



You could be the lucky  
winner of an **iPOD!**

\* Winners will have to answer a  
mathematical question.

# University Student Gambling Habit Survey 2008

You can answer this survey online in English or French at:

<http://enhjeu.questionnaires.ca>

Or complete this questionnaire and return it in the postage paid return envelope

For all other questions or comments, please contact us at:

(514) 848-2424 # 5398

Voice mail is available 24 hours a day



We care about the environment. We have sent the survey in one language depending on the university you attend. Thank you for your understanding.

This survey is printed on recycled paper





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## CONSENT FORM

**Please complete the following section:**

- I understand that my participation in this study is voluntary
- I understand that my participation in this study is CONFIDENTIAL
- I understand that data from this study will be released only in the form of summaries in which individual answers will not be identifiable

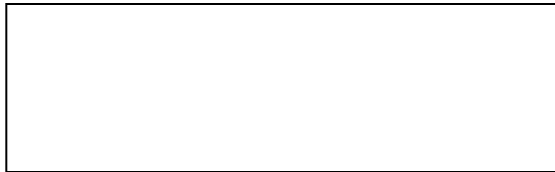
**I HAVE READ THE ABOVE CAREFULLY AND UNDERSTAND THIS AGREEMENT. I GIVE MY CONSENT FREELY AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.**

NAME (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**If at any time you have questions about your rights as a research participant, please contact Adela Reid, Research Ethics and Compliance Officer, Concordia University, at (514) 848-2424 x 7481 or by email at [areid@alcor.concordia.ca](mailto:areid@alcor.concordia.ca).**

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## **PLEASE READ INSTRUCTIONS CAREFULLY**

- **Please complete the questionnaire and return it AS SOON AS POSSIBLE.**
- **Your answers will remain anonymous.**
- **Please sign your name on the consent form only.**
- **DO NOT write your name on the questionnaire.**
- **Your participation is voluntary.**
- **You do not need to answer any question that makes you feel uncomfortable.**

**Thank you for your participation.**



## GAMBLING ACTIVITIES



**People have different definitions of gambling activities. They may spend money or gamble with family and friends on a variety of games, such as lottery tickets, bingo or card games.**

**To get a better understanding of gambling habits, we have listed various gambling activities on which you may have spent money. Certain questions may not apply to you, but all participants must be asked the same questions.**

### LOTTERY TICKETS

1. **During the past 12 months**, have you bet or spent money on LOTTERY TICKETS such as Super 7, “scratch” tickets, Banco, random draws, Keno, etc. **EXCLUDING** Mise-O-Jeu lottery?

Yes                       No       **→ Skip to question 7**

2. **During the past 12 months**, how often did you bet or spend money on the following LOTTERY TICKETS:

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Lottery tickets such as 6/49, Super 7 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Instant win or “scratch” tickets such as Lucky 7, Crossword, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Daily lotteries (Banco, Extra, la Quotidienne, Encore).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Random draw tickets or fund raising draws.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Keno.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **During the past 12 months**, with whom did you generally bet or spend money on LOTTERY TICKETS?

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

4. **In the past 12 months**, how much debt have you accumulated due to betting on LOTTERY TICKETS?(amount in \$)

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5. **During the past 12 months**, how much money on average did you spend **per month** on the following LOTTERY TICKETS? Do not include your winnings. (amount in \$)

- a. Lottery tickets such as 6/49, Super 7 .....
- b. Instant win or “scratch” tickets such as 7 lucky, Crossword, etc. ....
- c. Daily Lotteries such as Banco, Extra, la Quotidienne, Encore.....
- d. Random draw tickets or fund raising draws .....
- e. Keno .....


6. **During the past 12 months**, would you say that betting or spending money on LOTTERY TICKETS has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HORSE OR DOG RACING

7. **During the past 12 months**, have you bet or spent money on HORSE OR DOG RACING at hippodromes or outside hippodromes?

Yes                       No       **→ Skip to question 13**

8. **During the past 12 months**, how often did you bet or spend money on HORSE OR DOG RACING in the following locations or situations :

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hippodrome.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hippo Club.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Casino.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bookie.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **During the past 12 months**, with whom did you generally bet or spend money on HORSE OR DOG RACING ?

