. YES</p> <p>0. NO</p> <p>44. SKIPPED AS NEVER FILED FOR BANKRUPTCY</p> <p>77. NA, NEVER GAMBLED</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
169. Was <b>gambling a significant factor</b> in the bankruptcy?	<p>1. YES</p> <p>0. NO</p> <p>44. SKIPPED AS NEVER FILED FOR BANKRUPTCY</p> <p>77. NO, NEVER GAMBLED</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
170. Were the gambling losses <b>your own or a family member's</b> ?	<p>1. OWN</p> <p>2. A FAMILY MEMBER'S</p> <p>3. BOTH</p> <p>44. SKIPPED AS NEVER FILED FOR BANKRUPTCY</p> <p>66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR</p> <p>77. NO, NEVER GAMBLED</p> <p>88. DON'T KNOW</p> <p>99. REFUSED</p>
171. <b>Approximately how much money did you and/or family members owe when you filed for bankruptcy?</b>	<p>1. LESS THAN \$100</p> <p>2. \$100 - \$299</p> <p>3. \$300 - \$499</p> <p>4. \$500 - \$699</p> <p>5. \$700 - \$999</p> <p>6. \$1,000 - \$1,499</p> <p>7. \$1,500 - \$2,499</p> <p>8. \$2,500 - \$2,999</p> <p>9. \$3,000 - \$4,999</p>

	10. \$5,000 - \$9,999 11. \$10,000 - \$14,999 12. \$15,000 - \$24,999 13. \$25,000 - \$34,999 14. \$35,000 - \$44,999 15. \$45,000 - \$59,999 16. \$60,000 - \$89,999 17. \$90,000 - \$124,999 18. \$125,000 - \$149,999 19. \$150,000 - \$174,999 20. \$175,000 OR MORE  44. SKIPPED AS DID NOT BORROW MONEY IN PAST YEAR 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 99. REFUSED
172. Ever been arrested?	1. YES 0. NO [SKIP TO Q 178] ENTER 44 IN NEXT QUESTIONS, 173-177 77. NA, NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
173. In the past year?	1. YES 0. NO 44. SKIPPED (NEVER BEEN ARRESTED) 77. NA, NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
174. Was gambling a significant factor in your arrest?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION (Q172), SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
175. Ever served time in a jail or prison?	1. YES 0. NO, SKIP TO 178 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 77. NA, NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
176. In the past year?	1. YES 0. NO [SKIP TO Q 178] ENTER 44 IN NEXT QUESTION 77. NA, NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
177. Was gambling a significant factor in your imprisonment?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
<b>SECTION 4. NORC DSM-IV SCREEN FOR GAMBLING PROBLEMS-NODS</b>	
[ASKED ONLY TO R WHO ANSWERED YES TO AT	



LEAST ONE ACTIVITY IN Q 1 THROUGH Q 73]	
178. Have there <b>ever</b> been periods <b>lasting two weeks or longer</b> when <b>you spent a lot of time thinking</b> about your gambling experiences or planning out future gambling ventures or bets?	1. YES 0. NO [SKIP TO Q 180] ENTER 44 IN NEXT QUESTION 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
179. How <b>often in the past year, since March 2010?</b> <i>(or April, depending on date of call)</i> <b>Would you say Often, Sometimes, Rarely, or Never?</b>	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
180. Have there <b>ever</b> been periods lasting two weeks or longer when you spent a lot of time thinking about <b>ways of getting money</b> to gamble with?	1. YES 0. NO [SKIP TO Q 182] ENTER 44 IN NEXT QUESTION 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
181. In <b>past year?</b> Would you say <b>Often, Sometimes, Rarely, or Never?</b>	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
182. Have there <b>ever</b> been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to <b>get the same feeling of excitement?</b>	1. YES 0. NO [SKIP TO Q 184] ENTER 44 IN NEXT QUESTION 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
183. In <b>past year?</b>  <i>ONLY REPEAT SCALE IF RESPONDENT ASKS OR FORGETS IT.</i>	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
184. Have you <b>ever tried to stop</b> , cut down, or control your gambling?	1. YES 0. NO (SKIP TO Q 192) ENTER 44 IN QUESTION 185-191 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
185. Past year?  <i>ONLY REPEAT SCALE IF RESPONDENT ASKS OR FORGETS IT.</i>	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS

	66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
186. On one or more of the times <b>when you tried to stop</b> , cut down, or control your gambling, were you restless or irritable?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
187. Past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
188. Have you <b>ever</b> tried but <b>not succeeded</b> in stopping, cutting down, or controlling your gambling?	1. YES 0. NO [SKIP TO Q 192] ENTER 44 IN Q 189-191 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
189. In past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
190. Has this <b>ever happened three or more times</b> ?	1. YES 0. NO (SKIP TO Q 192) ENTER 44 IN Q 191 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
191. <b>Three or more times</b> in <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
192. Have you <b>ever</b> gambled as <b>a way to escape</b> from personal problems?	1. YES 0. NO [SKIP TO Q 194] ENTER 44 IN Q 193 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
193. <b>Past year</b> ?	4. OFTEN 3. SOMETIMES

	2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
194. Have you <b>ever</b> gambled to <b>relieve uncomfortable feelings</b> such as guilt, anxiety, helplessness, or depression?	1. YES 0. NO [SKIP TO Q 196] ENTER 44 IN Q 195. 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
195. Past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
196. Has there <b>ever</b> been a period when, if you lost money gambling one day, <b>you would return another day</b> to get even?	1. YES 0. NO [SKIP TO Q 198] ENTER 44 IN Q 197 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
197. Past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
198. Have you <b>ever</b> lied to <b>family members, friends, or others</b> about how much you gamble or how much money you lost?	1. YES 0. NO (SKIP TO Q 202) ENTER 44 IN Q 199-201 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
199. Past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
200. Has this <b>ever</b> happened <b>three or more times</b> ?	1. YES 0. NO [SKIP TO Q 208] ENTER 44 IN Q 207. 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW

