Adult Gambling Behaviors in Indiana

2021

PREVENTION INSIGHTS
AT THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH
Applying Addiction Science for Healthier Communities

Indiana Council on Problem Gambling, Inc.

Report on Adult Gambling Behaviors in Indiana

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Introduction

Gambling was legalized in Indiana in 1989 with the establishment of the State Lottery Commission and the Hoosier Lottery. The State sells scratch-off and jackpot drawing tickets. Indiana also participates in the multi-state Powerball and Mega Millions lottery games.

The Indiana Gaming Commission was created in 1993 when the State enacted the Riverboat Gambling Act. Indiana currently has twelve commercial casinos, one tribal-based casino, and two 'racinos' combining horse-race betting and gaming facilities.

In 2019, the Indiana legislature approved sports gambling. Other forms of legal gambling in Indiana include pull-tabs, number boards, bingo, and charitable gaming.

The Indiana Council on Problem Gambling contracted with Prevention Insights at the Indiana University School of Public Health-Bloomington to survey Indiana adults to assess the scope of gambling activities, the prevalence of problem gambling behaviors, and awareness of available problem gambling resources in the state. The *2021 Adult Gambling Behaviors in Indiana* study received approval by the Indiana University Institutional Review Board (IRB), protocol #2012218523, as exempt. The survey was conducted by Prevention Insights in spring 2021. This report presents findings from the survey.

A random address-based sample of 2,700 households in Indiana was drawn by the Center for Survey Research at Indiana University to be proportional to the adult population within the ten planning regions used by the Indiana Division of Mental Health and Addiction at the time. A discussion of the sampling methodology can be found in Appendix B.

An invitation letter was mailed to the sampled households with instructions that the adult with the most recent birthday should complete the questionnaire. The invitation letter contained a description of the study, a QR code and URL with which to access the online survey in Qualtrics XM, and a $1 bill. Invitees were informed they should keep the $1 whether they completed the survey or not. A postcard reminder was sent to the sampled households two weeks after the initial invitation letter was mailed. A second reminder with a paper survey and return envelope was mailed two weeks after the first reminder postcard was mailed. An additional incentive ($5 gift card) was offered to those who completed the survey.

The questionnaire was designed by Prevention Insights with input from the Indiana Council on Problem Gambling and the 2018 Survey of Adult Iowans Toward Prevalence of Gambling1.[1] The questionnaire included the 9-item Pathological Gambling Diagnostic Form (DSM-V),[2] the 17-item NORC Diagnostic

[1] Park, K., Losch, M., Muilenburg, R., & Zubrod, A. (2019). Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans Toward Prevalence of Gambling. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

[2] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Screen for Gambling Problems (NODS),[3] and the 9-item Problem Gambling Severity Index (PGSI).[4] Additional questions were added to assess individuals' awareness of problem-gambling services and health-related experiences, and to collect demographic data.

Surveys were collected between March and May 2021. A total of 495 surveys were completed (380 online and 115 on paper) and 105 invitation letters were returned as non-deliverable, resulting in a response rate of 19.1%. Table 20 in Appendix A presents the demographic data from the survey respondents. Data were weighted to ensure proportional representation to the overall Indiana adult population. Chi-Square tests of independence were conducted to determine if statistically significant differences between demographic categories were observed. A Bonferroni correction was applied when post hoc pairwise comparisons were needed. Significant differences were noted in the respective tables. A complete description of the data processing methodology can be found in Appendix B.

SUMMARY OF FINDINGS

- Approximately 84.8% of Indiana adults reported participating in at least one gambling activity in the past year.
- 71.7% people reported playing any lottery in the past year.
- 20.5% people participated in any sports gaming in the past year.
- 46.2% of Indiana adults reported visiting casinos to gamble in the past year.
- There were some statistically significant differences in overall gambling participation associated with demographic characteristics:
    - Males were more likely to participate in any sports gaming than females.
    - Younger adults (18 – 34 years) reported more participation in any sports gaming and other gambling activities than older adults.
- The prevalence of problem gambling in Indiana was less than 5% of the adult population.
    - 4.1% of the adult population had gambling disorders based on the DSM-V.
    - 3.4% of the population were pathological gamblers based on the NODS.
    - 2.5% of the population reported severe problematic gambling based on the PGSI.
- There were statistically significant differences in problem gambling associated with demographic characteristics:
    - Men reported more pathological gambling than women (6.9% vs. 0.5%) on the NODS.
    - Younger adults (18 – 34 years) were more likely to be grouped into low severity categories than older adults.
- 44.8% of Indiana adults were aware of the gambling helpline 1-800-9WITHIT.
- 1.2% of Indiana adults had ever sought treatment for a gambling problem.

[3] Gerstein, D., Volberg, R. A., Toce, M. T., Harwood, H., Johnson, R. A., Buie, T., & Sinclair, S. (1999). Gambling impact and behavior study: Report to the national gambling impact study commission. Chicago: National Opinion Research Center.

[4] Ferris, J. A., & Wynne, H. J. (2001). *The Canadian problem gambling index* (pp. 1-59). Ottawa, ON: Canadian Centre on Substance Abuse.

    - People who were categorized into severe problem gambling were more likely to seek treatment for a gambling problem (29.3% of people with gambling disorder on the DSM-V, 34.6% of pathological gamblers on the NODS, and 42.7% of problem gamblers on the PGSI).
- The mean number of mentally unhealthy (i.e., stress, depression, and problems with emotions) days was 5.3 days during the past month.

Key Findings

Prevalence of Gambling Activities

Gambling is the wagering of money or something of value on an event with an uncertain outcome. Here, we present the percentage of Indiana adults estimated to participate in various gambling activities, as well as 95% Confidence Intervals (CI). Each 95% CI provides two percentages, a low and a high value; there is a 95% probability that the range of percentages includes the true population value. For example, this study found that approximately 84.8% of Indiana adults participated in at least one gambling activity in the 12 months prior to the survey. The 95% CI was 79.7 to 88.9, meaning that we are 95% certain that the true prevalence of gambling among Indiana adults is between 79.7% and 88.9%, with our current 'best estimate' being 84.8%.

The most common gambling activities that respondents participated in were lotteries [61.0%; 95% CI: 54.8, 66.9], scratch tickets [59.0%; 95% CI: 52.8, 64.9], and raffle tickets [49.9%; 95% CI: 43.6, 56.2]. There were some statistically significant differences in overall gambling participation associated with demographic characteristics. Males were more likely to participate in any sports gaming than females. Younger adults reported more participation in any sports gaming and other gambling activities than older adults.

For individual gambling activities, males were more likely than females to report table games, video poker, other sports betting, fantasy sports, and high-risk trading. Females were more likely than males to report bingo. Younger individuals (18-34 years) were more likely to report participating in multiple gambling activities, including dice games, other sports betting, card games, games of personal skill, fantasy sports, online gambling, and high-risk trading. The survey found that middle-aged respondents (35 – 54 years) were more likely to report office pool participation. Gambling rates did not vary widely by household income, except households with less than $50,000 of annual income were more likely to report online gambling and less likely to report participation in raffle tickets.