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

10. **In the past 12 months**, how much debt have you accumulated due to betting on HORSE OR DOG RACING? (amount in \$)

11. **During the past 12 months**, how much money on average did you spend **per month** on HORSE OR DOG RACING? Do not include your winnings. (amount in \$)

12. **During the past 12 months**, would you say that betting or spending money on HORSE OR DOG RACING has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### BINGO

13. **During the past 12 months**, have you bet or spent money on BINGO?

Yes  No  **→ Skip to question 19**

14. **During the past 12 months**, how often did you bet or spend money on BINGO in the following locations:

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. On campus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bingo Halls/Rooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Church basement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. **During the past 12 months**, with whom did you generally bet or spend money on BINGO?

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

16. **In the past 12 months**, how much debt have you accumulated due to betting on BINGO? (amount in \$)

17. **During the past 12 months**, how much money on average did you spend **per month** on BINGO? Do not include your winnings. (amount in \$)

18. **During the past 12 months**, would you say that betting or spending money on BINGO has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### VIDEO LOTTERY TERMINALS (VLTs)/ COIN SLOT MACHINES

19. **During the past 12 months**, have you bet or spent money on VIDEO LOTTERY TERMINALS (VLTs) or COIN SLOT MACHINES?

Yes  No  **→ Skip to question 25**

20. **During the past 12 months**, how often did you bet or spend money on VLTs or COIN SLOT MACHINES in the following locations :

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Casino .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ludoplex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bar/Pub/Tavern/Resto-bar.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. **During the past 12 months**, with whom did you generally bet or spend money on VLTs or COIN SLOT MACHINES?

- Alone .....
- Friend(s) .....
- Family member(s) .....
- Co-workers .....
- Other .....

22. **In the past 12 months**, how much debt have you accumulated due to betting on VLTs or COIN SLOT MACHINES? (amount in \$)

23. **During the past 12 months**, how much money on average did you spend **per month** on VLTs or COIN SLOT MACHINES? Do not include your winnings. (amount in \$)

24. **During the past 12 months**, would you say that betting or spending money on VLTs or COIN SLOT MACHINES has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TABLE POKER

25. **During the past 12 months**, have you bet or spent money on the following types of TABLE POKER? (“X” ONE RESPONSE)

- |                                    |                          |                              |
|------------------------------------|--------------------------|------------------------------|
| Cash Game poker .....              | <input type="checkbox"/> |                              |
| Tournament poker .....             | <input type="checkbox"/> |                              |
| Cash-Game and tournament poker ... | <input type="checkbox"/> |                              |
| No.....                            | <input type="checkbox"/> | → <i>Skip to question 31</i> |

26. **During the past 12 months**, how often did you bet or spend money on TABLE POKER in the following locations :

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. On campus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Casino.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Bar/Pub/Tavern/Resto-bar .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. **During the past 12 months**, with whom did you generally bet or spend money on TABLE POKER?      28. **In the past 12 months**, how much debt have you accumulated due to betting on TABLE POKER? (amount in \$)

- |                       |                          |
|-----------------------|--------------------------|
| Alone.....            | <input type="checkbox"/> |
| Friend(s).....        | <input type="checkbox"/> |
| Family member(s)..... | <input type="checkbox"/> |
| Co-workers.....       | <input type="checkbox"/> |
| Other.....            | <input type="checkbox"/> |

29. **During the past 12 months**, how much money on average did you spend **per month** on TABLE POKER? Do not include your winnings. (amount in \$)

30. **During the past 12 months**, would you say that betting or spending money on TABLE POKER has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TABLE GAMES

31. **During the past 12 months**, have you bet or spent money on TABLE GAMES such as Blackjack and Roulette, **EXCLUDING** Poker?

Yes       No       → *Skip to question 38*

32. **During the past 12 months**, how often did you bet or spend money on the following TABLE GAMES **EXCLUDING** Poker:

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Roulette.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Black Jack.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



33. **During the past 12 months**, how often did you bet or spend money on TABLE GAMES in the following locations :

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. On campus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Casino.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Bar/Pub/Tavern/Resto-bar.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. **During the past 12 months**, with whom did you generally bet or spend money on TABLE GAMES?

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

35. **In the past 12 months**, how much debt have you accumulated due to betting on TABLE GAMES? (amount in \$)

36. **During the past 12 months**, how much money on average did you spend **per month** on TABLE GAMES? Do not include your winnings. (amount in \$)

37. **During the past 12 months**, would you say that betting or spending money on TABLE GAMES has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### BETTING ON SPORTS OR SPORTING EVENTS

38. **During the past 12 months**, have you bet or spent money on SPORTS such as sports lotteries (ex. Sport Select, Pro-Line, Mise-O-jeu, Total), sports pool or sporting events?