	99. REFUSED
201. Three or more times in <b>past year</b> ?	1. YES 0. NO 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
202. Have you <b>ever written a bad check</b> or taken money or something that didn't belong to you from family members or anyone else in order to pay for your gambling?	1. YES 0. NO [SKIP TO Q 204], ENTER 44 FOR Q 203 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
203. How often in past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
204. Has your gambling <b>ever</b> caused <b>serious or repeated problems</b> in your relationships with any of your family members or friends?	1. YES 0. NO [SKIP TO Q 206] ENTER 44 IN Q 205. 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
205. Past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
206. This question applies only if you are in school: Has your gambling ever caused you any <b>problems in school</b> , such as missing classes or days of school or your grades dropping?	1. YES 0. NO [SKIP TO Q 208] ENTER 44 IN Q 207. 55. NOT IN SCHOOL (ENTER 55 IN Q 207.) 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
207. Past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NOT IN SCHOOL, SO SKIPPED THIS Q. 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
208. Has your gambling <b>ever</b> caused you <b>to lose a job</b> , have trouble with a job, or miss-out on an important job or career opportunity?	1. YES 0. NO [SKIP TO Q 210] ENTER 44 IN Q 209. 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR

	77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
209. Past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
210. Have you <b>ever</b> asked family members or anyone <b>else to loan you money</b> or otherwise bail you out of a desperate money situation largely caused by your gambling?	1. YES 0. NO [SKIP TO Q 212 ENTER 44 IN Q 211.] 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
211. In past year?	4. OFTEN 3. SOMETIMES 2. RARELY 1. NEVER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 78. DON'T KNOW 79. REFUSED
<b>SECTION 5. ALCOHOL AND DRUG USE</b> (ASKED OF ALL RESPONDENTS)	
212. On average how <b>many days</b> in past year did you use <b>cigarettes, or chewing tobacco, or snuff?</b>	0. NEVER 1. LESS THAN ONCE A MONTH 2. AT LEAST ONCE A YEAR 6 DAYS 3. ABOUT ONCE A MONTH 12 4. ABOUT ONCE OR TWICE A MONTH 18 5. A COUPLE OF TIMES A MONTH 24 6. ABOUT ONCE A WEEK 52 7. ABOUT ONCE OR TWICE A WEEK 78 8. A COUPLE OF TIMES A WEEK 104 9. NEARLY EVERY DAY 350 10. EVERY DAY 365  78. DON'T KNOW 79. REFUSED
213. How many <b>days in past year</b> did you drink an <b>alcoholic beverage</b> , not counting small tastes?  [EXPLAIN IF ASKED WHAT A DRINK IS: A drink is s a 12 oz. can or bottle of beer or malt liquor, a 5-oz glass of wine, a mixed drink or a one and one-half oz shot of 80-proof liquor]	0. NEVER [SKIP TO Q 216 AND ENTER 44 IN Q 214-215] 1. LESS THAN ONCE A MONTH 2. AT LEAST ONCE A YEAR 6 DAYS 3. ABOUT ONCE A MONTH 12 4. ABOUT ONCE OR TWICE A MONTH 18 5. A COUPLE OF TIMES A MONTH 24 6. ABOUT ONCE A WEEK 52 7. ABOUT ONCE OR TWICE A WEEK 78 8. A COUPLE OF TIMES A WEEK 104 9. NEARLY EVERY DAY 350 10. EVERY DAY 365  78. DON'T KNOW 79. REFUSED

214. On a <b>typical day when you drank alcohol</b> , how many drinks did you have? <i>[IF R SAYS, "A LOT" ASK TO ESTIMATE, IF "A COUPLE", ASK IS THAT TWO?]</i>	1. 1 DRINK PER DAY 2. 2-3 DRINKS PER DAY 3. 4-5 DRINKS PER DAY 4. 6 OR MORE DRINKS PER DAY  44. SAID NEVER TO LAST Q. SO SKIPPED THIS Q. 88. DON'T KNOW 99. REFUSED
215. In <b>past year</b> , how many times have you gotten into difficulties of any kind, <b>including criticism</b> from your family or friends, because of your drinking?  <i>[USE SAME ESTIMATE CODE AS FOR Q212-Q213]</i>	1. NEVER 2. LESS THAN ONCE A MONTH 3. AT LEAST ONCE A YEAR 6 DAYS 4. ABOUT ONCE A MONTH 12 5. ABOUT ONCE OR TWICE A MONTH 18 6. A COUPLE OF TIMES A MONTH 24 7. ABOUT ONCE A WEEK 52 8. ABOUT ONCE OR TWICE A WEEK 78 9. A COUPLE OF TIMES A WEEK 104 10. NEARLY EVERY DAY 350 11. EVERY DAY 365  44. SAID NEVER TO Q 213 SO SKIPPED THIS Q. 88. DON'T KNOW 99. REFUSED
216. In the <b>past 12 months</b> , how often if ever, have you used marijuana or hashish?  <i>[READ FIRST 6 RESPONSES 0-5]</i>	0. NEVER 1. MONTHLY OR LESS 2. 2-4 TIMES A MONTH 3. 2-3 TIMES A WEEK 4. 4 OR MORE TIMES A WEEK 5. DAILY OR ALMOST DAILY  88. DON'T KNOW 99. REFUSED
217. In the <b>past 12 months</b> , how often if ever, have you used cocaine or crack?	SAME AS ABOVE
218. In the <b>past 12 months</b> , how often if ever, have you used stimulants such as amphetamines, methamphetamine, or speed for non-medical reasons such as to feel the effects or to get high?	SAME AS ABOVE
219. In the <b>past 12 months</b> , how often if ever, have you used any <u>prescription</u> pain reliever for non-medical reasons such as to feel the effects or to get high?	SAME AS ABOVE
220. In the <b>past 12 months</b> , how often if ever, have you used any prescription tranquilizers such as Valium or Xanax for non-medical reasons such as to feel the effects or to get high?	SAME AS ABOVE
221. Have you ever sought help for problems connected with your use of alcohol, marijuana, misuse of prescription medications or other drugs?	ASKED ONLY IF HAVE EVER USED ALCOHOL OR OTHER DRUGS. IF NEVER USED ALCOHOL OR DRUGS, SKIP TO Q 224 1. YES 0. NO [SKIP TO Q 224] ENTER 44 IN Q 222-223 88. DON'T KNOW

