A PREVALENCE STUDY OF GAMBLING IN AITKIN AND CARLTON COUNTIES

PLAN B THESIS

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PURPOSE

The purpose of this study is to describe low income gambling behavior in Carlton and Aitkin Counties of the State of Minnesota. The study will assess the prevalence of pathological gambling among low income residents within these two counties. It will offer a demographic profile of gamblers in this region of Minnesota. It will also compare this study's results with the results of other previously conducted gambling research studies.

The data which will be analyzed were collected from September, 1992, to February, 1993, for Aitkin County Family Services, Carlton County Human Services, and Lakes & Pines Community Action Council Inc., of Mora, Minnesota, as part of a planning grant project funded by the Duluth-Superior Area Community Foundation.

A high prevalence rate of gambling in Aitkin and Carlton Counties may create problems related to gambling for the low income individuals of these two counties. These problems may include the following: loss of a job, bankruptcy, separation and/or divorce, criminal activity, loss of status in the community, and loss of custody of one's children.

This study hopes to offer data and information which may prove to be useful to human service agencies in their endeavors to assist problem gamblers by developing prevention, intervention, referral, and treatment strategies.

LITERATURE REVIEW

Gambling has become a more accessible and acceptable form of
leisure in the State of Minnesota, particularly since the recent changes in the legalization of gambling activities. Gambling has been defined in John B. Murray's article, "Review of Research on Pathological Gambling" (1993), as "a wager of any type of item or placing value upon a game or event of uncertain outcome in which chance, to a varying extent, determines the outcome" (p. 791).

The history of gambling in Minnesota has changed dramatically in the last 50 to 60 years. Illegal slot machines, which were eliminated in the 1940's, were once widespread in Minneapolis-St. Paul and resort areas. In 1945, gambling laws were relaxed and non-profit or charitable groups were allowed to raise money by offering bingo. Legal gambling was restricted to charitable organizations throughout the 1960's and 1970's (Bouza, 1990).

The 1980's brought about many changes in Minnesota gaming. In 1981, pull tabs were legalized and quickly became more popular than bingo. Pull tabs became even more popular when they were permitted in public bars. Horse racing was authorized by the state in 1982, and went into operation in 1985. The state lottery began in 1990. Indian gaming initially began as high-stakes bingo and currently has grown to 15+ tribal casinos, which offer casino-style gambling throughout the state of Minnesota (High Stakes, 1992).

Although gambling has been a part of people's leisure activities since the 16th century, the wide acceptance and availability has created social consequences. One such consequence is individuals experiencing personal problems due to their gambling behavior.
Due to the expansion of gambling the number of problem gamblers has increased. These individuals can stop, but still spend significant amounts of money on gambling and may experience related problems. One such problem may involve arguments with family members due to the amount of money they are spending to support their gambling habit.

If an individual has lost the ability to quit despite numerous negative consequences, then their gambling has reached a pathological level. In 1980, the American Psychiatric Association officially defined pathological gambling as a psychiatric illness. That same year it was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) as a diagnosable mental disorder (High Stakes, 1992).

In order for someone to meet the criteria for pathological gambling they need to indicate loss of control over their gambling, money and relationship problems, and possible illegal activities to maintain their gambling behaviors. The revised edition of the DSM-III, the DSM-III-R, emphasizes symptoms of tolerance and withdrawal as a part of the pathological gambling diagnosis. One such symptom may be increased anxiety when ability to gamble is withheld or delayed (Volberg, 1990).

The revised Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) (American Psychological Association, 1987) defines pathological gambling the following way:
312.31 Pathological Gambling

The essential features of this disorder are a chronic and progressive failure to resist impulses to gamble, and gambling behavior that compromises, disrupts, or damages personal, family, or vocational pursuits. The gambling preoccupation, urge, and activity increase during periods of stress. Problems that arise as a result of the gambling lead to an intensification of the gambling behavior. Characteristic problems include extensive indebtedness and consequent default on debts and other financial responsibilities, disrupted family relationships, inattention to work, and financially motivated illegal activities to pay for gambling (p. 180).

A survey instrument has been developed to identify those individuals who are pathological gamblers. It is known as the South Oaks Gambling Screen. This tool is a 20-item questionnaire based on DSM-III-R pathological gambling criteria. It was constructed by the Gambling Treatment Team at South Oaks Hospital of Amityville, New York. This survey instrument has proven to be consistently valid and reliable in evaluating individuals for pathological gambling throughout the United States. It is a quantifiable survey instrument that can be administered easily by professional, as well as nonprofessional interviewers (Lesieur & Blume, 1987).

The 20-item South Oaks Gambling Screen has been repeatedly used in prevalence studies of pathological gambling. In order to assess the pathology of an individual's gambling behavior, their score is determined by adding up the number of questions that show an "at risk" response. Respondents scoring 3 or 4 points are classified as "potential pathological gamblers". Those scoring 5 or more points are classified as "probable pathological gamblers".

Since laws surrounding gambling have become more relaxed in
Minnesota, the prevalence of gambling has increased. Previous studies have been conducted in the state of Minnesota to investigate how policy changes have affected the prevalence of gambling and the behaviors of the people who engage in various gambling activities.

In 1990, a survey of adult gambling was conducted using a modified version of the South Oaks Gambling Screen. Slight modifications were done to the instrument to account for the newly introduced state lottery and the lack of casinos in the state at the time the survey took place. Nine Minnesota counties were surveyed. They included the following: St. Louis, Hennepin, Scott, Washington, Carver, Clay, Dakota, Ramsey, and Anoka.

Of the 1,251 respondents, 0.6% were identified as potential pathological gamblers (SOGS-Modified = a total score of 3 or 4) and 0.9% were identified as probable pathological gamblers (SOGS-M = a total score of 5 or more). Those scoring one or two points on the SOGS-M were identified as problem gamblers. They represented 7% percent of the sample. Other results indicated the higher the SOGS-M score, the greater the amount spent by the respondent on gambling, and "the greater the problem with gambling, the more the respondents tended to spend on Minnesota lottery scratch tabs" (Laundergan, Schaefer, Eckhoff, & Pirie, 1990, p. 1).

Demographically, 80% (N=88) of the problem gamblers were currently working for pay. Also, 92% of the problem gamblers were white, compared to 2.3% who were American Indian, and 3.4% who were black (N=88). Of those fitting the potential/probable pathological
category, 89.5% were white, 5.3% were American Indian, and 5.3% were black (N=19).