Yes  No   **Skip to question 44**

39. **During the past 12 months**, how often did you bet or spend money on the following SPORTS or SPORTING EVENTS:

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Sports lotteries (ex: Mise-O-Jeu).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pool(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sports betting events (other than sports lotteries and pools).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. With a bookie.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. **During the past 12 months**, with whom did you generally bet or spend money on SPORTS or SPORTING EVENTS?


- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

41. **In the past 12 months**, how much debt have you accumulated due to betting on SPORTS OR SPORTING EVENTS? (amount in \$)

42. **During the past 12 months**, how much money on average did you spend **per month** on the following SPORTS or SPORTING EVENTS? Do not include your winnings. (amount in \$)

- a. Sport lotteries (ex: Mise-O-Jeu).....
- b. Pools .....
- c. Sports betting events (other than sports lotteries and pools).....
- d. With a bookie.....

43. **During the past 12 months**, would you say that spending money on SPORTS OR SPORTING EVENTS has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CARD GAMES / BOARD GAMES

44. **During the past 12 months**, have you bet or spent money playing CARD GAMES / BOARD GAMES, EXCLUDING Poker and Blackjack?

Yes  No  → **Skip to question 50**

45. **During the past 12 months**, how often did you bet or spend money playing CARD GAMES / BOARD GAMES, EXCLUDING Poker and Blackjack in the following locations:

	Every day	2 to 6 times a week	1 to 4 times a week	Less than once a month	Never	Don't know
a. Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. On campus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bar/Pub/Tavern/Resto-bar .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. **During the past 12 months**, with whom did you generally bet or spend money playing CARD GAMES / BOARD GAMES?

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

47. **In the past 12 months**, how much debt have you accumulated due to betting on CARD GAMES / BOARD GAMES? (amount in \$)



48. **During the past 12 months**, how much money on average did you spend **per month** playing CARD GAMES / BOARD GAMES? Do not include your winnings. (amount in \$)



49. **During the past 12 months**, would you say that betting or spending money playing CARD GAMES / BOARD GAMES has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## GAMES OF SKILLS

50. **During the past 12 months**, have you bet or spent money on GAMES OF SKILLS such as Pool, Darts, Bowling, etc.?

Yes  No  **→ Skip to question 56**

51. **During the past 12 months**, how often did you bet or spend money on GAMES OF SKILLS such as Pool, Darts, Bowling, etc. in the following locations:

	Every day	2 to 6 times a week	1 to 4 times a week	Less than once a month	Never	Don't know
a. Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. On campus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bar/Pub/Tavern/Resto-bar.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. **During the past 12 months**, with whom did you generally bet or spend money on GAMES OF SKILLS? 53. **In the past 12 months**, how much debt have you accumulated due to betting on GAMES OF SKILLS? (amount in \$)

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

54. **During the past 12 months**, how much money on average did you spend **per month** on GAMES OF SKILLS? Do not include your winnings. (amount in \$)

55. **During the past 12 months**, would you say that your betting or spending money on GAMES OF SKILLS has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SPECULATIVE INVESTMENTS

56. **During the past 12 months**, how often have you bet or spent money on SPECULATIVE INVESTMENTS such as stocks, options, or commodities?

- Every day.....
- 2 to 6 times a week.....
- 1 to 4 times a month.....
- Less than once a month.....
- Never.....
- Don't know.....

**→ Skip to question 61**

57. **During the past 12 months**, with whom did you generally bet or spend money on SPECULATIVE INVESTMENTS? 58. **In the past 12 months**, how much debt have you accumulated due to SPECULATIVE INVESTMENTS? (amount in \$)

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

59. **During the past 12 months**, how much money on average did you spend **per month** on SPECULATIVE INVESTMENTS? Do not include your winnings. (amount in \$)

60. **During the past 12 months**, would you say that betting or spending money on SPECULATIVE INVESTMENTS has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. a) How old were you the first time you spent **more than \$10** on games of chance ? (IF YOU HAVE NEVER SPENT MORE THAN \$10, WRITE 0 IN THE BOX)

\_\_\_\_, years old the first time I spent **more than \$10** on games of chance.