	99. REFUSED
222. What type of help?	DON'T READ. RECORD FIRST ONE MENTIONED 1. FAMILY MEMBER 2. FRIEND 3. FAMILY DOCTOR 4. MINISTER, PRIEST, RABBI OR OTHER CLERGY 5. EMPLOYEE ASSISTANCE PROGRAM (EAP) 6. VETERAN'S ADMINISTRATION (VA) 7. SCHOOL COUNSELOR 8. OTHER COUNSELOR 9. 12-STEP GROUP (E.G., NA OR AA) 10. SELF-HELP GROUP, OTHER THAN 12-STEP 11. SUBSTANCE ABUSE TREATMENT PROGRAM 12. PSYCHOLOGIST OR PSYCHIATRIST 13. OTHER (SPECIFY) _____ 44. R SAID NO TO PREVIOUS EVER Q, SO THIS WAS SKIPPED 88. DON'T KNOW 99. REFUSED
223. Was it in the past year?	1. YES 0. NO 44. DID NOT ASK BECAUSE R SAID NO TO EVER Q ABOVE 88. DON'T KNOW 99. REFUSED
<b>SECTION 6. MENTAL HEALTH</b> (ASKED OF ALL RESPONDENTS)	
224. Have you ever been diagnosed or treated for ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) OR ATTENTION DEFICIT DISORDER, (ADD)?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
225. Do you take medication for ADHD OR ADD?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
226. Have you <b>ever</b> seen a counselor or been treated for a <b>mental health problem</b> ? [OTHER THAN ALCOHOL, DRUG, SUBSTANCE ABUSE, OTHER ADDICTIONS]	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
227. During the <b>past month</b> , would you say you have been very happy, somewhat happy, somewhat unhappy, or very unhappy with <b>your personal</b> life?	1. VERY HAPPY 2. SOMEWHAT HAPPY 3. SOMEWHAT UNHAPPY 4. VERY UNHAPPY 88. DON'T KNOW 99. REFUSED
228. During the <b>past month</b> , how often would you say you have felt anxious, worried or upset? Would you say it was often, sometimes, once or twice or never?	1. OFTEN 2. SOMETIMES 3. ONCE OR TWICE 4. NEVER 88. DON'T KNOW 99. REFUSED
229. During the <b>past year</b> , would you say your general health was excellent, good, fair, or poor?	1. EXCELLENT 2. GOOD 3. FAIR 4. POOR 88. DON'T KNOW 99. REFUSED
230. During the <b>past year</b> , did you ever experience elevated mood states when you were gambling?	1. YES 0. NO 77. NO, NEVER GAMBLLED

	88. DON'T KNOW 99. REFUSED
231. During the <b>past year</b> , did you ever experience depressed mood states immediately following gambling?	1. YES 0. NO 77. NO, NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
232. <b>In the past year</b> , have you gone to a <b>clinic, doctor, counselor, or outpatient treatment</b> for problems with your emotions, nerves, or mental health?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
233. <b>In past year</b> , had you stayed somewhere overnight, for at least 24 hours, <b>for treatment</b> of problems with your emotions, nerves, or mental health?	1. YES 0. NO [SKIP TO Q 235] 88. DON'T KNOW 99. REFUSED
234. <b>What kind</b> of mental health problem was that?	[DON'T READ RECORD, FIRST ONE MENTIONED]  1. ALCOHOLISM 2. ANOREXIA 3. ANXIETY 4. ATTENTION DEFICIT (ADHD OR ADD) 5. BINGE EATING 6. BIPOLAR DISORDER 7. BULIMIA 8. COMPULSIVE GAMBLING 9. COMPULSIVE SHOPPING 10. DEPRESSION 11. DRUG ABUSE 12. EATING DISORDER 13. EMOTIONS 14. HYPERACTIVITY (ADHD) 15. NERVES 16. OBSESSIVE COMPULSIVE DISORDER (OCD) 17. PANIC DISORDER(S) 18. PERSONALITY DISORDER 19. PHOBIAS 20. POST-TRAUMATIC STRESS DISORDER (PTSD) 21. SCHIZOPHRENIA 22. SEXUAL ADDICTIONS 23. SLEEP DISORDERS 24. SOCIAL PHOBIA 25. SUICIDAL IDEATION/THOUGHTS 26. SUICIDE ATTEMPT 27. OTHER SPECIFY _____ 44 NO TO Q 232 OR 233, SO SKIPPED THIS Q.  88. DON'T KNOW 99. REFUSED
235. Have you <b>ever in your lifetime</b> struggled with an addiction <b>other than</b> to alcohol or drugs?	[DON'T READ, RECORD FIRST ONE MENTIONED] 1. NO 2. ANOREXIA 3. BINGE EATING 4. BULIMIA 5. COMPULSIVE GAMBLING 6. COMPULSIVE SHOPPING 7. COMPULSIVE EXERCISE 8. EATING DISORDER 9. SEX ADDICTION 10. PORNOGRAPHY 11. ONLINE GAMES (E.G., CALL OF DUTY, WORLD OF WARCRAFT) 12. MULTIMEDIA GAMES (NINTENDO, XBOX, PLAYSTATION, ETC) 13. OTHER (SPECIFY) _____ 88. DON'T KNOW



