

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

0	1	2	3	4		
Not at all		somewhat		Very Much		
					Occurred	Bothered
					(Checkmark)	(0-4)
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					_____	_____