- b) On average, how much money do you dispose per week for your personal expenses? (Please include money from all sources, whether employment, allowances, bursary, etc.)

If, during the past 12 months, **you have bet or spent money on AT LEAST ONE of the ten gambling activities** listed above **involving games of chance** or gambling, → **Go to question 62**

If, during the past 12 months, **you have NOT bet or spent money on ANY of the ten gambling activities** listed above, → **Go to question 65**

62. **During the past 30 DAYS**, how often did you bet or spend money on each of the following gambling activities:

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Lottery tickets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Horse or dog races .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bingo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Video Lottery Terminals (VLTs)/ coin slot machines .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Table Poker .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Table games .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Betting on sports/ sport events .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Card games / board games.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Games of skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Speculative investments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. The following questions concern the social nature of occasions involving gambling and games of chance.

If during the LAST 12 MONTHS, you have bet or spent money:

- ONCE → Please complete MOST RECENT OCCASION ONLY  
 TWICE → Please complete MOST RECENT OCCASION AND 2<sup>ND</sup> MOST RECENT OCCASION;  
 THREE TIMES OR MORE → Please complete MOST RECENT OCCASION AND 2<sup>ND</sup> MOST RECENT OCCASION AND 3<sup>RD</sup> OCCASION LA PLUS RÉCENT

If it helps you to remember, you may write down the date or other information under each occasion.	Most Recent Occasion	2 <sup>nd</sup> Most Recent Occasion	3 <sup>rd</sup> Most Recent Occasion
<b>a. On this occasion, on what gambling activity did you bet or spend money? (PLEASE "X" ONE RESPONSE)</b>			
i. Lottery ticket.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Horse or dog racing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Bingo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Video lottery Terminals (VLTS)/ coin slot machines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Table Poker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Table games.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Betting on sports/ sport events .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Card games / board games.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Games of skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Speculative investments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b1. On this occasion, in which of the following locations or situations did you mainly bet or spend money? ("X" ONE RESPONSE)</b>			
i. Private residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. On campus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Ludoplex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Hippodrome.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Hippo club .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. With bookie .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Bingo hall/room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Church basement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Casino .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Bar/Pub/Tavern/Resto-bar .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. Work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xii. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b2. In this location, did the gambling occur on Internet?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not apply .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Did this occasion take place during the... (PLEASE "X" ONE RESPONSE)</b>			
Week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend (includes Friday).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. On this occasion, how many hours did you spend gambling? (PLEASE WRITE NUMBER OF HOURS AND/OR MINUTES)</b>			
i. Number of hour(s).....	_____	_____	_____
ii. Number of minute(s).....	_____	_____	_____

If it helps you to remember, you may write down the date or other information under each occasion.	Most Recent Occasion	2 <sup>nd</sup> Most Recent Occasion	3 <sup>rd</sup> Most Recent Occasion
<b>e. On this occasion, how much money did you bet or spend? ( AMOUNT IN \$)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>f. On this occasion, how many of the following alcoholic drinks did you have? (include coolers in the appropriate categories of beer, wine or spirits.)</b>			
i. Number of bottles/glasses of beer .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Number of glasses of wine .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Number of shots of spirits .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>g. On this occasion, what was your main reason for gambling? (PLEASE "X" ONE RESPONSE)</b>			
i. To be sociable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. To help me relax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. To pass the time/boredom .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. To be competitive .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. To develop skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. To be like others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. To try my luck.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. To forget my worries.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. To get "high" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. To win back money I lost.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. To have fun .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xii. To win money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xiii. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. On this occasion, did you use marijuana/cannabis or hashish?</b>			
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. On this occasion, did you use other drugs such as cocaine, crack, speed, ecstasy, hallucinogens?</b>			
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j. On this occasion, did you miss a class because you were gambling?</b>			
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k. On this occasion, excluding yourself, how many people were with you most of the time? (PLEASE "X" ONE RESPONSE)</b>			
i. No one (Go to next occasion at ► Q 63) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. 1 person .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. 2 to 3 people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. 4 to 9 people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. 10 or more people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>l. What relationship did most of the people present have to you? (PLEASE "X" ONE RESPONSE)</b>			
i. Friend(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Family .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Acquaintances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. Thinking about **the last 12 months**, (PLEASE "X" ONE RESPONSE IN EACH ROW)