Respondents representing the 55-74 age category who fit the potential/probable pathological category were 26.3% (N=19) of the whole sample population. Those respondents earning less than $15,000 a year who scored three or more on the SOGS-M (potential/probable pathological gamblers) were 5.3% (N=19) of the survey population. Of those who lived in small rural towns, 21.1% (N=19) fit the potential/probable pathological category (Laundergan, Schaefer, Eckhoff, & Pirie, 1990).

Also, in Minnesota, a recent low income prevalence study was conducted in 1993 by Dr. J. Clark Laundergan and Dr. James M. Schaefer. The two counties selected for this study were Kandiyohi and Renville. The SOGS was used as the survey instrument. The combined percentage figures of these two counties indicate the prevalence rate of potential pathological gambling was 1.7% and the prevalence rate of probable pathological gambling was 0.2% (Laundergan & Schaefer, 1993).

Numerous other South Oaks Gambling Screen (SOGS) studies have been conducted outside the state of Minnesota. In a state wide telephone survey done in April, 1988, in New York, the SOGS was used. One thousand systematically selected telephone interviews were completed. The results indicated that 2.8% of the sample obtained scores of 3 or 4 on the South Oaks Gambling Screen, which would classify these participants as potential pathological gamblers. Another 14 of the respondents (1.4% of the sample)
scored 5 or more points, which would classify them as probable pathological gamblers (Volberg & Steadman, 1988).

Although 45% (N=450) of the total sample earned $25,000 or less each year, 60% (N=25) of the sample who were classified as problem and probable pathological gamblers earned $25,000 or less each year. Although 7% (N=70) of the entire sample was unemployed, 21% (N=9) of the problem and probable pathological gamblers were unemployed at the time the survey was done.

Additionally, although 23% (N=230) of the entire sample was nonwhite, 43% (N=18) of the problem and probable pathological gamblers were nonwhite. Of the entire sample, 22% (N=220) were under the age of 30, 38% (N=16) of the problem and probable pathological gamblers represented this age group. Only 14% (N=4) of the problem gamblers and 36% (N=5) of the probable pathological gamblers felt that they had ever had a problem with gambling (Volberg & Steadman, 1988).

In order to compare the results with the previous New York study, another survey of gambling behavior, using the SOGS, was conducted in New Jersey and Maryland in 1989. Randomly selected telephone surveys were completed with a sample of 1,750 adults. The results indicated the following:

Prevalence rates for problem and probable pathological gamblers in both New Jersey and Maryland were very close to the rates found in New York. In New Jersey, 2.8% (N=28) of the sample were classified as problem gamblers, and another 1.4% (N=14) were classified as probable pathological gamblers. In Maryland, 2.4% (N=18) of the sample were classified as problem gamblers, and another 1.5% (N=11) were classified as probable pathological gamblers. By comparison, 2.8% (N=28) of
the New York sample were classified as problem gamblers and 1.4% (N=14) as probable pathological gamblers (Volberg & Steadman, 1989, p. 1618).

Additional results of this study indicated 19% of the respondents were nonwhite. Of these, 36% were classified as problem and probable pathological gamblers. In all three states, the findings indicated that problem and probable pathological gamblers in the general population were more likely to be nonwhite than the pathological gamblers receiving treatment for gambling (Volberg & Steadman, 1989).

It is the belief of the researchers who conducted these studies that the number of problem and pathological gamblers will increase as opportunities to wager increase. A need to collect data on the demographically and geographically different (i.e. rural) areas would be necessary in order to better assess the impact of gambling upon the general population (Volberg & Steadman, 1989).

Rachel Volberg, Ph.D., recently conducted several gambling prevalence studies across the United States using the SOGS. The results of her South Dakota study indicate the lifetime prevalence rate of problem gambling is 1.8% and the lifetime prevalence rate of pathological gambling is 1.0% of the adult population in South Dakota. According to Dr. Volberg, it is estimated that, "between 5,620 and 12,290 adult residents of South Dakota have been problem gamblers at some time in their lives" (Volberg & Stuefen, 1991, p. ii).

In Montana, Dr. Volberg conducted a similar gambling prevalence
The current prevalence rate of problem gambling in Montana is 1.5% and the current prevalence rate of pathological gambling is 0.7% of the adult population. Based on these figures, we estimate that between 1,100 and 7,000 adult residents of Montana are currently probable pathological gamblers. We estimate that an additional 4,400 and 12,900 adult residents of Montana are currently problem gamblers (p. ii).

In 1993, Rachel Volberg conducted a gambling study among a North Dakota Native American population. The results conclude that 7.5% of the sample scored as lifetime problem gamblers and 7.0% of the sample scored as lifetime probable pathological gamblers (Volberg, 1993). She reports, "Overall, the combined lifetime prevalence rate of problem and probable pathological gambling among Native Americans in North Dakota is 14.5% of the population. This compares to a combined lifetime prevalence rate of 3.4% in the general population" (p. 15).

In 1993, Rachel Volberg conducted an additional study in North Dakota of the general population. These results indicate that 2.5% of the study sample scored as lifetime problem gamblers and 1.0% of the study sample scored as lifetime probable pathological gamblers (Volberg & Silver, 1993).

Also, in 1993, Rachel Volberg utilized the SOGS to study the lifetime prevalence rate of gambling in Washington State. In her article, "Gambling and Problem Gambling in Washington State", she reports the lifetime prevalence rate of problem gambling in Washington State is 3.5% and the lifetime prevalence rate of probable pathological gambling is 1.5% of the adult population.
In the state of Minnesota, additional gambling research studies have been conducted using research methods other than the SOGS. In July, 1991, a field research study of gambling was conducted in the town of Virginia, Minnesota. It was observed that typical lottery players were young adults between the ages of 24 and 34, and were more likely to be blue collar workers. The most significant finding was the amount of money spent on gambling in Virginia in comparison to the rest of the state of Minnesota. The results indicated the following:

Virginia area residents gamble $825 for every $452 that is gambled throughout the state. Interestingly, only two respondents stated that they did have concern about the negative effects of gambling and/or addictive problems which arise as a result of gambling behaviors (Aasved & Laundergan, 1991, p. 32).

In December, 1991, a report was developed for the Governor of the State of Minnesota, dealing with the expansion of legalized gambling and the growing bankruptcy rates in Minnesota. The results indicated Minnesota's annual bankruptcy rates are growing faster than those of the nation as a whole.

In reviewing the sale of pull-tabs and other charitable gambling, for the past six years, the amount of money spent on all forms of charitable gambling has increased nearly eleven and one-half times, while the amount spent on pull-tabs alone has increased nearly fifteen times. The growing number of individuals filing for bankruptcy has steadily increased with the easing of the state's gambling restrictions, particularly with the expansion of pull-tab
gambling (Aasved, 1991).

