Worksheet 7.1
Consequences of Gambling Checklist

Name: ___________________
Date: ____________________

Place a check mark next to any item that occurred as a result of gambling.

For each item checked please rate how bothered you were by that consequence

<table>
<thead>
<tr>
<th>Occurred (Checkmark)</th>
<th>Bothered (0-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

- Occupied too much time
- Conflict at work
- Felt out of control
- Couldn’t keep mind on job
- Arguments with Spouse/Partner
- Arguments with children
- Argument with other family members
- Lost self-respect
- Felt guilty
- Spent less time with non-gambling friends
- Told lies
- Didn’t give others attention
- Unpaid debts on credit cards
- Unpaid debts to banks/lending institutions
- Late paying household bills
- Late paying loans
- Late paying credit cards
- Illegal acts (other than gambling itself)
- Unable to take vacations
- Spouse/partner criticized you
- Friends criticized you
- Family members criticized you
- Employer/co-worker criticized you
- Violated your personal values
- Unable to reach your career goals
- Unable to reach your family goals
- Unable to reach your financial goals
- Unable to reach your spiritual goals
- Kept secrets from people you’re close to
- Became violent
- Thought about dying
- Thought about hurting yourself
- Tried to hurt yourself
- Lost a job
- Had things you purchased reposed
- Late paying rent

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