Table 1. Population estimates and percentages of Indiana adults who reported gambling in selected categories in the past twelve months, 2021

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Any Gambling	4,305,550	84.8	79.7	88.9
Any Lottery	3,647,866	71.7	66.0	76.8
Any Casino	2,031,805	40.4	34.2	47.0
Any Sports Gaming	1,028,196	20.5	15.6	26.4
Other Gambling Activities	3,673,708	72.3	66.3	77.6

Note. "Any lottery" includes scratch tickets or pull tabs, lottery tickets (numbers), and video lottery machines. "Any casino" includes slot machines, table games at casino, video poker/keno/blackjack, dice games, live keno, bingo, and racetracks (on horses or dogs). "Any sports gaming" includes betting on fantasy sports leagues and sport betting on professional, college or amateur events. "Other gambling activities" include card games with friends, family, or others (not at casinos), personal skills such as pool, bowling, video games, or playing basketball, office pools (including tournament brackets), raffle tickets (including those supporting charities), high-risk trading of stocks, commodities, or futures, online gambling, and betting or gambling using some other game, activity, or event.

Figure 1. Visualization of percentages of Indiana adults who gambled on any activity in the past twelve months by gender, age, and household income, 2021

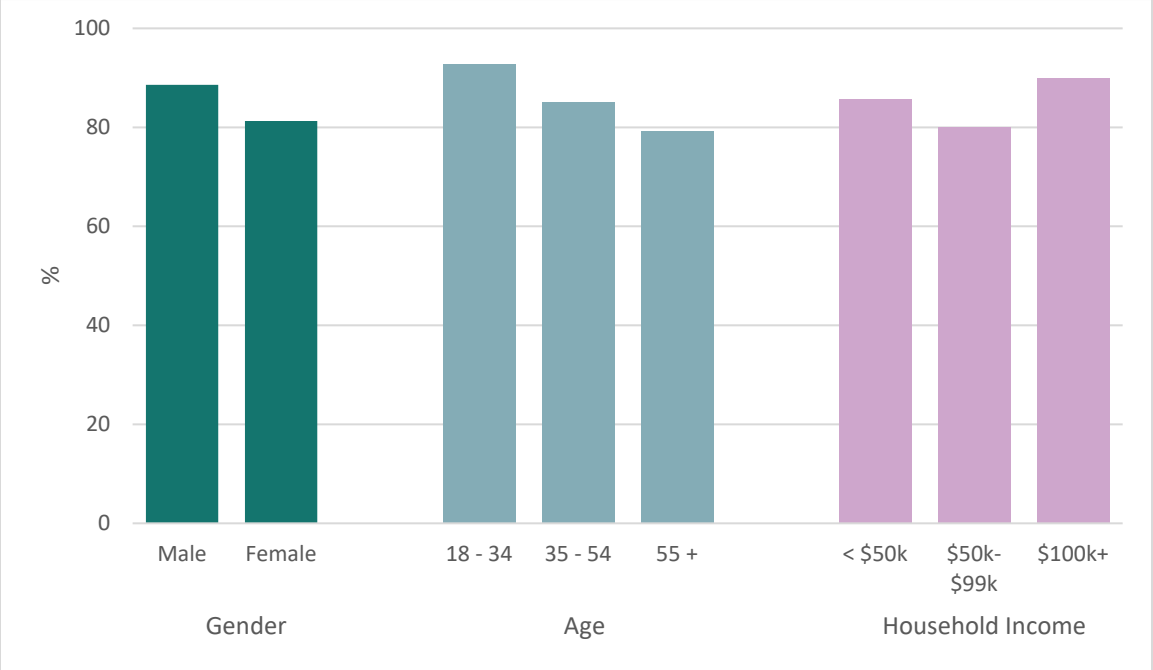

Table 2. Percentages and comparisons of Indiana adults who reported gambling in selected categories in the past twelve months by gender, age, and household income, 2021

	Gender			Age				Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	< $50k	$50k- $99k	$100k +	Sig.
Any Gambling	88.6	81.3		92.7	85.0	79.2		85.6	80.0	90.0	
Any Lottery	74.0	69.2		75.0	74.0	68.1		75.5	69.0	68.2	
Any Casino	39.5	40.9		49.6	42.0	31.6		37.5	44.2	35.8	
Any Sports Gaming	29.8	12.7	*	36.7	18.9	9.3	*	18.6	18.3	25.2	
Other Gambling Activities	75.4	71.2		84.0	74.2	61.4	*	69.8	71.6	78.3	

Notes. "Any lottery" includes scratch tickets or pull tabs, lottery tickets (numbers), and video lottery machines. "Any casino" includes slot machines, table games at casino, video poker/keno/blackjack, dice games, live keno, bingo, and racetracks (on horses or dogs). "Any sports gaming" includes betting on fantasy sports leagues and sport betting on professional, college or amateur events. "Other gambling activities" include card games with friends, family, or others (not at casinos), personal skills such as pool, bowling, video games, or playing basketball, office pools (including tournament brackets), raffle tickets (including those supporting charities), high-risk trading of stocks, commodities, or futures, online gambling, and betting or gambling using some other game, activity, or event.

Sig. = Significance probability, * $p < .05$.

Table 3. Population estimates and percentages of Indiana adults who reported gambling in selected activities in the past twelve months, 2021

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Scratch tickets	3,002,498	59.0	52.8	64.9
Lotteries	3,093,931	61.0	54.8	66.9
Video lottery machines	259,848	5.2	2.6	10.1
Slot machines	1,304,268	25.7	20.4	31.9
Table games	634,648	12.6	8.6	18.0
Video poker	654,909	13.0	8.9	18.5
Dice games	489,776	9.7	6.1	15.2
Live keno	103,240	2.1	0.7	6.3
Bingo	608,823	12.1	8.4	17.2
Racetracks	445,961	8.8	5.6	13.5
Other sports betting	712,941	14.1	10.0	19.6
Card games	2,229,226	44.2	38.0	50.5
Games of personal skill	2,031,205	40.1	34.0	46.5
Fantasy sports	685,311	13.6	9.6	19.1
Office pools	998,292	19.8	15.5	25.0
Raffle tickets	2,534,313	49.9	43.6	56.2
Online gambling	409,349	8.1	4.9	13.2
High-risk trading	856,629	17.1	12.5	22.8
Other games	741,845	14.8	10.6	20.4

Table 4. Percentages of Indiana adults who reported gambling in selected activities in the past twelve months by gender, age, and household income, 2021

	Gender			Age				Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	< $50k	$50k-$99k	$100k +	Sig.
Scratch tickets	55.3	61.5		66.2	61.9	51.2		64.4	52.0	55.7	
Lotteries	65.9	57.4		49.3	67.9	65.0		60.3	64.3	61.9	
Video lottery machines	6.9	4.0		6.8	7.9	1.8		8.9	5.6	0.0	
Slot machines	28.5	22.9		20.4	29.7	27.3		18.8	33.1	27.1	
Table games	19.5	6.2	*	13.2	15.3	9.4		10.1	13.4	12.3	
Video poker	18.9	8.1	*	16.2	17.3	6.9		15.0	13.5	12.7	
Dice games	9.5	10.1		18.0	11.4	1.6	*	11.1	9.6	4.8	
Live keno	3.4	1.0		4.9	0.0	1.9		5.3	0.0	0.4	
Bingo	7.1	16.8	*	16.7	14.1	5.9		14.2	11.7	5.4	
Racetracks	11.8	6.5		8.5	10.0	8.4		6.3	13.9	7.0	
Other sports betting	22.9	6.6	*	23.1	15.1	6.3	*	13.6	16.0	14.4	
Card games	47.1	42.8		63.4	41.6	32.2	*	45.0	44.8	41.5	
Games of personal skill	45.8	35.6		52.9	44.1	27.2	*	42.7	38.0	41.4	
Fantasy sports	19.0	9.2	*	31.3	7.5	5.5	*	11.9	11.1	17.6	
Office pools	24.4	16.1		12.6	29.1	17.0	*	13.9	21.6	27.2	
Raffle tickets	51.3	49.7		45.8	58.0	46.0		40.2	54.9	58.5	*
Online gambling	10.8	6.1		15.3	8.4	2.4	*	14.4	7.0	2.5	*
High-risk trading	24.9	10.0	*	26.9	15.8	10.3	*	14.8	17.3	18.2	
Other games	15.4	14.7		23.5	13.5	9.4		20.1	11.8	12.3	

Note. Sig. = Significance probability, * $p < .05$.