An observational study of pull tab gambling in Minnesota was conducted by James M. Schaefer, Ph.D., and Mikal J. Aasved, Ph.D., in November, 1991. It was discovered that the typical profile of the pull tab gambler was a working class male in his mid-thirties who spends on an average three to six hours gambling in one evening at the bar. It was found that the heaviest bettors are the heaviest losers, they are likely to lose 30% or more of everything they bet. Avid pull tab players also tend to find ways and means to borrow more money in order to continue to play (Schaefer & Aasved, 1990).

It was also observed that pull tab gamblers typically perform ritualistic acts when gambling, such as hitting the pull tab on the table a specific way before opening it and/or watching the pull tab box for possible winning cards. When the box is "hot" (a term used by avid players to refer to a box containing pull tabs with high winning dollar amounts) a player will spend as much as $20.00 every five minutes while rapidly opening up their purchased tickets (Schaefer & Aasved, 1990).

In a 1992 study conducted by the Center for Addiction Studies of the University of Minnesota-Duluth (Davis & Brissett, 1992), 20 persons who were identified as having a problem with gambling were interviewed face-to-face regarding the effects gambling had on their lives. Personality profile questions were addressed. When asked to rank reasons why these individuals gamble, 64.7% indicated they gambled "to make money" (p. 4).
Additionally, the respondents ranked family life (90%) as the area most affected by their gambling. Demographically, a significant number of respondents earned $10,000 or less, represented the 41-50 age category, were female, and were married. Personality characteristics that fit the compulsive gambling individuals were the following: action oriented, impulsive, intolerant of ambiguity, easy to get to know, did not experience academic problems, and/or learning/behavior problems (Davis & Brissett, 1992).

Upon reviewing the literature, it is evident that the rates of gambling, particularly the pathological category of gambling, is projected to continue to increase. Much of the literature emphasizes the need to duplicate earlier gambling studies a decade from now in order to compare them with future results of legalized gaming and gambling activities.

The literature indicates gambling has had a long history of existing in our culture as an accepted form of leisure. The recent expansion of gambling in the past ten years has become the focal point of entertainment for many individuals who, for some, spend a great deal of time and money gambling.

SIGNIFICANCE TO SOCIAL WORK

The information contained in this study has implications for human service professionals. It will provide information to enable them to be more aware of the prevalence of gambling and its effects on those who participate in this form of recreation. It will hopefully assist them in the process of implementing prevention
strategies, and enable them to identify and serve clients that may be experiencing gambling problems. It may also encourage social workers to obtain funds for programming.

When dealing with the spin-off social problems created by gambling, it would be beneficial for social work professionals to be able to identify potential and/or probable pathological gamblers. Knowledge of pathological indicators would also enable them to practice early prevention techniques. The information contained in this research report should assist social workers with policy planning and program development within their agencies and, in a broader sense, influence their input at the legislative level.

Finally, the purpose of this study is to generate data for future development of explanatory research surrounding the issue of gambling in Minnesota, particularly among low income residents.

RESEARCH QUESTIONS
The research questions for this study are as follows:
1.) What is the prevalence rate of potential pathological and probable pathological gambling in Aitkin and Carlton Counties?
2.) Does the prevalence rate of potential pathological and probable pathological gambling differ between Aitkin and Carlton Counties?
3.) What are the descriptive profiles of persons who gamble in these two counties?
4.) How does the rate of gambling in this area of Minnesota compare with the results of previously conducted research?
METHODS

Population

The population for this research consists of persons who reside in Aitkin and Carlton Counties of Minnesota. A total of 3,200 residents from the two counties were surveyed for this particular study. The surveyed population is made up of a representative sample of 1,351 households, or 27% of the total population from Aitkin County, and a systematic sample of 1,849 households, or 37% of the total population from Carlton County, where every tenth person on the public assistance list was chosen.

According to Roger Corbin, Executive Director of the Lakes and Pines Community Action Program, the households were selected from the community action program's client case load within the two counties. This case load consisted of individuals who were recipients of services from the Lakes and Pines Community Action Program. The agency lists were cross-referenced with the public assistance lists of Aitkin and Carlton Counties to eliminate any possible duplication of households.

The community action program participants' income level was at or below the 135% poverty level, as defined by the Federal Office of Management and Budget. For example, a family of one would have an annual income level was under $10,000 a year (Johnson & Schreiner, 1993).

Sample

The surveyed population from Aitkin County consisted of 1,351 households. Of those surveyed, 38% (N=514) returned completed
surveys which were included in the results. From the 1,846 households surveyed in Carlton County, 30% (N=562) of these recipients surveys were included in the survey results. The overall response rate was 34%. Of the 3,200 surveyed, 1,115 surveys were returned, and 1,076 of the surveys were included in the final survey analysis.

INSTRUMENT
The measurement instrument for the survey was the South Oaks Gambling Screen (SOGS). It was selected for its wide acceptance as a valid and reliable tool for measuring gambling behavior (Lesieur and Blume, 1987).

The South Oaks Gambling Screen (SOGS) has integrated questions that indicate pathological gambling tendencies based on the DSM-III-R. Its questions, based on a Likert scale, requires the respondent to choose from three possible answers, i.e. "Not at all", "Less that once a week", or "Once a week or more". Many of the questions require a "Yes" or "No" response. Twenty questions of the SOGS are scored, four items of the SOGS are not scored. Each of these twenty questions has a value of one point (see Appendix D).

According to SOGS scoring, an individual who has a score of 3 to 4 is considered a potential pathological gambler. Someone who scores 5 points or more is classified as a probable pathological gambler. Scores on the South Oaks Gambling Screen itself are determined by adding up the number of questions that show an "at risk" response (Lesieur & Blume, 1987).
For the purposes of this survey, eight additional demographic questions were added on the last page of the questionnaire in order to assist in developing a profile of gamblers who reside in either Carlton or Aitkin Counties (see Appendix C, page 3).

During the process of revising the survey, questions asking gender and income were eliminated. Initially, two persons developed demographic questions to be used in the survey. These individuals were Natalie Schreiner, the principal investigator for this study, and Rick Johnson, the individual contracted by the survey planning committee to conduct the planning project research. Each developed demographic questions to be included in the survey. These two individuals then met and cross-checked their demographic questions with one another. Through their collaboration, the questions were modified so they could be easily understood and the responses could be readily scored.

The modified and recommended demographic questions were then presented to the survey planning committee for final approval. The planning committee gave final approval for the eight demographic questions to be included in the survey (see Appendix C, page 3).

Through this process of corroboration, a question regarding gender was omitted. A question regarding income was also eliminated. It was viewed as irrelevant as the agencies administering the survey had knowledge of the survey population's conglomerate income level.

