



**Diagnostic Interview
for Gambling Severity (DIGS)
DSM IV: Compulsive Gambling**

Name: _____

Date: _____

Directions: Please indicate how the following statements apply to you.

DIGS Question	Very True	Somewhat True	False
1. Have there been periods in your life when you spent time thinking about past gambling experiences or thinking about future gambling ventures?	_____	_____	_____
2. Have you frequently thought about ways of getting money with which to gamble?	_____	_____	_____
3. Have you had periods when you needed to increase your frequency of betting in order to obtain the same feelings of excitement?	_____	_____	_____
4. Have you ever needed to gamble with increasing amounts of money or with larger bets in order to obtain the same feeling of excitement?	_____	_____	_____
5. Have you often tried to cut down or control your gambling and found it difficult?	_____	_____	_____
6. Have you tried to stop gambling several times in the past and been unsuccessful?	_____	_____	_____
7. Did you feel quite restless or irritable after you tried to cut down or stop gambling?	_____	_____	_____
8. Did you notice that you were not your normal self when you attempted to cut down or stop gambling?	_____	_____	_____
9. Do you feel that you gamble as a way to escape personal problems?	_____	_____	_____
10. Does gambling seem to relieve uncomfortable emotions such as anxiety or depression?	_____	_____	_____
11. When you lose money gambling on a given day, did you often return soon another day to win back your losses?	_____	_____	_____

**Diagnostic Interview
for Gambling Severity (DIGS)
DSM IV: Compulsive Gambling**

DIGS Question	Very True	Somewhat True	False
12. When you had a large gambling debt, did you gamble more frequently in the hopes of winning back your money?	_____	_____	_____
13. Have you often lied to family members, friends, co-workers or teachers about the extent of your gambling or of your gambling debt?	_____	_____	_____
14. Have you often hid the signs of your gambling, such as betting slips, IOU's, lottery tickets, or money you've won from your family, friends, co-workers or teachers?	_____	_____	_____
15. Have you ever forged a check or stole something in order to finance your gambling habits?	_____	_____	_____
16. Have you ever committed any other illegal acts, such as embezzlement or fraud to support your gambling habit?	_____	_____	_____
17. Have you had periods when your gambling or betting caused problems in your relationships with family, friends, co-workers or teachers?	_____	_____	_____
18. Have you had to approach other people and ask them to lend you money because of your financial problems due to gambling?	_____	_____	_____
19. Have you actually borrowed a lot of money from friends or others, or have you had to sell personal property, or engaged in any illegal behavior because of your financial problems caused by gambling?	_____	_____	_____

Patient signature: _____

Date: _____ **Time:** _____ **Score:** _____