Prevalence of At-Risk or Problem Gambling

Problem gambling is defined as behavior that results in harmful effects to the gambler, their family, friends, coworkers, or others. A gambling disorder is a behavioral addiction diagnosis characterized by a loss of control over gambling, a preoccupation with gambling, and a continuation of the behavior despite adverse consequences.[5]

In 1980, the American Psychiatric Association established a screening tool to diagnose pathological gambling.[6] The most recent version of the tool (DSM-V[7]) consists of nine items and classifies the diagnosis as a behavioral addiction disorder instead of the earlier classification as an impulse control disorder. The screen assesses difficulties in controlling gambling behavior and adverse consequences of gambling. Both the National Opinion Research Center Diagnostic Screen for Gambling Problems (NODS) and the Problem Gambling Severity Index (PGSI), which were included in the Indiana study, were derived from the American Psychiatric Association's screening instrument. The DSM-V criteria are used in clinical settings to determine if a gambling disorder is present. Both the NODS and PGSI assess problem gambling across a continuum of risk, with thresholds for low, moderate, and high levels of severity. Item content on the NODS is closely aligned with the DSM-V screen, while the PGSI includes several unique items to assess negative consequences. The PGSI includes four items that measure difficulties in controlling gambling and five items that assess adverse consequences of gambling. Research shows that PGSI is a relatively brief and straightforward tool with high internal reliability and uni-dimensionality in identifying those at risk of developing gambling problems among general population.[8,9]

Figure 2 shows the percentages of respondents who had gambling problems on the DSM-V and NODS screening tools. The two screens resulted in slight variations in the percent of Indiana adults falling within the severity categories; 4.1% [95% CI: 1.8, 9.0] of adults were classified as having gambling disorders on the DSM-V and 3.4% [95% CI: 1.3, 8.6] of adults were classified as having pathological gambling on the NODS. There were no statistically significant differences in problem gambling associated with age and household income. However, men reported more pathological gambling than women (6.9% vs. 0.5%).

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[5] National Research Council. (1999). *Pathological gambling: A critical review.* National Academies Press. DOI: 10.17226/6329

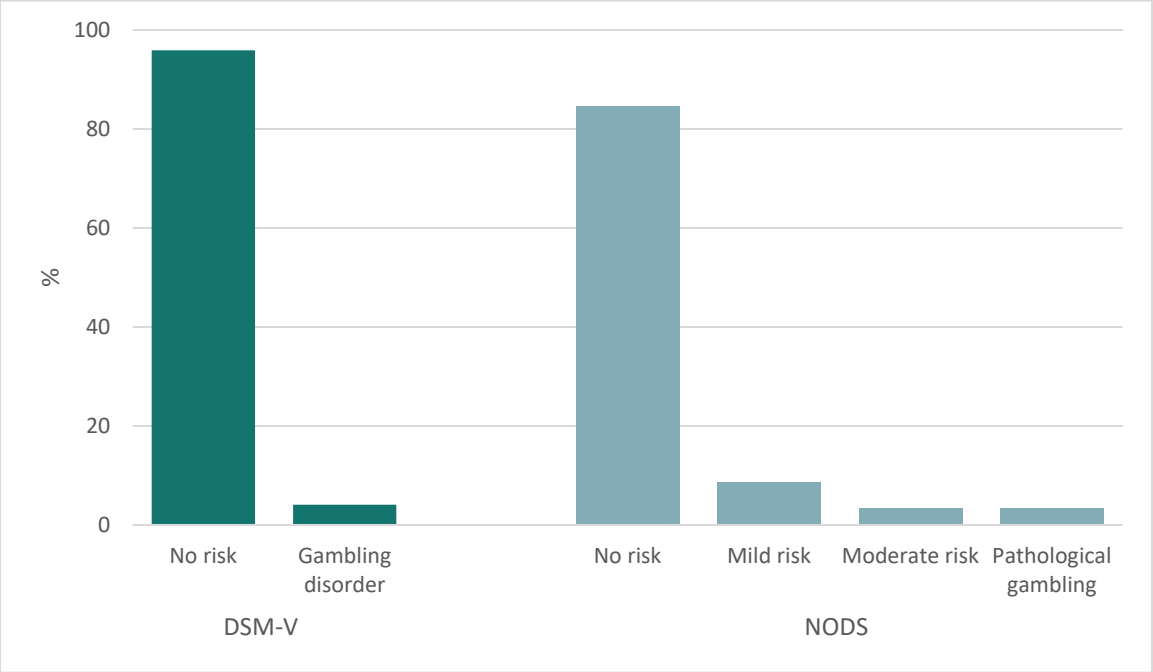
[6] American Psychiatric Association. (1980). *DSM-III: Diagnostic and statistical manual of mental disorders.* (3rd ed.). American Psychiatric Association.

[7] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

[8] Orford J., Wardle H., Griffiths M., Sproston K., Erens B. (2010). PGSI and DSM-IV in the 2007 British Gambling Prevalence Survey: Reliability, item response, factor structure and inter-scale agreement. *International Gambling Studies* (10: 1): 31-44. DOI:10.1080/14459790903567132

[9] Holtgraves T. (2008). Evaluating the Problem Gambling Severity Index. *Journal of Gambling Behavior* (25:1) 105-120. DOI:10.1007/s10899-008-9107-7

Figure 2. Visualization of percentages of Indiana adults by problem gambling using DSM-V and NODS, 2021



Note. On the DSM-V, a score or 4 or higher indicates a gambling disorder. On the NODS screen, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk, and 5 or more indicates a likely diagnosis of a gambling disorder.

Table 5. Population estimates and percentages of Indiana adults falling in problem gambling using DSM-V and NODS, 2021

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
DSM-V				
Low risk	4,886,658	95.9	91.0	98.2
Gambling disorder	206,554	4.1	1.8	9.0
NODS				
No risk	4,320,258	84.8	79.2	89.1
Mild risk	432,351	8.5	5.5	12.8
Moderate risk	165,279	3.3	1.7	6.2
Pathological gambling	175,324	3.4	1.3	8.6

Note. On the DSM-V, a score or 4 or higher indicates gambling disorder. On the NODS, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk of problem gambling, and 5 or more indicates a likely diagnosis of a pathological gambling.

Table 6. Percentages of Indiana adults falling in problem gambling using DSM-V and NODS by gender, age, and household income, 2021

	Gender			Age				Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	< $50k	$50k-$99k	$100k +	Sig.
DSM-V											
Low risk	93.3	98.1		91.3	100.0	95.7		95.3	92.9	99.5	
Gambling disorder	6.7	1.9		8.7	0.0	4.3		4.7	7.1	0.5	
NODS			*								
No risk	78.3	89.9		75.4	86.6	89.6		78.6	82.8	92.2	
Mild risk	13.1	4.8		14.6	7.7	5.0		10.7	8.3	7.8	
Moderate risk	1.7	4.8		2.0	5.7	2.2		7.0	2.2	0.0	
Pathological gambling	6.9	0.5		8.0	0.0	3.2		3.7	6.7	0.0	

Notes. On the DSM-V, a score or 4 or higher indicates gambling disorder. On the NODS, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk of problem gambling, and 5 or more indicates a likely diagnosis of a pathological gambling.
Sig. = Significance probability, * $p < .05$.