PROCEDURES
Respondents were first mailed a post card (see Appendix A) to
notify them that they would receive a gambling survey in the mail within one week. The post card explained the survey would be conducted in a confidential manner. Participants were told not to identify themselves. The post card stated the survey would take approximately ten minutes to complete.

Approximately one week after receiving the post card, the survey (see Appendix C) arrived along with an attached cover letter (see Appendix B). The cover letter informed recipients of the survey's importance to their community. The letter requested their confidential cooperation in completing the survey and encouraged recipients to promptly return their completed surveys. A postage paid return envelope was included with the survey to further encourage participation and, thereby, increase the rate of return.

The surveys were addressed with computer generated address labels and mailed by county staff on November 26, 1992, from the Aitkin and Carlton County Human Service Offices. Completed surveys were returned by respondents in the postage paid envelopes to a Duluth post office box. Since the return time for the surveys was slower than anticipated, the deadline for accepting returned surveys was extended to December 23, 1992.

DATA COLLECTION AND TRANSLATION
The surveys were addressed to, and received at, a post office box located in the main post office of Duluth, Minnesota. Surveys were mailed to the Duluth post office for two reasons; to further insure participant confidentiality and for the purpose of collection convenience.
Once the surveys were collected they were each given a four digit identification number, beginning with #0001. Incomplete surveys were discarded. For example, if the respondent answered only the first page of their survey, it was eliminated from the results. The answers were then systematically coded. They were given a value of "1", "2", "3", "4", "5", or "6".

Coded numbers were filled out on master coding sheets. The data were then entered into the University of Minnesota-Duluth's main frame computer. Data entry was completed at the University of Minnesota-Duluth's Center for Addiction Studies. Technical assistance was provided by J. Clark Laundergan, Ph.D.

DATA ANALYSIS

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. Data were analyzed, using the SPSS, according to the response frequencies of both the scored and unscored SOGS questions and the eight additional demographic questions.

The SOGS scores were added up separately by county and then as an aggregate number to determine the prevalence of gambling problems in this region of Minnesota. The demographic responses were compared with three gambling categories in order to develop respondent profiles in the counties of Aitkin and Carlton.

To aide in the analysis of the survey results the scores of Table 1's six Number of At-Risk Responses categories were recoded into four Number of At-Risk Responses categories for Tables 2 and 3. The four categories have been labeled the following: "0", "1 &
For the purposes of providing a descriptive profile of respondents who gamble in Aitkin and Carlton Counties, those respondents who indicated they do not gamble were eliminated from the Chi-square calculations in Table 4.

The remaining three response categories were labeled the following way: GAMBLER-NO PROBLEM (SOGS score of 0, 1 & 2 points): these respondents reported they gamble, but it has not caused them any problems. POTENTIAL PATHOLOGICAL (SOGS score of 3 - 4 points): this group consists of respondents who indicate that gambling has caused a few problems in their lives. PROBABLE PATHOLOGICAL (SOGS score of 5 or more points): these individuals' responses to the SOGS questions indicate that their gambling behavior is pathological; gambling for them has caused a number of related problems (i.e. loss of work due to gambling). In Table 4, these three categories of gamblers are compared with the frequencies of the survey's eight demographic questions.

The demographic questions were recoded in the following manner: the ethnic responses were recoded into two categories; "White" and "Non-white", the relationship question was recoded into two categories; "Married" and "Unmarried", the question regarding age was recoded into the following three categories; "18 - 35 years", "36 - 55 years", and "56 - 65+ years", the employment survey question was recoded into two categories; "Employed" and "Unemployed", the household size question was recoded into two categories; "1-2 Persons", and "3+ Persons".
The Parents Who Gamble survey question (see Appendix C, question 3) asked the respondent to choose from four responses regarding whether or not their parents gamble/gambled. The results of respondents who indicated they parents never gamble/gambled where recoded into one category labeled "Parents No Gamble". Survey results of respondents who indicated either of their parents and/or both their parents gamble were recoded into the "Parents Gamble" category.

The three gambling categories, GAMBLER-NO PROBLEM, POTENTIAL PATHOLOGICAL, and PROBABLE PATHOLOGICAL, were then cross-tabulated, using the Chi-square test for independence, with the response frequencies of the survey's eight demographic questions. This was done in order to demonstrate the existence of any significant relationships between the dependent variable (gambling) and the independent variables (i.e. whether or not their parents gamble) (Weinbach & Grinnell, 1991).

Chi-square testing was conducted (using SPSS) in order to refute chance as one explanation for any apparent relationship between the gambling categories and the demographic variables. The Non-Gambler category was excluded from the Chi-square analysis, as the focus of the study was the identification the independent indicators of gambling.

The following is a list of the eight demographic variables included in Table 4: [Home: "Own" - "Rent"], [Employment: "Employed" - "Unemployed"], [Household Size: "1-2 Persons" - "3+ Persons"], [Marital: "Married" - "Unmarried"], [Parents: "Gamble" - "Not Gamble"], [County: "Aitkin" - "Carlton"], [Ethnic: "White" - "Non-
white"], and [Age: "18-35" - "36-55" - "56-65+"]

Due to the fact that a number of surveys were incomplete or they were classified as missing cases during the analysis process, 39 surveys were omitted from the study's findings. Therefore, the final analysis for the study is based on a total of 1,076 surveys.

RESULTS

The frequencies and percentages of six SOGS score categories of respondents are presented in Table 1. For survey results by county refer to Table 2 & Table 3. Table 4 offers a demographic profile of three categories of gamblers.

Table 1 illustrates the overall South Oaks Gambling Screen (SOGS) scores for this survey. The first column, Number of At-Risk Responses, represents the number of "yes" answers on the survey. For example, a total of 772 respondents had zero (0) "yes" answers, while 138 respondents chose one (1) "yes" answer (see Table 1).

The second column, Frequency, demonstrates the total number of respondents whose answers correspond to the Number of At-Risk Responses column. For example, 44 respondents answered "yes" to three "At-Risk" questions, 15 answered "yes" to four "At-Risk" questions (see Table 1).