	99. REFUSED
236. Have you <b>ever stayed in a hospital overnight</b> , for at least 24 hours, for professional <b>treatment of problems</b> with your emotions, nerves, or mental health?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
237. In your <b>lifetime</b> , have you <b>ever had two weeks or longer</b> when nearly every day you <b>felt sad</b> , empty, or depressed for most of the day?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
238. Have you <b>ever had 2 weeks or longer</b> when you <b>lost interest in most things</b> like work, hobbies, and other things you usually enjoyed?	1. YES 0. NO [SKIP TO Q 240, ENTER 44 IN Q 239] 88. DON'T KNOW 99. REFUSED
239. Was <b>gambling</b> a significant factor or cause toward the period when you felt sad, empty, or depressed or when you <b>lost interest in things</b> ?	1. YES 0. NO 44. SKIPPED Q BECAUSE R SAID NO TO Q 237 66. NA, LESS THAN \$25 GAMBLER IN ANY YEAR 77. NO, NEVER GAMBLER 88. DON'T KNOW 99. REFUSED
240. Has anyone in your immediate family ever experienced or been treated for a mental health problem? <i>[IF R ASKS WHO IS IMMEDIATE FAMILY, SAY: mother, father, sister, brother, son, daughter]</i>	1. YES 0. NO [SKIP TO Q 243] ENTER 44 IN Q 241-242 88. DON'T KNOW 99. REFUSED
241. What is the person's relationship to you?	[DON'T READ, RECORD FIRST ANSWER GIVEN] 1. MOTHER 2. FATHER 3. SISTER 4. BROTHER 5. SON 6. DAUGHTER 7. YOUR HUSBAND OR MALE PARTNER 8. YOUR WIFE OR FEMALE PARTNER 9. SOME OTHER RELATIVE 44. SKIPPED BECAUSE SAID NO TO Q 240 88. DON'T KNOW 99. REFUSED
242. What kind of mental health problem was that?	[DON'T READ RECORD, FIRST ONE MENTIONED] 1. ANOREXIA 2. ANXIETY 3. ATTENTION DEFICIT (ADHD OR ADD) 4. BINGE EATING 5. BIPOLAR DISORDER 6. BULIMIA 7. COMPULSIVE GAMBLING 8. COMPULSIVE SHOPPING 9. DEPRESSION 10. EATING DISORDER 11. EMOTIONS 12. HYPERACTIVITY (ADHD) 13. NERVES 14. OBSESSIVE COMPULSIVE DISORDER (OCD) 15. PANIC DISORDER(S) 16. PERSONALITY DISORDER 17. PHOBIAS 18. POST-TRAUMATIC STRESS DISORDER (PTSD) 19. SCHIZOPHRENIA 20. SEXUAL ADDICTIONS

	21. SLEEP DISORDERS 22. SOCIAL PHOBIA 23. SUICIDAL IDEATION/THOUGHTS 24. SUICIDE ATTEMPT 25. OTHER 44. SKIPPED BECAUSE SAID NO TO Q240 88. DON'T KNOW 99. REFUSED
243. Has anyone in your immediate family ever experienced or been treated for an alcohol or drug problem? <i>[IF R ASKS WHO IS IMMEDIATE FAMILY, SAY: mother, father, sister, spouse, brother, son, daughter]</i>	1. YES 0. NO [SKIP TO Q 245] ENTER 44 IN Q 244 88. DON'T KNOW 99. REFUSED
244. What is the person's relationship to you?	[DON'T READ, RECORD <u>ALL</u> ANSWERS GIVEN] 1. MOTHER 2. FATHER 3. SISTER 4. BROTHER 5. SON 6. DAUGHTER 7. YOUR HUSBAND OR MALE PARTNER 8. YOUR WIFE OR FEMALE PARTNER 9. SOME OTHER RELATIVE 44 SKIPPED BECAUSE SAID NO TO Q 249 88. DON'T KNOW 99. REFUSED
245. Has <b>physical abuse</b> ever occurred in your family in the past or currently?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
246. Has <b>verbal or emotional abuse</b> ever occurred in your family in the past or currently?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
247. Has <b>neglect</b> ever occurred in your family in the past or currently?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
<b>SECTION 7. PERSONALITY</b> (ASKED OF ALL RESPONDENTS)	
Please answer the following questions by stating a number from 1 to 7. <b>1 means HIGHLY DISAGREE and 7 means HIGHLY AGREE.</b> Answer according to how you would usually describe yourself.	
<b>ASK</b>  <b>SO, ON A SCALE FROM 1(HIGHLY DISAGREE) TO 7 (HIGHLY AGREE). HOW STRONGLY DO YOU AGREE WITH THIS STATEMENT?</b>  248. Having to look at someone's personal or	1. HIGHLY DISAGREE 2. 3. 4. 5. 6. 7. HIGHLY AGREE

travel pictures bores me tremendously.	88. DON'T KNOW 99. REFUSED
249. Many things I have to do are repetitive and monotonous.	1. HIGHLY DISAGREE 2. 3. 4. 5. 6. 7. HIGHLY AGREE  88. DON'T KNOW 99. REFUSED
250. It would be very hard for me to find a job that is exciting enough.	1. HIGHLY DISAGREE 2. 3. 4. 5. 6. 7. HIGHLY AGREE  88. DON'T KNOW 99. REFUSED
251. Unless I am doing something exciting, even dangerous, I feel half-dead and dull.	1. HIGHLY DISAGREE 2. 3. 4. 5. 6. 7. HIGHLY AGREE  88. DON'T KNOW 99. REFUSED
252. It seems that the same things are on television or the movies all the time; it's getting old.	1. HIGHLY DISAGREE 2. 3. 4. 5. 6. 7. HIGHLY AGREE  88. DON'T KNOW 99. REFUSED
253. When I was young, I was often in monotonous and tiresome situations.	1. HIGHLY DISAGREE 2. 3. 4. 5. 6. 7. HIGHLY AGREE  88. DON'T KNOW 99. REFUSED
254. On the average, how fast do you usually drive over the speed limit?  <i>[NOTE, NO LONGER USING ABOVE RESPONSE SCALE FOR THIS QUESTION]</i>	0. DON'T DRIVE OVER THE SPEED LIMIT 1. DON'T DRIVE 2. LESS THAN 5 MILES 3. 5 – 9 MILES 4. 10 – 14 MILES 5. 15 – 19 MILES