Approximately 2.5% of the respondents were grouped into the problematic gambling category using the PGSI. Younger adults (18 – 34 years) were more likely to be grouped into low severity categories than older adults. There were statistically significant relationships among the screening tools. The respondents who reported gambling disorders on the DSM-V were more likely to be in the problematic gambling category on the PGSI (62.6%). Also, the respondents who reported pathological gambling on the NODS were more likely to be in the problematic gambling category on the PGSI (63.0%).

Table 7. Population estimates and percentages of Indiana adults falling in problem gambling severity categories using the Problem Gambling Severity Index (PGSI), 2021

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Non-problematic	3,970,166	78.0	71.6	83.2
Low severity	784,377	15.4	11.0	21.2
Moderate severity	209,381	4.1	2.2	7.5
Problematic gambling	129,289	2.5	0.8	8.2

Note. On the PGSI screen, a score of 1 or 2 indicates a low level of problems, 3 to 7 indicates a moderate level of problems, and a score of 8 or more indicates results consistent with a likely diagnosis of a gambling disorder.

Table 8. Percentages of Indiana adults falling in problem gambling severity categories using the Problem Gambling Severity Index (PGSI) by gender, age, and household income, 2021

	Gender			Age				Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	< $50k	$50k-$99k	$100k +	Sig.
Non-problematic	71.1	83.6		62.4	81.6	86.2	*	71.8	81.2	81.6	
Low severity	20.8	10.8		28.5	12.1	8.4	*	17.1	10.6	18.4	
Moderate severity	3.4	4.9		5.3	6.3	1.4		7.1	4.7	0.0	
Problematic gambling	4.7	0.7		3.8	0.0	4.0		4.0	3.5	0.0	

Notes. On the PGSI screen, a score of 1 or 2 indicates a low level of problems, 3 to 7 indicates a moderate level of problems, and a score of 8 or more indicates results consistent with a likely diagnosis of a gambling disorder.
Sig. = Significance probability, * $p < .05$.

Table 9. Percentages of Indiana adults falling in problem gambling using DSM-V and NODS by problem gambling severity categories (PGSI), 2021

	Non-problematic	Low severity	Moderate severity	Problematic gambling
DSM-V*				
Low risk	81.0	16.0	3.0	0.0
Gambling disorder	6.9	0.0	30.5	62.6
NODS*				
No risk	89.4	10.3	0.3	0.0
Mild risk	23.0	70.9	6.1	0.0
Moderate risk	0.0	20.1	68.5	11.4
Pathological gambling	4.6	0.0	32.4	63.0

Notes. The Problem Gambling Severity Index (PGSI) screening tool was used to determine problem gambling severity category.
* $p < .05$.

Other Health-Risk Behaviors

Table 10 shows the percentages of respondents who used selected psychoactive substances during the past month. Approximately 73.4% [95% CI: 67.1, 78.9] of the respondents reported consuming alcohol during the past month. About 29.1% [95% CI: 22.1, 37.3] of the respondents reported using cigarettes, 14.6% [95% CI: 9.1, 22.5] reported using vaping devices, and 20.0% [95% CI: 14.0, 27.8] reported using marijuana. About 11.4% [95% CI: 6.3, 19.9] of respondents reported misusing prescription or over the counter drugs. Males reported statistically higher rates of using alcohol within the past month than females. Younger adults (18 – 34 years) reported statistically higher rates of using alcohol, vaping devices, and marijuana in the past month than older adults. Households with less than $50,000 of annual income were more likely to report using vaping devices. Respondents who were categorized into severe problem gambling were more likely to use substances during the past month. For instance, 100% of people who were grouped into the gambling disorder category from DSM-V and the problem gambling category from PGSI used alcohol during the past month.

Table 10. Population estimates and percentages of Indiana adults who used selected substances in the past month, 2021

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Alcohol	3,043,737	73.4	67.1	78.9
Cigarettes	983,773	29.1	22.1	37.3
Vaping Devices	424,430	14.6	9.1	22.5
Marijuana	624,497	20.0	14.0	27.8
Misuse of Prescription or Over the Counter Drugs	319,055	11.4	6.3	19.9

Table 11. Percentages of Indiana adults who used selected substances in the past month by gender, age, and household income, 2021

	Gender			Age				Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	< $50k	$50k-$99k	$100k +	Sig.
Alcohol	82.6	66.6	*	87.3	73.8	63.4	*	67.2	76.3	80.0	
Cigarettes	28.5	30.7		33.5	36.1	21.1		36.6	25.1	28.0	
Vaping Devices	14.9	14.8		40.4	12.8	1.2	*	24.8	5.8	13.7	*
Marijuana	23.6	17.4		34.7	20.5	8.9	*	27.9	13.2	21.5	
Misuse of Prescription or Over the Counter Drugs	17.0	6.8		18.7	14.9	4.9		15.4	8.5	11.6	

Note. Sig. = Significance probability, * $p < .05$.

Table 12. Percentages of Indiana adults who used selected substances in the past month by problem gambling, 2021

	Alcohol	Cigarettes	Vaping Devices	Marijuana	Misuse of Prescription or Over the Counter Drugs
DSM-V*					
Low risk	72.5	26.7	12.5	18.2	8.9
Gambling disorder	100.0	73.7	67.7	59.5	60.0
NODS*					
No risk	71.3	23.1	12.4	16.4	8.0
Mild risk	83.1	47.1	5.1	16.7	17.7
Moderate risk	86.1	65.1	29.8	52.5	6.0
Pathological gambling	95.8	82.5	94.2	76.9	76.9
PGSI*					
Non-problematic	71.3	21.6	11.6	14.5	8.6
Low severity	80.2	49.0	13.4	28.4	4.3
Moderate severity	83.6	63.0	42.4	62.7	39.1
Problematic gambling	100.0	85.4	74.5	74.5	74.5

Note. * $p < .05$.

Mental Health

An item from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System Survey questionnaire was used to assess mental health.[10] The question asked participants how many days in the past month their mental health was not good, including stress, depression, and problems with emotions. The mean number of mentally unhealthy days was 5.3 days [95% CI: 4.3, 6.4]. Younger adults (18 – 34 years) and households with less than $50,000 of annual income were more likely to report higher mean numbers of mentally unhealthy days during the past month. Also, respondents who were categorized into severe problem gambling were more likely to report higher mean number of mentally unhealthy days during the past month. For instance, the mean number of mentally unhealthy days was 5.0 days for people who were classified into the low-risk category and 11.3 days for people who were in the gambling disorder category from the DSM-V.

Table 13. Mean number of mentally unhealthy days reported in past month (0 – 30 days), 2021

	Point Estimate (Day)	Lower 95%	Upper 95%
Mean	5.3	4.3	6.4
Standard Deviation	7.2		

Table 14. Mean number of mentally unhealthy days reported in past month by gender, age, and household income (0 – 30 days), 2021

	Gender			Age				Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	< $50k	$50k-$99k	$100k +	Sig.
Mean	4.7	6.0		8.3	5.3	3.0	*	7.1	4.7	4.4	*
Standard Deviation	5.2	9.0		6.7	7.1	6.2		8.6	5.3	6.5	

Note. Sig. = Significance probability, * $p < .05$.