The third column, Percent, gives the percentage of responses for the corresponding frequency. For example, 3.9% (N=44) of the respondents answered "yes" to three "At-Risk" questions and 1.3% (N=15) answered "yes" to four "At-Risk" questions (see Table 1).
Table 1

**SOGS Scores for All Respondents**

<table>
<thead>
<tr>
<th>Number of At-Risk Responses</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>772</td>
<td>69.2</td>
</tr>
<tr>
<td>1</td>
<td>138</td>
<td>12.4</td>
</tr>
<tr>
<td>2</td>
<td>67</td>
<td>6.0</td>
</tr>
<tr>
<td>3</td>
<td>44</td>
<td>3.9</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
<td>1.3</td>
</tr>
<tr>
<td>5 &gt;</td>
<td>79</td>
<td>7.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1115</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The preceding table demonstrates the total number of respondents who are non-gamblers (those respondents who reported they do not, nor have they ever gambled in their lifetime), gamblers-no problem, potential pathological gamblers, and probable pathological gamblers. Those respondents who answered "yes" to 3 or 4 "At-Risk" questions is 59, or 5.2% of the survey's total. These individuals would be considered potential pathological gamblers. Those answering "yes" to 5 or more "At-Risk" questions equals 79 respondents or 7.1% of the survey's total (N=1,115). These individuals would be considered probable pathological gamblers.

Therefore, with respect to all respondents:

- 5.2% meet the *criteria for potential pathological gamblers.
- 7.1% meet the *criteria for probable pathological gamblers.


The following table shows the SOGS data for Carlton County:
Table 2

SOGS Scores for Carlton County Respondents

<table>
<thead>
<tr>
<th>Number of At-Risk Respondents</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>390</td>
<td>69.4</td>
</tr>
<tr>
<td>1 &amp; 2</td>
<td>98</td>
<td>17.4</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>31</td>
<td>5.5</td>
</tr>
<tr>
<td>5 &amp; &gt;</td>
<td>43</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>562</td>
<td>100%</td>
</tr>
</tbody>
</table>

This table indicates that 5.5% (N=31) of the respondents answered "yes" to 3 or 4 "At-Risk" questions and 7.7% (N=43) of the respondents answered "yes" to 5 or more "At-Risk" questions. These figures are based on a total of 562 surveys.

Therefore, with respect to Carlton County respondents:

5.5% meet the *criteria for potential pathological gamblers.
7.7% meet the *criteria for probable pathological gamblers.

The following table shows the statistics for Aitkin County:

Table 3

SOGS Scores for Aitkin County Respondents

<table>
<thead>
<tr>
<th>Number of At-Risk Respondents</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>352</td>
<td>68.5</td>
</tr>
<tr>
<td>1 &amp; 2</td>
<td>100</td>
<td>19.5</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>27</td>
<td>5.2</td>
</tr>
<tr>
<td>5 &amp; &gt;</td>
<td>35</td>
<td>6.8</td>
</tr>
<tr>
<td>Total</td>
<td>514</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 3 indicates 5.3% (N=27) answered "yes" to 3 or 4 "At-Risk" questions and 6.8% (N=35) answered "yes" to 5 or more "At-Risk" questions. These figures are based on a total of 514 surveys.

Therefore, with respect to respondents from Aitkin County:
5.3% meet the *criteria for potential pathological gamblers.
6.8% meet the *criteria for probable pathological gamblers.

The combined percentages and total figures of potential pathological gamblers and probable pathological gamblers for Aitkin and Carlton Counties are the following:
5.4% (N=58) potential pathological gamblers.
7.2% (N=78) probable pathological gamblers.

Table 4 compares the three categories of gamblers with the eight demographic variables. Three of the eight demographic variables involved selecting one answer from several response choices. The following offers an explanation of how these three demographic variables have been categorized in Table 4:

 Married* includes those who responded they are married, and those who responded they are "living with a partner". Parents** includes respondents whose parents gamble/gambled (Gamble), or respondents whose parents never gamble/gambled (Not Gamble). Non-white*** includes the following ethnic groups: Native American, African American, Asian, Hispanic origin, or Other (see Table 4).
Table 4

Descriptive Profiles of Three Categories of Gamblers

<table>
<thead>
<tr>
<th>SOGS Score</th>
<th>Gambler-No Problem (0-1-2)</th>
<th>Potential Pathological (3-4)</th>
<th>Probable Pathological (5+)</th>
<th>Total</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number %</td>
<td>Number %</td>
<td>Number %</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>HOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own</td>
<td>366 (53.5%)</td>
<td>28 (4.1%)</td>
<td>40 (5.8%)</td>
<td>434</td>
<td>63.5% .05</td>
</tr>
<tr>
<td>Rent</td>
<td>190 (27.8%)</td>
<td>27 (3.9%)</td>
<td>33 (4.8%)</td>
<td>250</td>
<td>36.5%</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>555 (81.3%)</td>
<td>55 (8.0%)</td>
<td>73 (10.7%)</td>
<td>684</td>
<td>100%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>382 (53.3%)</td>
<td>35 (4.9%)</td>
<td>44 (6.1%)</td>
<td>461</td>
<td>64.3%</td>
</tr>
<tr>
<td>HOUSEHOLD SIZE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 Persons</td>
<td>257 (36.6%)</td>
<td>24 (3.4%)</td>
<td>28 (4.0%)</td>
<td>309</td>
<td>44.0% NS</td>
</tr>
<tr>
<td>3+ Persons</td>
<td>573 (81.6%)</td>
<td>56 (8.0%)</td>
<td>73 (10.4%)</td>
<td>702</td>
<td>100%</td>
</tr>
<tr>
<td>MARITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>336 (47.1%)</td>
<td>32 (4.5%)</td>
<td>36 (5.0%)</td>
<td>402</td>
<td>56.4% NS</td>
</tr>
<tr>
<td>Unmarried</td>
<td>245 (34.4%)</td>
<td>26 (3.6%)</td>
<td>40 (5.6%)</td>
<td>311</td>
<td>43.6%</td>
</tr>
<tr>
<td>PARENTS**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambler</td>
<td>204 (28.7%)</td>
<td>28 (3.9%)</td>
<td>40 (5.6%)</td>
<td>272</td>
<td>38.2% .001</td>
</tr>
<tr>
<td>Not Gamble</td>
<td>375 (53.2%)</td>
<td>27 (3.8%)</td>
<td>34 (4.8%)</td>
<td>440</td>
<td>61.6%</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-35</td>
<td>262 (36.5%)</td>
<td>28 (3.9%)</td>
<td>31 (4.3%)</td>
<td>321</td>
<td>44.8% NS</td>
</tr>
<tr>
<td>36-55</td>
<td>173 (24.1%)</td>
<td>15 (2.1%)</td>
<td>32 (4.5%)</td>
<td>220</td>
<td>30.7%</td>
</tr>
<tr>
<td>56-65+</td>
<td>149 (20.8%)</td>
<td>14 (2.0%)</td>
<td>13 (1.8%)</td>
<td>176</td>
<td>24.5%</td>
</tr>
<tr>
<td></td>
<td>594 (81.5%)</td>
<td>57 (7.9%)</td>
<td>76 (10.6%)</td>
<td>717</td>
<td>100%</td>
</tr>
</tbody>
</table>

NS: Stands for Not Significant.