	Almost always	Most of the time	Sometimes	Never
a. How often have you bet more than you could really afford to lose? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often have you needed to gamble with larger amounts of money to get the same feeling of excitement? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When you gambled, how often did you go back another day to try to win back the money you lost? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often have you borrowed money or sold anything to get money to gamble?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often have you felt that you might have a problem with gambling? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often has gambling caused you any health problems, including stress or anxiety? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often has your gambling caused any financial problems for you or your household?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. How often have you felt guilty about the way you gamble or what happens when you gamble?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Have you lied to family members or others to hide your gambling? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Have you bet or spent more money than you wanted to on gambling? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Have you wanted to stop betting money or gambling, but didn't think you could?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To get a better understanding of various gambling habits, we will ask you questions about two popular types of virtual games. Some of these questions may not apply to your situation but all participants must be asked the same questions.**

### VIDEO GAMES

65. **During the past 12 months**, have you played or spent money on VIDEO GAMES, EXCLUDING MMOGs/MMORPGs (Massively MultiPlayer Online Games)? Buying a game OR upgrading your computer to play video games are considered as spending money.  
 Yes  No  → **Skip to question 71**

66. **During the past 12 months**, how often did you play or spend money on VIDEO GAMES in the following locations :

	Every day	2 to 6 times a week	1 to 4 times a month	Less than once a month	Never	Don't know
a. Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arcade.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. **During the past 12 months**, with whom did you generally play or spend money on VIDEO GAMES?

- Alone.....
- Friend(s).....
- Family member(s).....
- Co-workers.....
- Other.....

68. **In the past 12 months**, how much debt have you accumulated due to playing VIDEO GAMES or spending money upgrading your computer? (amount in \$):

↳  

69. **During the past 12 months**, how much money on average did you spend **per month**, on VIDEO GAMES and on upgrading your computer? Do not include your winnings. (amount in \$)

A)    (Video games)


B)    (Computer)

70. **During the past 12 months**, would you say that playing or spending money on VIDEO GAMES and/or upgrading your computer has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MMOGs / MMORPG

71. **During the past 12 months**, how often have you played or spent money on MMOGs (Massively Multiplayer Online Games) or MMORPG (Massively Multiplayer Online Role-Playing Games) ?

- Every day .....
- 2 to 6 times a week .....
- 1 to 4 times a month.....
- Less than once a month.....
- Never .....   **Skip to question 77**
- Don't know .....

72. **During the past 12 months**, with whom did you generally play or spend money on MMOGs/MMORPG? 73. **In the past 12 months**, how much debt have you accumulated due to playing MMOGs/MMORPG? (amount in \$)

- Alone .....
- Friend(s).....
- Family member(s) .....
- Co-workers.....
- Other.....

74. **During the past 12 months**, how much money on average did you spend **per month** on MMOGs/MMORPG? Do not include your winnings. (amount in \$)

75. a) **During the last 12 months**, have you spent money to buy **virtual money** for MMOGs/MMORPG?

- Yes  
- No   **Skip to question 76**

75b). **During the past 12 months**, how much money on average did you spend **per month** to buy **virtual money**? (amount in \$)

76. **During the past 12 months**, would you say that playing or spending money on MMOGs/MMORPG has caused problems in your:

	Does not apply	Never	Sometimes	Most of the time	Almost always
a. Relationship with family members (mother, children, partner, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationship with friend(s) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**In the next few questions, we are interested in your use of alcohol and the potential consequences of drinking that you may or may not have experienced.**

**These quantities represent one drink.**

			
Glass of wine (120-150 ml or 4-5 ounces)	Glass of beer (341 ml or 10 ounces)	Glass of spirits (30-40 ml or 1-1½ ounces)	Shooter (30-40 ml or 1-1½ ounces)

77. Have you ever in your life consumed an alcoholic drink (more than a sip - see the definition in the previous box), for example beer, wine, spirits or coolers?

Yes  No  → **Skip to question 86**

78. How old were you when you had your first drink of alcohol excluding sips? (PLEASE WRITE AGE AT WHICH YOU FIRST DRANK ALCOHOL)

\_\_\_\_\_ years old when had first drink of alcohol.

79. **During the past 12 months**, how often, on average, did you consume alcoholic drinks? (PLEASE "X" ONE RESPONSE)

- 4 times or more a week .....
- 2 to 3 times a week .....
- 2 to 4 times a month.....
- Once a month or less.....
- Never.....  → **Skip to question 85**

80. **During the past 12 months**, on the days when you drank, how many drinks did you usually have?