[10] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019

Table 15. Mean number of mentally unhealthy days reported in past month by problem gambling (0 – 30 days), 2021

	Mean	Standard Deviation
DSM-V*		
Low risk	5.0	7.2
Gambling disorder	11.3	4.5
NODS*		
No risk	4.7	7.0
Mild risk	5.8	5.4
Moderate risk	11.1	9.2
Pathological gambling	12.8	3.8
PGSI*		
Non-problematic	4.7	7.3
Low severity	4.9	4.7
Moderate severity	10.9	7.9
Problematic gambling	14.5	3.1

Note. * $p < .05$.

Awareness and Use of Gambling Related Services

The respondents were asked whether they had ever seen or heard of the gambling helpline (1-800-9WITHIT). Approximately 44.8% [95% CI: 38.6, 51.1] of the respondents had ever seen or heard of the service. Table 19 shows where they had seen or heard about it. About 21.7% [95% CI: 15.0, 30.5] had seen it on TV and 21.2% [95% CI: 15.5, 28.4] had heard of it on the radio.

Among the respondents, 2.8% [95% CI: 0.9, 8.2] reported that they had thought of having a problem with, being dependent on, or being addicted to gambling, and 1.2% [95% CI: 0.2, 6.9] reported that they had ever sought treatment for a gambling problem. Males were more likely to report that they had thought of having gambling problems and sought treatment for a gambling problem than females. Also, respondents who were categorized into severe problem gambling were more likely to report that they had thought of having gambling problems and sought treatment for a gambling problem. For instance, 29.3% of people from the gambling disorder category of DSM-V sought treatment for a gambling problem while no one from the low-risk category of DSM-V sought treatment for a gambling problem.

Table 16. Population estimates and percentages of Indiana adults who had ever seen or heard of gambling hotline or sought treatment for gambling problem, 2021

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Ever seen or heard of gambling helpline	2,262,506	44.8	38.6	51.1
Have thought of having a problem with, being dependent on, or being addicted to gambling	139,249	2.8	0.9	8.2
Ever sought treatment for a gambling problem	60,566	1.2	0.2	6.9

Table 17. Percentages of Indiana adults who had ever seen or heard of gambling hotline or sought treatment for gambling problem by gender, age, and household income, 2021

	Gender			Age				Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	< $50k	$50k-$99k	$100k +	Sig.
Ever seen or heard of gambling helpline	50.4	40.9		35.1	47.9	49.7		48.7	49.4	35.2	
Have thought of having a problem with, being dependent on, or being addicted to gambling	5.5	0.4	*	5.6	0.2	3.0		3.3	4.9	0.0	
Ever sought treatment for a gambling problem	2.3	0.2	*	4.2	0.0	0.0		3.3	0.0	0.0	

Note. Sig. = Significance probability, * $p < .05$.

Table 18. Percentages of Indiana adults who had ever seen or heard of gambling hotline or sought treatment for gambling problem by problem gambling severity categories, 2021

	Ever seen or heard of gambling helpline	Have thought of having a problem with, being dependent on, or being addicted to gambling*	Ever sought treatment for a gambling problem*
DSM-V			
Low risk	44.4	0.0	0.0
Gambling disorder	53.4	65.7	29.3
NODS			
No risk	41.3	0.0	0.0
Mild risk	66.4	0.0	0.0
Moderate risk	74.8	2.1	0.0
Pathological gambling	48.6	77.4	34.6
PGSI			
Non-problematic	42.5	0.0	0.0
Low severity	50.0	0.0	0.0
Moderate severity	59.2	13.8	2.6
Problematic gambling	57.3	85.4	42.7

Note. * $p < .05$.

Table 19. Population estimates and percentages of Indiana adults who had ever seen or heard of gambling hotline, who saw or heard ad in select locations, 2021

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Billboards	279,721	11.4	7.1	17.8
Radio	520,608	21.2	15.5	28.4
Casinos	361,303	14.7	8.9	23.3
Problem gambling hotline website	17,845	0.7	0.2	2.3
Lottery tickets	171,539	7.0	4.0	12.0
YouTube	171,665	7.0	2.8	16.6
Social Media (Facebook, Twitter, Instagram, etc.)	199,074	8.1	3.4	18.3
Newspaper	26,639	1.1	0.2	6.2
TV	533,455	21.7	15.0	30.5
Internet	533,455	2.4	0.9	6.1
Other	114,335	4.7	2.2	9.8

Appendix A. Demographic Characteristics of Respondents

Table 20. Unweighted demographic characteristics of respondents (*n* = 495)

	Frequency	Percent (Valid)
Gender (at birth)		
Male	185	38.6
Female	294	61.4
Age Group		
18-24	29	6.1
25-34	67	14.0
35-44	85	17.8
45-54	73	15.3
55-64	95	19.9
65-74	95	19.9
75+	34	7.1
Race		
White	430	89.6
Black or African American	26	5.4
Asian	6	1.3
Native Hawaiian/Other Pacific Islander	0	0.0
American Indian or Alaska Native	4	0.8
Other	7	1.5
More than one race	7	1.5
Hispanic/Latino/Spanish origin		
Yes	20	4.2
No	458	95.8
Employment Status		
Employed 35 or more hours a week	270	56.4
Employed fewer than 35 hours a week	37	7.7
Not employed, and looking for work	14	2.9
Not employed, but not looking for work	28	5.8
Retired	130	27.1
Educational Attainment		
Less than high school (no diploma, GED, or alternative credential)	7	1.5
High school graduate (diploma, GED, or alternative credential)	72	15.1
Some college credit, but no degree	101	21.2
Associate's degree	57	11.9
Bachelor's degree	142	29.8
Master's, doctoral, or professional degree	98	20.5
Marital Status		
Married	283	59.2
A member of an unmarried couple	27	5.6
Divorced	51	10.7
Separated	3	0.6
Widowed	35	7.3
Never been married	79	16.5

Table 20 (continued)

Location of Household		
On a farm	21	4.4
In a rural setting, not on a farm	66	13.8
In a rural subdivision outside of city limits	66	13.8
In a small town of less than 5,000 people	26	5.4
In a larger town of 5,000 to less than 25,000 people	73	15.3
In a city of 25,000 to less than 50,000 people	59	12.3
In a city of 50,000 to less than 150,000 people	79	16.5
In a larger city of 150,000 or more people	88	18.4
Total Household Income in 2020		
Less than $15,000	32	7.0
$15,000 to $34,999	46	10.0
$35,000 to $49,999	73	15.9
$50,000 to $74,999	74	16.1
$75,000 to $99,999	86	18.7
$100,000 to $149,999	82	17.9
$150,000 or more	66	14.4

Note. Data in this table are not weighted.

Appendix B. Survey Methodology

Validity and Reliability

The data were collected in spring 2021. The data may have been affected by unmeasured effects from COVID-19 pandemic.

Household-based surveys do not include homeless, hospitalized, or incarcerated individuals which might have resulted in an underestimate of the extent of gambling, problem gambling, and other health-risk behaviors.

The data were measured via self-report, which may raise concerns about bias such as social desirability and recall bias.

Internal reliabilities (Cronbach' alpha) were as follows: .772 for gambling activities in the past year, .835 for DSM-V, .839 for NODS, and .903 for PGSI.

Sampling

1. Target population & sampling frame

The target population was the non-institutionalized, civilian adult household population 18+ years of age in Indiana. The sampling frame was the address-based sampling (ABS) frame that was built using the United States Postal Service (USPS) Computerized Delivery Sequence File (CDSF). The CDSF is licensed to vendors including Marketing Systems Group (MSG). MSG provided the sample for this study. The ABS frame contains over 147 million residential addresses covering nearly 100% of all households in the US and is continually updated.