	6. 20 – 29 MILES 7. 30 OR MORE MILES  88. DON'T KNOW 99. REFUSED
<b>SECTION 8. GAMBLING IMPACT ON FAMILY</b> <i>[ASKED OF ALL RESPONDENTS]</i>	
255. <b>Have your parents ever gambled or played any games of chance for money?</b>	1. YES 0. NO [SKIP TO Q 259] ENTER 44 IN Q 256-258 88. DON'T KNOW 99. REFUSED
256. <b>Which parent?</b>	<i>[DO NOT READ LIST]</i> 1. BOTH FATHER AND MOTHER 2. FATHER ONLY 3. MOTHER ONLY 4. STEPFATHER ONLY 5. STEPMOTHER ONLY 6. FATHER AND STEPFATHER ONLY 7. FATHER AND STEPMOTHER ONLY 8. MOTHER AND STEPFATHER ONLY 9. MOTHER AND STEPMOTHER ONLY 10. FATHER, MOTHER, AND STEPFATHER 11. FATHER, MOTHER AND STEPMOTHER 12. FATHER, MOTHER, STEPFATHER AND STEPMOTHER 13. STEPFATHER AND STEPMOTHER ONLY 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 88. DON'T KNOW 99. REFUSED
257. <b>Have either of your parents ever had a problem with betting money or gambling?</b>	1. YES 0. NO (SKIP TO 259) ENTER 44 IN QUESTION 258 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 88. DON'T KNOW 99. REFUSED
258. <b>Which parent is that?</b>	<i>[DO NOT READ LIST]</i> 1. BOTH FATHER AND MOTHER 2. FATHER ONLY 3. MOTHER ONLY 4. STEPFATHER ONLY 5. STEPMOTHER ONLY 6. FATHER AND STEPFATHER ONLY 7. FATHER AND STEPMOTHER ONLY 8. MOTHER AND STEPFATHER ONLY 9. MOTHER AND STEPMOTHER ONLY 10. FATHER, MOTHER, AND STEPFATHER 11. FATHER, MOTHER AND STEPMOTHER 12. FATHER, MOTHER, STEPFATHER AND STEPMOTHER 13. STEPFATHER AND STEPMOTHER ONLY 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 88. DON'T KNOW 99. REFUSED
259. <b>Who was the first person with whom you gambled?</b>  <i>ASK ONLY IF R EVER GAMBLLED ON ANYTHING</i>	DON'T READ, CODE THE FIRST PERSON MENTIONED 1. FATHER 2. MOTHER 3. STEPFATHER 4. STEPMOTHER 5. BOTH PARENTS 6. GRANDFATHER 7. GRANDMOTHER 8. BOTH GRANDPARENTS 9. BROTHER 10. SISTER 11. OTHER RELATIVE

	12. SPOUSE/PARTNER 13. FRIEND 14. CLASSMATE/SCHOOL OR COLLEGE FRIEND 15. SOME OTHER PERSON_____ 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
260. How would you characterize the frequency of that person's gambling behavior?  <b>ASK ONLY IF R EVER GAMBLED ON ANYTHING</b>	0. NEVER GAMBLED 1. SELDOM GAMBLED 2. OFTEN GAMBLED  77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING) 88. DON'T KNOW 99. REFUSED
261. Has anyone <b>that you lived with</b> in the past year gambled so much that it has troubled or bothered you? If so, who?	DON'T READ. IF MORE THAN ONE IS GIVEN, ASK WHICH PERSON'S GAMBLING BOTHERED THEM MOST AND INDICATE THAT PERSON.] 1. NO ONE 2. HUSBAND OR MALE PARTNER 3. WIFE OR FEMALE PARTNER 4. FRIEND 5. MOTHER 6. FEMALE GUARDIAN 7. STEPMOTHER 8. FATHER 9. MALE GUARDIAN 10. STEPFATHER 11. BROTHER 12. SISTER 13. SON, UNDER 18 YEARS OLD 14. SON, 18 YEARS OR OLDER 15. DAUGHTER, UNDER 18 16. DAUGHTER, 18 OR OLDER 17. GRANDMOTHER 18. GRANDFATHER 19. OTHER FAMILY MEMBER 20. ROOMMATE 21. OTHER PERSON  88. DON'T KNOW 99. REFUSED
262. If you've ever been divorced or separated, was <b>your gambling</b> a significant factor in getting the divorce or separation?	1. YES 0. NO 44. NEVER MARRIED, DIVORCED, OR SEPARATED 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
263. If you've ever been divorced or separated, was a <b>former spouse's gambling</b> ever a significant factor in getting the divorce or separation?	1. YES 0. NO 44. SKIPPED AS SAID NO TO PREVIOUS QUESTION 88. DON'T KNOW 99. REFUSED
<b>SECTION 9. ABILITY TO GET HELP</b> <b>(ASKED OF ALL RESPONDENTS WHO REPORT ANY LIFETIME GAMBLING)</b>	
264. Have you <b>ever considered</b> getting help to reduce or stop your gambling?	1. YES 0. NO, NEVER CONSIDERED IT, SKIP TO Q 267 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED

265. Have you <b>ever received help or treatment for gambling from</b> self-help groups, doctors, counselors or others?	1. YES 0. NO [SKIP TO Q 267] ENTER 44 IN Q 266 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
266. <i>[IF YES TO ABOVE]</i>  What <b>type of treatment?</b>  <i>[IF R SAYS SELF-HELP, PROMPT THEM TO BE SPECIFIC]</i>  <i>[IF R SAYS TREATMENT, PROMPT THEM TO SPECIFY IN OR OUT OF STATE]</i>  <i>MULTIPLE RESPONSES PERMITTED – RECORD VERBATIM</i>	DON'T READ. RECORD ALL RESPONSES 1. FAMILY MEMBER 2. FRIEND 3. FAMILY DOCTOR 4. MINISTER, PRIEST, RABBI OR OTHER CLERGY 5. EMPLOYEE ASSISTANCE PROGRAM (EAP) 6. VETERAN'S ADMINISTRATION (VA) 7. SCHOOL COUNSELOR 8. OTHER COUNSELOR 9. GAMBLERS ANONYMOUS 10. SOME OTHER SELF-HELP GROUP 11. GAMBLING TREATMENT PROGRAM IN FLORIDA 12. GAMBLING TREATMENT PROGRAM OUTSIDE FLORIDA 13. PSYCHOLOGIST OR PSYCHIATRIST 14. SOCIAL WORKER 15. ALCOHOL OR DRUG ABUSE TREATMENT 16. OTHER 44. NO TO PREVIOUS EVER QUESTION, SO SKIPPED THIS 55. NA, SAID HAVE NEVER BORROWED OR HAD ANY DEBT FOR GAMBLING 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
267. Have you or someone you know attended a self-help group for gambling? <i>[IF YES ASK 268-269, IF NO GO ON TO 270]</i>  <i>IF R POSES A QUESTION, ADVISE THAT Q 267 RELATES TO R ATTENDING A SELF-HELP GROUP FOR SOMEONE ELSE'S GAMBLING PROBLEM, AND/OR IF THEY KNOW OF SOMEONE ELSE WHO HAS ATTENDED A SELF-HELP GROUP FOR GAMBLING.</i>	1. YES 2. NO, SKIP TO Q 270 88. DON'T KNOW 99. REFUSED
268. Who?	DON'T READ, RECORD ALL RESPONSES 1. SELF 2. MOTHER 3. FATHER 4. SISTER 5. BROTHER 6. SON 7. DAUGHTER 8. YOUR HUSBAND OR MALE PARTNER 9. YOUR WIFE OR FEMALE PARTNER 10. SOME OTHER RELATIVE 11. FRIEND 12. OTHER (SPECIFY) _____  44. SKIPPED BECAUSE SAID NO TO Q 267 88. DON'T KNOW 99. REFUSED
269. Which organization sponsored it?	DON'T READ, RECORD ALL RESPONSES 1. GAMBLERS ANONYMOUS 2. GAM-ANON 3. OTHER (SPECIFY) _____ 44. SKIPPED BECAUSE SAID NO TO Q 267