Chi-Square Analysis for HOME: \( X^2 = 7.4, \) df = 2, \( p < .05 \).

Chi-Square Analysis for PARENTS: \( X^2 = 14.1, \) df = 2, \( p < .001 \).

Of those respondents who were homeowners, 15.6% were either potential or probable pathological gamblers. Of those respondents who were renters, 24% were either potential or probable pathological gamblers (\( p < .05 \)).
Of those who gamble and whose parents gambled, 25% were either potential or probable pathological gamblers. Of those who gamble and whose parents never gambled, 13.8% were either potential or probable pathological gamblers (p < .001).

DISCUSSION
The response rate for this particular study was 34%. Of the 3,200 households surveyed, 1,115 surveys were returned. Of the 1,115 returned surveys, 1,076 were included in the study's final analysis.

When response frequencies of both Aitkin and Carlton County where cross-tabulated, it resulted in an overall prevalence rate of 5.4% (N=58) potential pathological gamblers. The overall prevalence rate of probable pathological gamblers for the two counties was 7.2% (N=78).

In Aitkin County, according to the SOGS, the figures indicate 5.2% (N=27) are potential pathological gamblers and 6.8% (N=35) are probable pathological gamblers. In Carlton County, figures indicate 5.5% (N=31) are potential pathological gamblers and 7.7% (N=43) are probable pathological gamblers.

Carlton County demonstrates a slightly higher prevalence rate of both pathological gambling categories. Carlton County's potential pathological figure is 5.5% in comparison to Aitkin County's 5.3% potential pathological figure. Carlton County's probable pathological figure is 7.7% as compared to Aitkin County's 6.8% probable pathological figure.
The percentages of potential and probable pathological gamblers in the two counties is very similar. The minor difference in percentage between the two counties could be due in part to Carlton County's proximity to more gambling establishments, namely the Indian gaming casinos. Aitkin County is geographically a more isolated county. Aitkin County may be a more conservative county.

The results of the survey indicate the potential or probable pathological gamblers in Aitkin and Carlton Counties are those respondents who were renters and/or whose parents gambled.

The prevalence rate of this region of Minnesota (7.1%) was the highest of research conducted thus far for the state. The results of a previous SOGS prevalence study conducted in 1990, by the University of Minnesota's Center for Addiction Studies, indicated a prevalence rate of 0.6% of respondents who were potential pathological gamblers and 0.9% of the respondents who were probable pathological gamblers (Laundergan et al, 1990).

The results of the South West Minnesota study (Kandiyohi and Renville Counties) indicated a prevalence rate of 0.2% of respondents who were potential pathological gamblers and 1.7% of the respondents who were probable pathological gamblers (Laundergan & Schaefer, 1993).

SOGS prevalence studies conducted outside of the state of Minnesota resulted in much lower prevalence rates for both potential and probable pathological gamblers, with the exception of a 1993 study of a North Dakota Native American population.
Table 5 presents nine SOGS prevalence studies conducted outside of the state of Minnesota, their prevalence rates, and how they compare with the Aitkin and Carlton County prevalence study:

Table 5

Comparison of Aitkin and Carlton County SOGS Scores with previously conducted Prevalence Studies from outside the state of Minnesota

<table>
<thead>
<tr>
<th>Location of Study</th>
<th>Date Completed</th>
<th>SOGS Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5 &gt;</td>
</tr>
<tr>
<td>MARYLAND (*Volberg &amp; Steadman, 1989)</td>
<td>1987</td>
<td>1.5%</td>
</tr>
<tr>
<td>MONTANA (*Volberg, 1992)</td>
<td>1992</td>
<td>0.7%</td>
</tr>
<tr>
<td>NEW JERSEY (*Volberg &amp; Steadman, 1989)</td>
<td>1987</td>
<td>1.4%</td>
</tr>
<tr>
<td>NEW YORK (*Lesieur &amp; Blume, 1988)</td>
<td>1986</td>
<td>1.4%</td>
</tr>
<tr>
<td>NORTHEAST MINNESOTA: Aitkin &amp; Carlton Counties (*Johnson &amp; Schreiner, 1994)</td>
<td>1993</td>
<td>7.1%</td>
</tr>
<tr>
<td>NORTH DAKOTA (*Volberg &amp; Silver, 1993)</td>
<td>1993</td>
<td>1.0%</td>
</tr>
<tr>
<td>NORTH DAKOTA NATIVE AMERICANS 1993 (*Volberg, 1993)</td>
<td>1993</td>
<td>7.0%</td>
</tr>
<tr>
<td>OHIO (*Culleton, 1985)</td>
<td>1985</td>
<td>2.5%</td>
</tr>
<tr>
<td>SOUTH DAKOTA (*Volberg &amp; Stuefen, 1991)</td>
<td>1991</td>
<td>1.0%</td>
</tr>
<tr>
<td>WASHINGTON STATE (*Volberg, 1993)</td>
<td>1993</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

*For a complete citation of these studies, refer to this study's reference pages.
Why is there such a high gambling prevalence rate in Aitkin and Carlton Counties? One possible explanation is, assuming the 7.1% probable pathological gambler rate is accurate, the individuals surveyed were low income. They were all persons receiving public assistance. They, therefore, have limited disposable income to spend on gambling and are likely to experience problems due to their gambling in a short period of time.

The respondents report having a number of problems due to their gambling despite the fact that they are not spending large amounts of money on the activity. The results of Question #2 of the SOGS Survey indicate that less than 8% of the respondents who indicated they gamble spent more than $100.00 on gambling in a day, 28% spent from $10.00 to $100.00 a day, 32% spent $10.00 or less a day.

Low income persons may picture gambling as their ticket out of poverty. Despite the odds of winning being stacked against them, they may invest in gambling activities in order to "win big".

IMPLICATIONS

A great deal of effort went into making gambling accessible for people living in the Northeast region of Minnesota. What is also necessary is the implementation of strategies in order to deal with the social consequences associated with gambling activities. Planning efforts need to be made on the part of the casinos, the state government, and social service agencies in order to address social problems created from gambling.

Fond Du Lac Indian Reservation could implement policies regarding
the training of its employees. Techniques for identification of potential addictive gambling behaviors of their customers in the casino may enable them to set limits on gambling in the casino to problematic gamblers.

The business administration of Indian gaming casinos in the Carlton and Aitkin County areas could establish equitable means of distribution of the proceeds earned by the casinos in order to address spin-off social problems. The system could reinvest in the surrounding communities through the establishment of funding for treatment and prevention programs for persons in the community who are or may become addicted to gambling.