Prior to sample selection, the following types of addresses were excluded from the frame to increase efficiency of the sample:

- **Seasonal** – An address receiving mail only during a specific season (i.e., summer only residence)
- **Vacant** – An address that has been unoccupied for 90 days or longer
- **Drop –** Single delivery point or receptacle that services multiple residences. Examples: boarding houses, fraternities, single door slots shared by two residences. These are more prevalent in cities such as Chicago or New York City. They are not common in Indiana and we typically exclude them.
- **PO Boxes that are *not* the Only Way to Get Mail (OWTGM) –** These are PO Boxes for households who *do* have another physical address where they receive mail. We typically exclude them to avoid double counting and because we would prefer to use their physical address as the preferred route for contact (to have access to more detailed geography information).

The decrease in sample frame coverage due to the exclusion of these address types is minimal.

2. Sample size

A total sample of 2,700 addresses were selected to meet the study's analytic objectives.

3. Selection of addresses

Addresses were selected using proportionate stratified random sampling with region as the stratification variable. Region was defined according to the following 10-category classification from the Indiana Family and Social Services Administration Division of Mental Health and Addiction.

Region 1 - La Porte, Lake, Porter
Region 2 - Cass, Elkhart, Fulton, Howard, Kosciusko, Marshall, Miami, Pulaski, St. Joseph, Starke, Wabash
Region 3 - Adams, Allen, De Kalb, Huntington, Lagrange, Noble, Steuben, Wells, Whitley
Region 4 - Benton, Boone, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White
Region 5 - Blackford, Delaware, Grant, Hamilton, Hancock, Henry, Jay, Madison, Randolph, Tipton, Wayne
Region 6 - Clay, Hendricks, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
Region 7 - Marion
Region 8 - Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
Region 9 - Bartholomew, Brown, Clark, Crawford, Floyd, Harrison, Jackson, Johnson, Lawrence, Orange, Scott, Washington
Region 10 - Dearborn, Decatur, Fayette, Franklin, Jefferson, Jennings, Ohio, Ripley, Rush, Shelby, Switzerland, Union

This design helped ensure that the distribution of addresses by region in the *sample* mirrored the distribution of addresses in the *population*. For example, if 15% of the Indiana population lives in Region 1, 15% of the sampled addresses came from Region 1. Within each stratum or region, addresses were randomly selected.

4. Selection of respondents at a sampled address

At each sampled address, the household was instructed to have the adult 18+ years of age with the most recent birthday complete the survey. Information on the number of adults in the household was collected as part of the survey and a weighting adjustment was applied to account for differential probabilities of selection due to variability in the number of adults across households (see Data Processing section below).

DATA PROCESSING

1. Dataset preparation

Three dataset preparation activities were completed prior to weighting. First, we determined the set of respondents to retain in the final dataset. Given the sample size and the observation that each respondent answered many of the initial battery of questions, it was determined that all 495 cases from the raw dataset would be included in the dataset for weighting.

Next, we imputed missing or implausible values[11] for the weighting variables. The weighting variables were as follows:

- Number of adults in the household
- Sex
- Age
- Education
- Hispanic origin
- Race
- Household income
- Rural/urban place of residence (no imputation needed)

Missing data rates for these variables were generally low (<4%), except for the number of adults in the household (13%) and household income (7%). As an initial step, we used logical imputation to fill in missing data. This involved using other information provided in the survey to impute the missing value. For example, if a respondent wrote in that their race was "Mixed race," we classified them for weighting purposes as "All others (not White only or Black only)."

If we were unable to assign a value using logical imputation, data were imputed using hot deck imputation. In hot deck imputation, a respondent who has available data (called the donor) is randomly selected to provide the data for a respondent with missing data (called the recipient). Please note that imputed values were produced solely for weighting purposes and were not used in the analysis.

Once the data for the weighting variables were complete, the third set of data preparation activities involved creation of new variables with collapsed response categories for weighting purposes. We then calculated the two raw weighting adjustments (base weight and calibration) as described in the next two sections.

2. Base weight adjustment

The first part of the weight calculation was the base weight adjustment. This adjustment accounted for unequal probabilities of selection due to the number of adults in the household. For this study, one adult in each household was randomly selected to complete the survey. Therefore, adults in one-adult

[11] Implausible values included responses such as "0" adults in the household when the age of the respondent was reported to be 18 or older.

households had a probability of selection of 1, while adults in multi-adult households had a probability of selection defined as the following:

$$\frac{1}{number\ of\ adults\ in\ the\ household} \qquad (1)$$

To correct for this unequal probability of selection at the person level, a base weight that was the inverse of the probability of selection in (1) was applied to each respondent.

$$basewt = \frac{1}{\frac{1}{number\ of\ adults\ in\ the\ household}} = number\ of\ adults\ in\ the\ household \qquad (2)$$

3. Calibration adjustment

The next step in creating the raw weight was calibration. Surveys may over-represent specific subgroups. For example, it is common for younger males to be less likely to participate in surveys than older females. To correct for this bias, we adjusted the respondent counts to population estimates using calibration.

The first step in the calibration process was to identify a source for population estimates and to select potential variables for weighting. For the 2021 Indiana Gambling Survey, the US Census Bureau 2015-2019 American Community Survey 5-Year Estimates (see https://data.census.gov/cedsci/) was used for the population counts. ACS data are widely used in survey weighting adjustments since they provide the most accurate, up-to-date counts of the US population.

Next, we identified variables that were available in *both* the respondent dataset and the ACS *and* that were likely to be correlated (even weakly) with survey outcome variables. These potential weighting variables were as follows: sex, age, education, Hispanic origin, race, household income, and rural/urban place of residence. All variables were collected as part of the survey, except for rural/urban place of residence. Assignment to rural/urban categories was based on the county of the sampled address and the Purdue Extension classification of Indiana counties was used (see https://ag.purdue.edu/agecon/fambiz/Documents/defining_rural_indiana.pdf). There were some slight wording differences between the survey and the ACS, but overall there were no major issues in matching category classifications between the two.

We then assessed whether there were differences between respondent and ACS estimates. In Table 21, respondent distributions prior to calibration are shown in the first column, and distributions from the ACS are shown in the third column. We note that the pre-calibration respondent counts incorporate the base weight adjustment (see Section 2 above). As seen in the table, there were differences between the survey respondents (pre-calibration) and ACS on several demographic characteristics. Specifically, male, younger, less educated, and Black adults and lower-income households were underrepresented. These differences are common in surveys.

Next, respondent distributions to population estimates were calibrated on sex, age, education, Hispanic origin, race, and rural/urban place of residence[12]. Prior to calibration, we conducted additional analysis and found that the size of the sex imbalance differed by age category. Therefore, we calibrated to cross-classified sex by age totals.

The calibration process iteratively adjusted the weights for respondents until they achieved alignment with the population on the weighting variables. For example, the pre-calibration weights (in this case, the base weights) were first adjusted to achieve the desired sex by age distribution. Next, the weights were adjusted so that the education distribution aligned to the population values (e.g., 45% High school graduate or less, 31% Some college/Associate, etc.). If the education adjustment altered the sex by age distribution so that it no longer matched the population, then the weights were adjusted again to align to the population values for that variable. This process, sometimes referred to as "raking", continued until the respondent distribution matched the population distribution on all of the weighting variables. Calibration (raking) was carried out using the *ipfraking* module in Stata 16. The outcome of the calibration to population distributions was a raw weight assigned to each respondent in the dataset.