	88. DON'T KNOW 99. REFUSED
270. Have you ever heard of the problem gambling helpline number in Florida, 1-888-ADMIT-IT?  <i>[IF NO, SKIP NEXT 2 QUESTIONS BUT IF R ASKS WHAT IT IS INFORM WITH FOLLOWING:</i>  24-HOUR CONFIDENTIAL, MULTILINGUAL HELPLINE OFFERS FREE PROFESSIONAL TREATMENT, AS WELL AS SELF-HELP LEGAL, AND FINANCIAL REFERRALS, AND SPECIAL PROGRAMS FOR ALL THOSE SEEKING INFORMATION OR SUPPORT FOR GAMBLING PROBLEMS.]	1. YES 2. NO [SKIP TO Q 273] 88. DON'T KNOW 99. REFUSED
271. If yes, where did you first hear about 1-888-ADMIT-IT?	1. FRIEND 2. FAMILY 3. EAP/EMPLOYER 4. BILLBOARD 5. PUBLIC TRANSPORTATION 6. GAMBLER'S ANONYMOUS 7. GAM-ANON 8. OTHER SELF-HELP GROUP 9. GAMBLING ESTABLISHMENT (E.G., CASINO, RACINO, ETC) 10. HOTLINE OR CRISIS INFORMATION LINE 11. COUNSELOR / THERAPIST 12. MEDICAL OR OTHER HEALTH CARE PROFESSIONAL 13. INTERNET 14. PHONE BOOK 15. LOTTERY POINT OF PURCHASE 16. TELEVISION 17. RADIO 18. NEWSPAPER/MAGAZINE 18. OTHER (SPECIFY) _____
272. Have you ever called the number?	1. YES 2. NO 88. DON'T KNOW 99. REFUSED
<p align="center"><b>SECTION 10. GAMBLING RELATED PERCEPTIONS AND COGNITIONS</b></p> <p align="center"><i>(ASKED OF ALL RESPONDENTS)</i></p>	
<b>For the following statements please state whether you STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE.</b>	<i>IF R IS UNSURE OR DOES NOT KNOW AFTER FIRST READING OF QUESTION, REPEAT QUESTION TO THEM. IF STILL UNSURE THEN MARK ACCORDINGLY.</i>
273. Gambling is a problem in the State of Florida.	1. STRONGLY AGREE 2. AGREE 3. DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
274. Gambling is a problem in my community	1. STRONGLY AGREE 2. AGREE

	3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
275. Gambling advertisements on television should be banned.	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
276. Gambling is a good way to make money.	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
277. Problem gambling can be disruptive to a person and their family, just like having a problem with alcohol.	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
278. Gambling is a sin.	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
279. Parents who gamble strongly influence their kids to gamble.	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
280. Most forms of gambling should be banned in Florida.	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
281. Gambling is important for providing financial support for things like education.	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
282. As long as state government promotes the lottery, it should fund programs for people who experience gambling related problems?	1. STRONGLY AGREE 2. AGREE 3.DISAGREE 4. STRONGLY DISAGREE



	5. UNSURE 88. DON'T KNOW 99. REFUSED
283. Most people in Florida engage in some form of gambling.	1. STRONGLY AGREE 2. AGREE 3. DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
284. Casinos or racinos are safe places to be.	1. STRONGLY AGREE 2. AGREE 3. DISAGREE 4. STRONGLY DISAGREE 5. UNSURE 88. DON'T KNOW 99. REFUSED
<b>SECTION 11. DEMOGRAPHICS/PERSONAL</b> (ASKED OF ALL RESPONDENTS)	
285. Are you <b>currently</b> married, single, widowed, divorced, or separated?	1. MARRIED, COMMON-LAW, CO-HABITATION 2. WIDOWED 3. DIVORCED 4. SEPARATED 5. SINGLE 6. OTHER. 99. REFUSED
286. How <b>many times</b> have you been married, if ever?	1. NEVER 2. ONCE 3. TWICE 4. 3 TIMES 5. 4 TIMES 6. 5 TIMES 7. MORE THAN 5 TIMES 99. REFUSED
287. Did you <b>live with</b> your spouse or partner during the past year?	1. YES 0. NO 44. NO SPOUSE/PARTNER THIS PAST YEAR 99. REFUSED
288. How <b>many people, including yourself</b> , have lived in your household since March [or April] 2010?	1. ONE 2. TWO 3. THREE 4. FOUR 5. FIVE 6. SIX 7. MORE THAN 6 88. DON'T KNOW 99. REFUSED
289. How <b>many children of yours</b> under age 18 were living with you this past year?	1. NONE 2. ONE 3. TWO 4. THREE 5. FOUR 6. FIVE 7. SIX MORE THAN 6 88. DON'T KNOW