Number of drinks \_\_\_\_\_

81. **During the past 12 months**, on a single occasion, how many times did you have:

Number of times

- a) 5 to 7 drinks? ..... \_\_\_\_\_
- b) 8 to 11 drinks? ..... \_\_\_\_\_
- c) 12 drinks or more? ..... \_\_\_\_\_

82. **During the PAST MONTH**, how many times did you consume alcoholic drinks? (PLEASE "X" ONE RESPONSE)

- Every day.....
- 4 to 6 times a week .....
- 2 to 3 times a week .....
- Once a week.....
- 1 to 3 times a month.....
- Less than once a month.....
- Never.....  → **Skip to question 85**

83. **During the PAST MONTH**, on the days when you drank, how many drinks did you usually have?

Number of drinks \_\_\_\_\_

84. **During the PAST MONTH**, on a single occasion, how many times did you have:

Number of times

- a) 5 to 7 drinks? ..... \_\_\_\_\_
- b) 8 to 11 drinks? ..... \_\_\_\_\_
- c) 12 drinks or more? ..... \_\_\_\_\_

85. How often have you experienced the following? (PLEASE "X" ONE RESPONSE IN EACH ROW)

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
a. How often during the past 12 months have you found that you were unable to stop drinking once you had started?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often during the past 12 months have you failed to do what was normally expected of you because of drinking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often during the past 12 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the past 12 months have you had a feeling of guilt or remorse after drinking? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the past 12 months have you been unable to remember what happened the night before because you had been drinking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you have 5 or more drinks on one occasion? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes, but not in the past year	Yes, in the past year		
g. Have you or someone else been injured as the result of your drinking? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**The next few questions are about the use of drugs OTHER than alcohol**

86. Have you smoked at least 100 cigarettes in your life?

Yes  No  → *Skip to question 90*

87. At the present time, do you smoke cigarettes daily, occasionally or not at all? ("X" ONE RESPONSE)

Every day.....   
 Occasionally.....   
 Not at all.....

88. How long ago was it that you last smoked? ("X" ONE RESPONSE)

Less than one week ago.....   
 More than one week, but less than a month.....   
 1 to 6 months ago.....   
 7 or more months ago.....  → *Skip to question 90*

89. **In the past 30 days**, how soon after you wake up in the morning do you usually smoke your first cigarette? ("X" ONE RESPONSE)

I did not smoke in the past 30 days.....   
 Within 15 minutes.....   
 16-30 minutes.....   
 31-60 minutes.....   
 More than 60 minutes.....

90. When was the last time, if ever, that you used the following drugs? (“X” ONE RESPONSE IN EACH ROW)

	Never In My Life	In My Life But Not In Past 12 Months	In Past 12 Months But Not In Past 30 Days	Used In Past 30 Days
a. Marijuana (or hashish) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crack cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other forms of cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Barbiturates (prescription-type sleeping pills such as Seconal, Nembutal, downs or Yellow Jackets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ritalin, Dexedrine, or Adderall .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other amphetamines (methamphetamines, crystal meth, speed, uppers, ups).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tranquilizers (prescription-type drugs such as Valium, Librium, Xanax, Ativan, Klonopin).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Heroin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other opiate-type prescription drugs (codeine, morphine, Demerol, Percodan, Percodet, Vicodin, Darvon, Darvocet).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. LSD .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other psychedelics or hallucinogens such as mushrooms, mescaline or PCP .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Ecstasy (MDMA) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other “party drugs” (Ketamine, Special K, GHB) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Anabolic steroids (either injections such as Depo-testosterone Durbolin, or pills such as Anadrol, Dianabol, or Winstrol) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other performance-enhancing drugs (growth hormone, diuretics, ephedrine).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91. How often have you used marijuana or hashish during the past 12 months? (“X” ONE RESPONSE)

Almost every day.....	<input type="checkbox"/>
4 to 5 times a week .....	<input type="checkbox"/>
2 to 3 times a week .....	<input type="checkbox"/>
Once a week .....	<input type="checkbox"/>
2 to 3 times a month .....	<input type="checkbox"/>
Once a month .....	<input type="checkbox"/>
Less than once a month .....	<input type="checkbox"/>
Never.....	<input type="checkbox"/>