[12] A calibration adjustment on household income was explored but the estimates performed better without using this adjustment. Calibrating on the individual-level demographics improved the distribution on income, although there is still some underrepresentation of lower-income households.

Table 21. Demographic characteristics of Indiana adult population: *2021 Adult Gambling Behaviors in Indiana* and ACS Estimates

	Pre-Calibration[a] %	Post-Calibration %	ACS Estimate[b] %
Sex:			
Male	39.8	47.6	48.7
Female	60.2	52.4	51.3
Age:			
18-34	21.8	28.9	30.0
35-54	34.6	33.5	32.8
55-64	18.5	16.9	17.0
65+	25.1	20.7	20.1
Education:			
High school graduate or less	16.9	43.3	45.0
Some college/Associate degree	32.7	31.6	30.7
Bachelor's degree	30.5	16.5	16.0
Master's, doctoral, or professional degree	19.9	8.6	8.4
Hispanic origin:			
Yes	5.6	5.3	5.7
No	94.4	94.7	94.3
Race:			
White only	89.8	85.8	85.0
Black only	5.2	8.4	8.8
All others	5.0	5.8	6.2
Rural/urban place of residence[c]			
Rural	9.8	12.8	13.3
Rural/mixed	22.3	24.2	24.0
Urban	68.0	63.0	62.7
Household income:			
Less than $35,000	16.4	24.4	30.5
$35,000-$49,999	16.4	17.4	13.9
$50,000-$74,999	16.6	17.8	19.1
$75,000-$99,999	18.2	15.2	13.4
$100,000-$149,999	18.2	15.7	14.0
$150,000 or more	14.3	9.4	9.2
UNWEIGHTED RESPONDENT COUNT:	495	495	

[a] The pre-calibration respondent counts incorporate the base weight adjustment. [b] US Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. [c] Purdue University, Center for Rural Development, https://ag.purdue.edu/agecon/fambiz/Documents/defining_rural_indiana.pdf.

4. Weight trimming and scaling

The distribution of the raw weights was examined to identify any outliers that could substantially increase the standard error of survey estimates. A commonly used criterion for identifying outliers is a

threshold of the median weight plus six times the interquartile range (IQR). For this study, this threshold was 53,500 and it was exceeded by approximately 1.6% of the weights. These weights were trimmed to the threshold value.

The trimmed weight (*wgt_trim)* was then multiplied by the reciprocal of the mean weight to produce weights that summed to the number of respondents in the dataset (*n* = 495). The scaling factor (denominator) was 9974.47118.

$$wgt = \frac{wgt\_trim}{mean(wgt\_trim)} \qquad (3)$$

The range of weights was 0.12 to 5.36.

As seen in Table 21, when we compare the respondent distribution after applying the calibration (second column) to the population values (third column), the underrepresentation of male, younger, less educated, and Black adults was corrected. Survey estimates now generally align to the population values. There was also increased representation of rural and lower-income households that more accurately reflects the Indiana adult population.

Dataset preparation and weighting activities were conducted using SPSS 27, SAS 9.4, Stata 16, and Excel. American Community Survey data were obtained from the US Census Bureau website, accessed in May 2021 (https://data.census.gov/cedsci/).

DATA ANALYSIS

Analysis of data was carried out using Stata 16. Weighted data were used in the analyses. The calculations of standard errors reflected weighting and stratification on the region variable. Chi-square (χ^2) tests of independence were conducted to determine statistically significant differences among groups. Bivariate analyses were used to explore the relationship between gambling behaviors, health-risk behaviors, and mental wellbeing and sociodemographic characteristics. The Bonferroni correction was applied when post hoc pairwise comparisons were needed.

For the estimation of grand population totals, an expansion weight (*wgt_t*) that summed to the Indiana adult population was used. This weight was calculated as follows:

$$wgt\_t = wgt \times \frac{5{,}093{,}212}{495} \qquad (4)$$

to rescale the statistic to the population.

Appendix C. Survey Instrument

THE FOLLOWING QUESTIONS ASK ABOUT VARIOUS GAMBLING ACTIVITIES.

Please fill in the bubbles or use √ or X marks.

• *IN THE PAST 12 MONTHS, HOW OFTEN DID YOU BET OR SPEND MONEY ON…*

	Never	Between 1 – 5 times /year	Between 6 – 10 times /year	About once /month	2 -3 times /month	About once /week	2 to 6 times /week	Daily
Slot machines	◯	◯	◯	◯	◯	◯	◯	◯
Table games at a casino such as poker, roulette, craps, and blackjack	◯	◯	◯	◯	◯	◯	◯	◯
Video poker, video keno or video blackjack	◯	◯	◯	◯	◯	◯	◯	◯
Dice games	◯	◯	◯	◯	◯	◯	◯	◯
Scratch tickets or pull tabs	◯	◯	◯	◯	◯	◯	◯	◯
Lotteries such as Powerball, Hot Lotto, Mega Millions, and daily numbers	◯	◯	◯	◯	◯	◯	◯	◯
Racetracks either horses or dogs	◯	◯	◯	◯	◯	◯	◯	◯
Bingo	◯	◯	◯	◯	◯	◯	◯	◯
Card games with friends, family, or others, but not at a casino	◯	◯	◯	◯	◯	◯	◯	◯
Games of personal skill such as pool,	◯	◯	◯	◯	◯	◯	◯	◯

bowling, video games, or basketball								
Fantasy sports leagues or games	○	○	○	○	○	○	○	○
Office pools such as college basketball tournaments or delivery dates for babies	○	○	○	○	○	○	○	○
Other sports betting on professional, college, and amateur games or events	○	○	○	○	○	○	○	○
Raffle tickets, including those in support of charitable causes	○	○	○	○	○	○	○	○
Online gambling	○	○	○	○	○	○	○	○
Live keno	○	○	○	○	○	○	○	○
Video lottery machines	○	○	○	○	○	○	○	○
High-risk trading of stocks, commodities, or futures	○	○	○	○	○	○	○	○
Other game, activity, or evet not listed	○	○	○	○	○	○	○	○

THE FOLLOWING QUESTIONS ASK ABOUT GAMBLING RELATED EXPERIENCES.
SOME OF THE QUESTIONS MAY NOT APPLY TO YOU BUT PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Yes	No
Have you often found yourself thinking about gambling (e.g., reliving past gambling experiences, planning the next time you will play or thinking of ways to get money to gamble)?	○	○
Have you needed to gamble with more and more money to get the amount of excitement you are looking for?	○	○
Have you become restless or irritable when trying to cut down or stop gambling?	○	○

Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	◯	◯
After losing money gambling, have you returned another day in order to get even?	◯	◯
Have you lied to your family or others to hide the extent of your gambling?	◯	◯
Have you made repeated unsuccessful attempts to control, cut back or stop gambling?	◯	◯
Have you risked or lost a significant relationship, job, educational or career opportunity because of gambling?	◯	◯
Have you sought help from others to provide the money to relieve a desperate financial situation caused by gambling?	◯	◯

		Yes	No
1	Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets? ➔ ***if "Yes," skip to Q.3***	◯	◯
2	Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with?	◯	◯
3	Have there ever been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?	◯	◯
4	Have you ever tried to stop, cut down, or control your gambling? ➔ ***if "No," skip to Q.8***	◯	◯
5	On one or more of the times when you tried to stop, cut down, or control your gambling, were you restless or irritable?	◯	◯
6	Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling? ➔ ***if "No," skip to Q.8***	◯	◯
7	Has this happened three or more times?	◯	◯
8	Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression? ➔ ***if "Yes," skip to Q.10***	◯	◯
9	Have you ever gambled as a way to escape from personal problems?	◯	◯
10	Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?	◯	◯