	99. REFUSED
290. What <b>year</b> were you born?	_____ (YEAR)
291. Which of the following best describes <b>your racial or ethnic group</b> ? Caucasian, African- American, Hispanic/Latino, Native American, Asian/Pacific Islander, or another race or ethnicity.	1. WHITE/CAUCASIAN (NON-HISPANIC) 2. BLACK/AFRICAN AMERICAN 3. HISPANIC / LATINO 4. NATIVE AMERICAN 5. ASIAN/PACIFIC ISLANDER 6. OTHER RACE OR ETHNICITY _____ 88. DON'T KNOW 99. REFUSED
292. What is the <b>primary language spoken</b> in your household?	1. ENGLISH 2. SPANISH 3. FRENCH 4. PORTUGUESE 5. CREOLE 6. OTHER (SPECIFY) _____ 99. REFUSED
293. How would you describe your religious affiliation?	1. PROTESTANT (CHRISTIAN, BAPTIST, METHODIST, PRESBYTERIAN, PENTECOSTAL) 2. CATHOLIC 3. JEWISH 4. MUSLIM 5. BUDDHIST 6. HINDU 7. ATHEIST/ AGNOSTIC/ PAGAN 9 OTHER _____ 88. DON'T KNOW 99. REFUSED
294. In the <b>past year</b> , about how often did you engage in <b>physical activity or play sports</b> ?	1. ONCE A DAY 2. MORE THAN ONCE A WEEK 3. ONCE A WEEK 4. MORE THAN ONCE A MONTH 5. ONCE A MONTH 6. MORE THAN ONCE A YEAR 7. ONCE A YEAR 8. NOT AT ALL 88. DON'T KNOW 99. REFUSED
295. During a <b>typical 7-day period</b> (week), in your leisure time, <b>how often do you engage in any regular activity long enough to work up a sweat, or get your heart beating rapidly</b> ?	1. ONCE A DAY 2. MORE THAN ONCE A WEEK 3. ONCE A WEEK 4. MORE THAN ONCE A MONTH 5. ONCE A MONTH 6. MORE THAN ONCE A YEAR 7. ONCE A YEAR 8. NOT AT ALL 88. DON'T KNOW 9. 99. REFUSED
296. What is the <b>highest level of education</b> you have <b>completed</b> ?	[DO NOT READ] 1 ELEMENTARY SCHOOL 2 SOME HIGH SCHOOL 3 HIGH SCHOOL DEGREE OR G.E.D 4 SOME COLLEGE, 5 ASSOCIATE DEGREE OR OTHER DEGREE (VOCATIONAL, TECHNICAL OR TRADE SCHOOL) 6 BACHELORS DEGREE 7 MASTERS DEGREE 8. OTHER HIGHER DEGREE (PH.D, J.D. M.D.) 88 OTHER: SPECIFY _____ 99. REFUSED
297. Have you <b>ever been in the Armed</b>	1. YES

<b>Services?</b>  <i>IF YES, ASK “CURRENTLY?”</i>	2. YES, CURRENTLY 0. NO 99. REFUSED
298. Have you <b>ever been disabled</b> ?  <i>IF YES, ASK “CURRENTLY?”</i>	1. YES 2. YES, CURRENTLY 0. NO 99. REFUSED
299. <b>Last week were you working full time, part time, or not working at all?</b>  <i>[IF WORKING, Q 304 IS SKIPPED]</i>	1. WORKING FULL-TIME 2. PART TIME 3. NOT WORKING (ENTER 44 IN Q 300 AND SKIP TO Q 301) 99. REFUSED
300. How <b>long</b> have you had this job?	1. LESS THAN ONE MONTH 2. 1-5 MONTHS 3. 6 – 11 MONTHS 4. 12 MONTHS (1 YEAR) - 18 MONTHS 5. 19 MONTHS – 24 MONTHS (2 YEARS) 6. 25 MONTHS (MORE THAN 2 YEARS) – 48 MONTHS (4 YEARS) 7. 49 MONTHS (MORE THAN 4 YEARS) TO 60 MONTHS (5 YEARS) 8. MORE THAN 5 YEARS 44. NOT EMPLOYED SO SKIPPED THIS QUESTION 88. DON'T KNOW 99. REFUSED
301. How many different jobs did you hold last year?	1. 0 2. 1-2 3. 3-4 4. 5 OR JOBS 5. NOT WORKING, DISABLED 44. NOT WORKING LAST YEAR 99. REFUSED
302. Have you worked multiple jobs <b>at the same time</b> in the past year?	1. YES 0. NO 44. NOT EMPLOYED SO SKIPPED THIS QUESTION 88. DON'T KNOW 99. REFUSED
303. Have <b>you previously retired</b> from any full time jobs?	1. YES 0. NO 99. REFUSED
304. If not working, are <b>you a student, homemaker/househusband, completely retired, disabled, or unemployed?</b>  <i>[THIS QUESTION SKIPPED IF CURRENTLY WORKING]</i>	1. AN UNEMPLOYED STUDENT 2. HOMEMAKER/HOUSEHUSBAND 3. COMPLETELY RETIRED 4. DISABLED 5. UNEMPLOYED 8. SOMETHING ELSE 10. QUESTION SKIPPED AS RESPONDENT IS EMPLOYED 99. REFUSED
305. When you do (or did) work, what kind of work do (did) you <b>normally perform</b> ?	CHOOSE ONE:  1. HAVE NEVER WORKED 2. ACCOUNTING/BOOKKEEPING 3. BANKING/FINANCIAL 4. BROKER / STOCK MARKET 5. BUSINESS OWNER 6. COUNSELOR 7. EDUCATOR/TEACHER 8. FARMING/AGRICULTURE 9. GAMBLING INDUSTRY 10. LABORER- CONSTRUCTION

	11. LABORER – OTHER 12. LAW ENFORCEMENT 13. LAWYER 14. LEGAL PROFESSIONAL 15. MANAGER 16. MATHEMATICAL AND COMPUTER SCIENTISTS 17. MEDICAL/HEALTH CARE PROFESSIONAL-TECHNICIAN 18. MEDICAL/HEALTH CARE PROFESSIONAL-NURSE 19. MEDICAL/HEALTH CARE PROFESSIONAL-PHYSICIAN 20. MILITARY 21. PERSONAL CARE AND SERVICE 22. PHYSICAL/OCCUPATIONAL THERAPIST 23. RETAIL SERVICES 24. SALES 25. SECRETARIAL/ASSISTANT 26. SERVICE INDUSTRY 27. SERVICE INDUSTRY- BAR / RESTUARANT WORKER 28. SKILLED CRAFTSMAN 29. STATE/LOCAL/FEDERAL GOVERNMENT 30. SOCIAL WORKER 31. TAXI CAB DRIVER 32. TRANSPORTATION AND MATERIAL MOVING 33. TRUCKER 34. PROFESSIONAL – OTHER 35. OTHER (SPECIFY) _____  88. DIDN'T KNOW 99. REFUSED
306.If you have <b>taken paid vacation time in the past year</b> to gamble, about how much time was that?	1. LESS THAN ONE WEEK 2. ONE WEEK 3. TWO WEEKS 4. THREE WEEKS 5. ONE MONTH 6. MORE THAN ONE MONTH 7. NO (HAS NEVER TAKEN PAID VACATION TO GAMBLE). 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
307. If you've <b>missed work or used sick days</b> to gamble in the <b>past year</b> , how much time was that altogether?	1. LESS THAN ONE WEEK 2. ONE WEEK 3. TWO WEEKS 4. THREE WEEKS 5. ONE MONTH 6. MORE THAN ONE MONTH 7. NO (NOT MISSED WORK OR USED SICK DAYS TO GAMBLE) 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO (HAS NEVER SPENT ANY MONEY ON GAMBLING). 88. DON'T KNOW 99. REFUSED
308. Last year, how much income, <b>before any taxes</b> did you <b>personally</b> earn?	1. UP TO \$2,499 2. \$2,500 - \$2,999 3. \$3,000 - \$4,999 4. \$5,000 - \$9,999 5. \$10,000 - \$14,999 6. \$15,000 - \$24,999 7. \$25,000 - \$34,999 8. \$35,000 - \$44,999 9. \$45,000 - \$59,999 10. \$60,000 - \$89,999 11. \$90,000 - \$124,999