92. In your opinion, have any of your relatives had serious problems involving alcohol or drugs, or problems with gambling? (The problem must have been serious enough to indicate treatment)

		Alcohol			Drugs			Gambling		
		Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Alcohol			Drugs			Gambling		
	<b>Does not apply</b>	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In the next few questions we would like to know how your health has been in general over the past few weeks. Think about your present and recent complaints, not those that you had in the past**

93. Over the **PAST FEW WEEKS**, have you... (PLEASE "X" ONE RESPONSE IN EACH ROW)

a ...Been able to concentrate on whatever you are doing?.....	<b>Better than usual</b> <input type="checkbox"/>	<b>Same as usual</b> <input type="checkbox"/>	<b>Less than usual</b> <input type="checkbox"/>	<b>Much less than usual</b> <input type="checkbox"/>
b. ... Lost much sleep over worry? .....	<b>Not at all</b> <input type="checkbox"/>	<b>No more than usual</b> <input type="checkbox"/>	<b>Rather more than usual</b> <input type="checkbox"/>	<b>Much more than usual</b> <input type="checkbox"/>
c ... Felt that you are playing a useful part in things?.....	<b>More so than usual</b> <input type="checkbox"/>	<b>Same as usual</b> <input type="checkbox"/>	<b>Less than usual</b> <input type="checkbox"/>	<b>Much less than usual</b> <input type="checkbox"/>
d ... Felt capable of making decisions about things?.....	<b>More so than usual</b> <input type="checkbox"/>	<b>Same as usual</b> <input type="checkbox"/>	<b>Less than usual</b> <input type="checkbox"/>	<b>Much less than usual</b> <input type="checkbox"/>
e. ... Felt constantly under strain?.....	<b>Not at all</b> <input type="checkbox"/>	<b>No more than usual</b> <input type="checkbox"/>	<b>Rather more than usual</b> <input type="checkbox"/>	<b>Much more than usual</b> <input type="checkbox"/>
f. ... Felt you couldn't get over your difficulties?.....	<b>Not at all</b> <input type="checkbox"/>	<b>No more than usual</b> <input type="checkbox"/>	<b>Rather more than usual</b> <input type="checkbox"/>	<b>Much more than usual</b> <input type="checkbox"/>
g. ... Been able to enjoy your normal day-to-day activities? .....	<b>More so than usual</b> <input type="checkbox"/>	<b>Same as usual</b> <input type="checkbox"/>	<b>Less than usual</b> <input type="checkbox"/>	<b>Much less than usual</b> <input type="checkbox"/>
h. ... Been able to face up to your problems? .....	<b>More so than usual</b> <input type="checkbox"/>	<b>Same as usual</b> <input type="checkbox"/>	<b>Less than usual</b> <input type="checkbox"/>	<b>Much less than usual</b> <input type="checkbox"/>
i. ... Been feeling unhappy or depressed?.....	<b>Not at all</b> <input type="checkbox"/>	<b>No more than usual</b> <input type="checkbox"/>	<b>Rather more than usual</b> <input type="checkbox"/>	<b>Much more than usual</b> <input type="checkbox"/>
j. ... Been losing confidence in yourself? .....	<b>Not at all</b> <input type="checkbox"/>	<b>No more than usual</b> <input type="checkbox"/>	<b>Rather more than usual</b> <input type="checkbox"/>	<b>Much more than usual</b> <input type="checkbox"/>
k ... Been thinking of yourself as a worthless person? .....	<b>Not at all</b> <input type="checkbox"/>	<b>No more than usual</b> <input type="checkbox"/>	<b>Rather more than usual</b> <input type="checkbox"/>	<b>Much more than usual</b> <input type="checkbox"/>
l. ... Been feeling reasonably happy, all things considered?.....	<b>More so than usual</b> <input type="checkbox"/>	<b>Same as usual</b> <input type="checkbox"/>	<b>Less than usual</b> <input type="checkbox"/>	<b>Much less than usual</b> <input type="checkbox"/>
m. ... Found that the idea of taking your own life kept coming into your mind?.....	<b>Definitely not</b> <input type="checkbox"/>	<b>I don't think so</b> <input type="checkbox"/>	<b>Has crossed my mind</b> <input type="checkbox"/>	<b>Definitely have</b> <input type="checkbox"/>

94. Please answer each question by checking **YES** or **NO**. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the question.