11	Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling? ➔ ***if "No," skip to Q.13***	◯	◯
12	Has this happened three or more times?	◯	◯
13	Have you ever written a bad check or taken money that didn't belong to you from family members or anyone else in order to pay for your gambling?	◯	◯
14	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends? ➔ ***if "Yes," skip to Q.17***	◯	◯
15	Has your gambling ever caused you any problems in school, such as missing classes or days of school or your grades dropping? ➔ ***if "Yes," skip to Q.17***	◯	◯
16	Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?	◯	◯
17	Have you ever needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?	◯	◯

THE FOLLOWING QUESTIONS ASK ABOUT GAMBLING RELATED CONSEQUENCES. SOME OF THE QUESTIONS MAY NOT APPLY TO YOU BUT PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

BELOW ARE A NUMBER OF STATEMENTS THAT DESCRIBE THE CONSEQUENCES OF GAMBLING. PLEASE INDICATE HOW OFTEN YOU HAVE EXPERIENCED THE FOLLOWING CONSEQUENCES IN THE PAST 12 MONTHS:

	Never	Sometimes	Most of the Time	Almost Always
Have you bet more than you could really afford to lose?	◯	◯	◯	◯
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	◯	◯	◯	◯
Have you gone back on another day to try to win back the money you lost?	◯	◯	◯	◯
Have you borrowed money or sold anything to gamble?	◯	◯	◯	◯
Have you felt that you might have a problem with gambling?	◯	◯	◯	◯

Have people criticized your betting or told you that you had a gambling problem, whether or not you thought it was true?	◯	◯	◯	◯
Have you felt guilty about the way you gamble or what happens when you gamble?	◯	◯	◯	◯
Has gambling caused you any health problems, including stress or anxiety?	◯	◯	◯	◯
Has your gambling caused any financial problems for you or your household?	◯	◯	◯	◯

THE FOLLOWING QUESTIONS ASK ABOUT GAMBLING RELATED SERVICES.

• *HAVE YOU EVER SEEN OR HEARD OF THE GAMBLING HELPLINE 1-800-9WITHIT (1-800-994-8448)?*

◯ Yes ◯ No

• *IF YES, WHERE DID YOU LAST SEE OR HEAR ABOUT 1-800-9WITHIT (1-800-994-8448)?*

◯ Billboards
◯ Casinos
◯ Lottery tickets
◯ Social Media (Facebook, Twitter, Instagram, etc.)
◯ TV
◯ Other _____
◯ Radio
◯ Problem gambling hotline website
◯ YouTube
◯ Newspaper
◯ Internet

• *DURING THE PAST 12 MONTHS, HAVE YOU THOUGHT YOU MIGHT HAVE A PROBLEM WITH, BEEN DEPENDENT ON, OR ADDICTED TO GAMBLING?*

◯ Yes ◯ No

• *HAVE YOU EVER SOUGHT TREATMENT FOR A GAMBLING PROBLEM?*

◯ Yes ◯ No

THE FOLLOWING QUESTIONS ASK ABOUT HEALTH-RELATED EXPERIENCES.

• NOW THINKING ABOUT YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, FOR HOW MANY DAYS DURING THE PAST 30 DAYS WAS YOUR MENTAL HEALTH NOT GOOD?

_____ days

• DURING THE PAST 30 DAYS, HOW MANY DAYS PER MONTH DID YOU HAVE AT LEAST ONE DRINK OF ANY ALCOHOLIC BEVERAGE SUCH AS BEER, WINE, A MALT BEVERAGE OR LIQUOR? (ONE DRINK IS EQUIVALENT TO A 12-OUNCE BEER, A 5-OUNCE GLASS OF WINE, OR A DRINK WITH ONE SHOT OF LIQUOR.)

_____ days

• DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE CIGARETTES? (DO NOT INCLUDE ELECTRONIC CIGARETTES (JUUL, E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.)

_____ days

• DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE ELECTRONIC VAPOR PRODUCTS (JUUL, E-CIGARETTES, NJOY, BLUETIP, ETC.)?

_____ days

• DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE MARIJUANA OR CANNABIS?

_____ days

• DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE YOU USED ANY PRESCRIPTION DRUG OR ANY OVER THE COUNTER MEDICATION IN WAYS OTHER THAN DIRECTED?

_____ days

THE FOLLOWING QUESTIONS ASK ABOUT PERSONAL INFORMATION.

• *INCLUDING YOURSELF, HOW MANY ADULTS AGE 18 AND OVER LIVE IN YOUR HOUSEHOLD?*

(Include adults who are living or staying in your household for more than 2 months. Do not include adults who are living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.)

_____ Adults (including you)

• *WHICH OF THE FOLLOWING PLACE BEST DESCRIBES WHERE YOU LIVE?*

◯ On a farm

◯ In a rural setting, not on a farm

◯ In a rural subdivision outside of city limits

◯ In a small town of less than 5,000 people

◯ In a larger town of 5,000 to less than 25,000 people

◯ In a city of 25,000 to less than 50,000 people

◯ In a city of 50,000 to less than 150,000 people

◯ In a larger city of 150,000 or more people

• *WHICH CATEGORY BELOW INCLUDES YOUR AGE?*

◯ 18 – 24

◯ 25 – 34

◯ 35 – 44

◯ 45 – 54

◯ 55 – 64

◯ 65 – 74

◯ 75+

• *WHAT IS YOUR MARITAL STATUS?*

◯ Married

◯ A member of an unmarried couple

◯ Divorced

◯ Separated

◯ Widowed

◯ Never been married

• *WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU COMPLETED?*

◯ Less than high school – no diploma, no GED, or alternative credential

◯ High school graduate – with diploma, GED, or alternative credential

◯ Some college credit, but no degree

◯ Associate's degree (for example: AA, AS)

◯ College graduate with a Bachelor's degree (for example: BA, BS)

◯ Master's, doctoral, or professional degree (for example: MA, MS, PhD, JD, MD)

• *ARE YOU CURRENTLY:*

◯ Employed full-time (35 or more hours a week)

◯ Employed part-time (fewer than 35 hours a week)

◯ Not employed, and looking for work

◯ Not employed, but not looking for work (taking care of family, full-time student, unable to work)

◯ Retired

• *PLEASE SELECT THE CATEGORY THAT INCLUDES THE TOTAL COMBINED INCOME, BEFORE TAXES, FOR ALL MEMBERS OF YOUR HOUSEHOLD FOR 2020.*

(Total household income includes money from jobs, net income from a business, a farm, or a rental property, government assistance, and any other money income received by members of your household who are 15 year of age or older.)

IN 2020, HOW MUCH WAS YOUR TOTAL HOUSEHOLD INCOME BEFORE TAXES? YOUR BEST ESTIMATE IS FINE.

◯ Less than $15,000

◯ $15,000 to $34,999

◯ $35,000 to $49,999

◯ $50,000 to $74,999

◯ $75,000 to $99,999

◯ $100,000 to $149,999

◯ $150,000 or more

• *WHAT WAS YOUR SEX AT BIRTH?*

◯ Male

◯ Female

• *ARE YOU HISPANIC, LATINO, OR SPANISH ORIGIN?*

◯ Yes ◯ No

• *WHAT IS YOUR RACE? (MARK ALL THAT APPLY.)*

◯ White ◯ Black or African American

◯ Asian ◯ Native Hawaiian or Other Pacific Islander

◯ American Indian or Alaska Native ◯ Other, please specify_____