The state of Minnesota could appropriate funds from the lottery profits it earns annually by investing monies in treatment efforts. In response to the rising rates of problematic gambling, in 1989, the state of Minnesota installed a toll free 24 hour Gambler's Hotline. It provides callers with treatment and support group information 24 hours a day. In 1992, gambling treatment centers were established in Minnesota. These treatment programs are based on the 12 Step philosophy of Gamblers Anonymous; a support group for individuals dealing with gambling issues. Gamblers Anonymous (GA) groups are located throughout the state of Minnesota.

Human service professionals ought to be aware of the probability that persons coming to their agencies for services may have a gambling problem. One way of addressing this issue is to develop interview tools which have questions concerning gambling behaviors built in. Social workers also need to be prepared to identify
persons with potential gambling problems and provide them with appropriate resources to enable them to get the help they need. The county Information and Referral staff ought to have current resource information to provide to individuals who contact them concerning gambling issues. Social workers also ought to be aware of strategies for obtaining funding for prevention programs.

Social workers who conduct research in the area of gambling could use their credibility and knowledge to influence local politicians to adopt legislative bills which would include measures for dealing with social issues related to gambling.

LIMITATIONS
The response rate of this survey was 34% (1,079 surveys out of a total of 3,200 surveys). It is not known if the persons who responded to the survey are in fact representative of the total population of Aitkin and Carlton Counties. This leaves nearly 70% of the population unstudied, of whom we know nothing. The return rate may have been increased by mailing a follow-up letter reminding survey recipients to complete and return the surveys. Additionally, since the sample population was low income, the ability to generalize the results to all income levels is limited.

The omission of a gender question creates a limitation in that respondents cannot be identified by their sex. This omission limits the ability to conduct comparisons, by gender, with previously conducted gambling research studies.

In the survey, the employment status question offered a number of
responses for the respondent to choose from (see Appendix C). Respondents may have chosen two or more responses, such as "employed part time" and "student". In spite of the fact that respondents may have made several choices, data were coded to indicate employment and did not account for other selections. Because of this coding method, the results may have become skewed.

The low rate of return of minority individuals may have been due, in part, to the low ratio of minority residency within these two counties. Minority residents may have felt hesitant to respond to the survey to avoid identification in the results. This may have been particularly true if they were the only African American or Latino family who resided in either of these two counties. Native American residents may have also been reluctant to participate in the survey as they tend to dislike surveys and resent being asked personal questions by white system authorities. For these reasons the results of minority respondents may not be accurate.

The survey instrument utilized for this study, the South Oaks Gambling Screen, places greater emphasis on the behavioral results of respondents' gambling. It tends to load on the borrowing questions. The respondent who finds themselves borrowing money in order to gamble would greatly increase their overall SOGS score. For example, on question 16 of the SOGS, there are nine items scored that refer to borrowing (see Appendix C & D).

This type of scoring would increase the likelihood for someone of low income status to gain a higher score as they would have less disposable income to spend on gambling and, therefore, need to
borrow more money more often in order to participate in gambling activities. In addition, there are scored questions that are directly linked to borrowing money, such as, "Have money arguments ever centered on your gambling?" (see Appendix C, question 13). Answering positively to these questions increases the respondents' overall SOGS score.

Due to the nature of the population sample (participants chosen from a community action program and cross-referenced with medical assistance lists), the results may reflect that respondents exhibit more problematic behaviors associated with gambling due to their limited amount of discretionary income. Therefore, they may run into problems associated with gambling much sooner than an individual belonging to a higher income bracket.

**FUTURE RESEARCH**

Hopefully, the findings of this study will give incentive to further research to be conducted with low income populations to provide insights into prevention programming. The impetus for this study came from a grass roots agency whose concern was for the impact of gambling on the economic self sufficiency of low income people.

Field research studies could be conducted in order to include the lack of response by segments of the population, such as the mentally ill and minorities. Structured interview studies may reveal behavioral/psychological evidence not brought out in a mailed survey.
Longitudinal research may also prove to be useful as it would provide evidence for the effects of gambling over time. Further research, including populations representing all levels of income, would assist in a more thorough analysis of gambling in this region of Minnesota.

The significance of this study's research findings prompted a second low income survey, sponsored by the Department of Human Services of the State of Minnesota, to determine the prevalence of gambling in South West Minnesota (Kandiyohi and Renville Counties).

Plans are also being made to form a focus group of low income persons and human service professionals from the survey area to discuss possible reasons for the high prevalence rate in Aitkin and Carlton Counties. They will be meeting to develop additional survey questions which will pinpoint more specifically the reasons for the high prevalence rate of gambling among the surveyed low income population of Aitkin and Carlton Counties.

These additional questions will be added to a low income study of the Minneapolis and St. Paul metro area, which is scheduled to take place the fall of 1994.

CONCLUSION

The findings of this study are significant. The results indicate the highest prevalence rate of potential and probable pathological gambling to date in the state of Minnesota. The results of this study also indicate the highest prevalence rates of gambling outside of the state, with the exception of the 1993 North Dakota
Native American study conducted by Rachel Volberg (see Table 5). Participants of this study were prompted with a post card, a cover letter, and a postage paid return envelope. The response rate was 34%. Of the 3,200 surveys mailed, 1,115 surveys were returned, and 1,076 were included in the final research results.

According to data analysis, the overall prevalence rate of potential pathological gambling of Aitkin and Carlton Counties was 5.4%. The overall prevalence rate of probable pathological gambling in Aitkin and Carlton Counties was 7.2%.

The gambling prevalence rates of Aitkin and Carlton Counties did not differ greatly from one another. The potential pathological percentages for Aitkin and Carlton Counties are the following: 5.3% (Aitkin) & 5.5% (Carlton). The probable pathological percentages of the two counties are the following: 6.8% (Aitkin) & 7.7% (Carlton).

According to Chi-square analysis, the most significant indicators of whether or not an individual's gambling became pathological was dependent upon whether or not their parents gamble or gambled (p < .001), and whether or not the respondents owned or rented their place of residence (p < .05). Of those who gambled, respondents who were renters and/or whose parents gamble or gambled were more likely to be potential or probable pathological gamblers.

The survey instrument utilized for this study, South Oaks Gambling Screen, may have been designed to measure the gambling behavior of
middle income individuals, who have more discretionary income from which to draw on to support their gambling habit. This may explain the reason for the high prevalence rate of pathological gamblers among the low income population in Aitkin and Carlton Counties. The SOGS, therefore, may not be an appropriate instrument to survey all levels of income.