	12. \$125,000 - \$149,999 13. \$150,000 - \$174,999 14. \$175,000 OR MORE 88. DON'T KNOW 99. REFUSED
309. What was your total <b>household income before taxes last year?</b> <i>IF R ASKS DIFFERENCE BETWEEN HOUSEHOLD INCOME AND PERSONAL INCOME, SAY:</i> Household income would be you and your spouse or partner, or your parents or others if you depend on them for support.	1. UP TO \$2,499 2. \$2,500 - \$2,999 3. \$3,000 - \$4,999 4. \$5,000 - \$9,999 5. \$10,000 - \$14,999 6. \$15,000 - \$24,999 7. \$25,000 - \$34,999 8. \$35,000 - \$44,999 9. \$45,000 - \$59,999 10. \$60,000 - \$89,999 11. \$90,000 - \$124,999 12. \$125,000 - \$149,999 13. \$150,000 - \$174,999 14. \$175,000 OR MORE 88. DON'T KNOW 99. REFUSED
310. Which do you <b>currently rent or own as your primary residence?</b>  <b>An apartment or duplex, a house, a condominium, a mobile home or trailer, or something else?</b>	1. OWN - A MOBILE HOME OR TRAILER – SKIP TO Q 312 2. RENT – MOBILE HOME, TRAILER – SKIP TO Q 312 3. RENT AN APARTMENT, CONDO OR DUPLEX - SKIP TO Q 312 4. OWN - A HOUSE - SKIP TO Q 312 5. RENT – A HOUSE SKIP TO Q 312 6. OWN - A CONDOMINIUM, DUPLEX, TOWNHOME – SKIP TO Q 312 7. LIVE IN ASSISTED LIVING OR SENIOR HOME, ASK Q. 311 8. OTHER : SPECIFY _____ 88. DON'T KNOW 99. REFUSED
311. <i>IF LIVING IN AN INSTITUTION, ASSISTED LIVING, SENIOR CITIZENS HOME, OR NURSING HOME FACILITY, ASK:</i>  Does the (home, agency, facility) offer gambling in any form?	1. YES 0. NO 88. DON'T KNOW 99. REFUSED
312. In <b>the past month</b> , how much <b>has your household spent altogether on housing</b> (including rent and mortgage payments, upkeep and utilities)? <i>[IF R SAYS, "DK", SAY,] "Your best estimate is fine."</i>	1. UP TO \$1,000 2. \$1,000-2,499 3. \$2,500 - \$2,999 4. \$3,000 - \$4,999 5. \$5,000 - \$9,999 6. \$10,000 - \$14,999 7. \$15,000 - \$19,999 8. \$20,000 OR MORE 88. DON'T KNOW (PROBE FOR BEST ESTIMATE) 99. REFUSED
313. Have you ever been <b>homeless?</b> <i>[IF SAID YES, 322 MUST ALSO BE ASKED.]</i>	1. YES 0. NO. SKIP TO QUESTION 315 88. YES, CURRENTLY HOMELESS 99. REFUSED
314. If so, did <b>gambling contribute to your homelessness?</b>	1. YES 0. NO 66. NA, LESS THAN \$25 GAMBLED IN ANY YEAR 77. NO, NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
315. Have you ever received public assistance of any kind?	1. YES 0. NO 88. DON'T KNOW

	99. REFUSED
316. Would you say that you are now gambling more, less than, or about the same as you did one year ago?	1. MORE 2. LESS THAN 3. ABOUT THE SAME 77. NEVER GAMBLED 88. DON'T KNOW 99. REFUSED
317. What is your <b>zip code</b> ? (1)  <i>(IF A PERSON IDENTIFIES MORE THAN ONE, ASK FOR THE FLORIDA BASED ZIP CODE WHERE THEY SPENT MOST OF THEIR TIME SINCE [MARCH OR APRIL] 2010.)</i>  ONLY RECORD FLORIDA ZIP CODES	1. IN FLORIDA (SPECIFY) _____  2. OUTSIDE FLORIDA
That was our last question, unless you think there is something else we should know about gambling in Florida? We'd like to thank you very much for your time and cooperation. <i>IF R REQUESTS MORE INFORMATION, SAY,</i> For more information about this study, contact Dr. Robert Rotunda, Project Director, University of West Florida at 850-474-2294 OR email him at <a href="mailto:rrotunda@uwf.edu">rrotunda@uwf.edu</a>	
IS RESPONDENT A MALE OR A FEMALE? [DON'T ASK.]	1. MALE 2. FEMALE    3. CANNOT TELL

### Appendix III: Perceptions of Gambling Harm Scale

Directions: Please indicate on a scale from 1 to 4 if you **strongly agree**, **agree**, **disagree** or **strongly disagree** for the following statements.

1. Gambling is a problem in the State of Florida. (May substitute location of interest)

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

2. Gambling is a problem in my community.

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

3. Gambling advertisements on television should be banned.

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

4. Gambling is a sin.

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

5. Parents who gamble strongly influence their kids to gamble.

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

6. Most forms of gambling should be banned in Florida.

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

7. Gambling is important for providing financial support for things like education.\*

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

8. Casinos or racinos are safe places to be.\*

Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	Don't Know
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	-	-

\*Note: Items 7 and 8 are reverse scored.