The development of an alternative measuring instrument, which does not place so much weight on the borrowing aspect of gambling, may more accurately pinpoint the reasons low income persons gamble and experience gambling problems. It would also be beneficial to conduct a qualitative form of research by performing face-to-face interviews with the residents of this region of Minnesota. This type of study may provide greater insight and depth into understanding the communities' overall attitudes towards gambling.

Legalized gambling and the establishment of Indian gambling casinos have tremendously expanded the availability and accessibility of gambling within Aitkin and Carlton Counties. Those individuals whose SOGS score indicated they are potential pathological gamblers may in fact become probable pathological gamblers within the next few years. In order to analyze the long term effects gambling has on the residents of this region of Minnesota, it would be beneficial to conduct a follow up study in the next ten years to observe whether or not the prevalence rates of pathological gambling increase in this region of Minnesota.
REFERENCES


REFERENCES


REFERENCES


REFERENCES


CONGRATULATIONS!

You have been chosen as a community member to participate in a very important Community-wide Survey. Your household will receive the survey within one week. The survey is confidential and a very important part of our research about the effect of gambling within our community. The survey will take less than 10 minutes to complete.

Again, the survey response will not identify you or your household.

Thank you.
November 30, 1992

To: Participating Community Members

From: Information Research
P. O. Box 16891
Duluth, Minnesota 55816

Community Member:

Last week we sent you a post card telling you that you were chosen to participate in a community wide survey and asking you to please help us by filling out this survey when it came in the mail. This survey is about gambling in our community and how it is affecting your household. You can see that gambling is a growing business in our communities and we need to be aware of how it is affecting us.

YOUR HELP IS NEEDED so that we may find the answers to these questions and plan ahead for your community.

PLEASE take 10 minutes to fill in this survey. THIS SURVEY IS CONFIDENTIAL AND WE DO NOT WANT YOU TO PUT YOUR NAME ON IT. We have enclosed a self-addressed, stamped envelope.

Thank you!

Please return the survey within three days.
APPENDIX 6

THIS IS A CONFIDENTIAL SURVEY, PLEASE DO NOT PUT YOUR NAME ON IT.

Please put a check by your answer.

1. Please indicate which of the following types of gambling you have done in the past 3 years. For each type, mark one answer: "not at all", "less than once a week", or "once a week or more".

   Not at all       Less than once a week       Once a week or more
   a. played "Pull Tabs"  
   b. played "Bingo"  
   c. played "Lottery" (including scratch-offs)  
   d. gambled at "Casinos" (Las Vegas type)  
   e. other: please indicate: __________

2. What is the largest amount of money you have ever gambled with on any one day?

   ______ have never gambled
   ______ more than $1 up to $10
   ______ more than $10 up to $100
   ______ more than $100 up to $500
   ______ more than $500 up to $1,000
   ______ more than $1,000

3. Do/did your parents gamble?

   ______ both my father and mother gamble/gambled
   ______ my father gambles/gambled
   ______ my mother gambles/gambled
   ______ neither one gambles/gambled

4. When you gamble, how often do you go back another day to win back money lost?

   ______ never
   ______ some of the time (less than half the time I lose)
   ______ most of the time I lose
   ______ every time I lose

5. Have you ever claimed to be winning but weren't really? In fact you lost?

   ______ never (or never gambled)
   ______ yes, less than half the time I lost
   ______ yes, most of the time

6. Do you feel you have ever had a problem with gambling?

   ______ no
   ______ yes, in the past but not now
   ______ yes
7. Did you ever gamble more than you intended to?  

8. Have people criticized your gambling?  

9. Have you ever felt guilty about the way you gambled or what happens when you gamble?  

10. Have you ever felt like you would like to stop gambling?  

11. Have you ever hidden betting slips, lottery tickets, gambling money or other signs of gambling from your spouse, children or other important people in your life?  

12. Have you ever argued with people you live with over how you handle your money?  

13. (If you answered "yes" to question 12) Have money arguments ever centered on your gambling?  

14. Have you ever borrowed from someone and not paid them back as a result of your gambling?  

15. Have you ever lost time from work (or school) due to gambling?  

16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (check "yes" or "no" for each answer)  
   a. from household money  
   b. from your spouse  
   c. from other relatives or in-laws  
   d. from banks, loan companies or credit unions  
   e. from credit cards  
   f. from loan sharks  
   g. cashed in stocks, bonds or securities  
   h. sold personal or family property  
   i. pawned personal or family property  
   j. borrowed on your checking account (passed bad checks)  
   k. had a credit line with a "casino"
WHEN NEEDED, PLEASE PLACE A CHECK NEXT TO YOUR ANSWER.

17. Are you: Married ____; Living with someone in a "marriage-like" relationship ____;
   Separated ____; Divorced ____; Widowed ____; Never married ____?

18. How many members live in your household? __________

19. What is the age of the person completing this survey?
   18 - 25 years ____
   26 - 35 years ____
   36 - 45 years ____

20. Which of the following best describes your household?
   American Indian ____
   Asian ____
   African American ____
   Hispanic ____
   White ____
   Other ____

21. What County do you live in? Aitkin ____  Carlton ____

22. Do you own or rent your home? Own ____  Rent ____

23. Which of the following best describes your spouse/partner?
   A homemaker ____
   Retired or disabled ____
   A student ____
   Not currently employed ____
   Working full time ____
   Working part time ____

24. Which of the following best describes you?
   A homemaker ____
   Retired or disabled ____
   A student ____
   Not currently employed ____
   Working full time ____
   Working part time ____
Consistent with prior uses of the 20-item South Oaks Gambling Screen (SOGS), respondents scoring 3 or 4 points were classified as “potential pathological gamblers,” and those scoring 5 or more points were classified as “probable pathological gamblers.” Scores on the South Oaks Gambling Screen are determined by adding up the number of questions that show an “at risk” response:

Questions 1, 2, and 3 are not counted.

1. Question 4: most of the time I lost, or every time I lost
2. Question 5: yes, less than half the time I lost, or yes, most of the time
3. Question 6: yes, in the past, but not now, or yes
4. Question 7: yes
5. Question 8: yes
6. Question 9: yes
7. Question 10: yes
8. Question 11: yes
9. Question 12 not counted
10. Question 13: yes
11. Question 14: yes
12. Question 15: yes
13. Question 16a: yes
14. Question 16b: yes
15. Question 16c: yes
16. Question 16d: yes
17. Question 16e: yes
18. Question 16f: yes
19. Question 16g: yes
20. Question 16h: yes
21. Question 16i: yes
22. Question 16j: yes

Questions 16i and 16k not counted