	<b>Yes</b>	<b>No</b>
a. Do you generally do and say things without stopping to think? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you often get into trouble because you do things without thinking? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you an impulsive person?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you usually think carefully before doing anything? .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you mostly speak before thinking things out?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Would you enjoy water skiing? .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Would you enjoy parachute jumping? .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you quite like taking chances? .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Would you enjoy the sensation of skiing very fast down a high mountain slope?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Would you like to go scuba diving?.....	<input type="checkbox"/>	<input type="checkbox"/>

**Before we end, we have a few questions regarding your background**

95. Are you male, female or transgender?  
 Male .....   
 Female.....   
 Transgender.....
96. How old are you?  
 \_\_\_\_\_ Current age, in years.
97. What is your current marital status? (“X” ONE RESPONSE)  
 Married .....   
 De facto union (cohabitation) .....   
 Widowed.....   
 Separated .....   
 Divorced .....   
 Single, never married.....
98. What type of residence do you currently live in? (“X” ONE RESPONSE)  
 University residence.....   
 Other university housing .....   
 NON-university housing .....   
 Other .....
99. How many close friends do you have? (“X” ONE RESPONSE)  
 None .....   
 One .....   
 Two .....   
 Three .....   
 Four .....   
 Five or more .....
100. Excluding children, with whom are you currently living? (“X” ONE RESPONSE)  
 Alone.....   
 With spouse/partner .....   
 With parents.....   
 With other family members .....   
 With friends/acquaintances .....   
 Other .....
101. Where were you born?  
 Born in Canada.....  → **Skip to question 103**  
 Born outside Canada .....
102. In what year did you come to Canada? (PLEASE WRITE YEAR IN 4 DIGITS)  
 \_\_\_\_\_ Year you arrived in Canada
103. What language do you usually speak at home? (“X” ONE RESPONSE)  
 English only .....       English and other only .....   
 French only .....       French and other only .....   
 French and English.....       French, English and other .....   
 Other .....
104. People who live in Canada have different cultural and racial backgrounds. Would you say that yours is from...? (“X” ONE RESPONSE)  
 Canada .....       Asia (India, Nepal, Pakistan, etc.).....   
 United States .....       Australia and Pacific Islands.....   
 Mexico, Caribbean, or Latin America .....       Middle East (Saudi Arabia, Oman, Turkey, etc.).   
 Africa Central.....       Eastern Europe (Albania, Hungary, Russia, etc.).   
 West Europe (France, Spain, Sweden, etc.)..       Don’t want to answer.....   
 Asia (China, Japan, Laos, etc.).....       Do not know .....
105. What is your current year of study? (“X” ONE RESPONSE)  
 First year undergraduate .....   
 Second year undergraduate.....   
 Third year undergraduate .....   
 Fourth year or more undergraduate .....   
 Graduate studies .....

106. Overall, what was your grade average last year? (“X” ONE RESPONSE.)

- A.....
- B.....
- C.....
- D.....
- F.....
- Not in school last year.....

107. Which field of study best represents the area in which you are currently enrolled? (“X” ONE RESPONSE)

- Arts/Humanities .....
- Science/Technology .....
- Engineering .....
- Social Science .....
- Business/Commerce .....
- Medicine.....
- Other Health Sciences .....
- Law.....
- Education.....
- Other.....

108. Are you currently enrolled in university as a full-time or part-time student?

- Full time .....
- Part-time.....

109. What is your status concerning employment?

- Full-time employee.....
- Part-time employee.....
- No employment.....
- Other.....

110 a) Do you have a portable phone (cell) ?

Yes  No  → **Skip to next page**

	Yes	No
b1) Can you browse the WEB (www) from your cell phone?.....	<input type="checkbox"/>	<input type="checkbox"/>
b2) Can you receive your email messages on your cell phone (excluding text messages)?.....	<input type="checkbox"/>	<input type="checkbox"/>



## CONSENT FORM FOR CONTACT (FOLLOW-UP STUDY)

On behalf of the research team, I thank you for your participation in this important study. Depending on the answers you have provided, you **could be** selected for an in-depth study examining the contexts in which students gamble.

The follow-up study will take place in 2 months and will consist of a group discussion that will last approximately 2 hours. The discussion will focus on the contexts in which you gamble, such as when, how, and with whom you gamble, as well as your substance use habits. The answers will be kept strictly confidential and separate from the answers you have provided in the current survey. You will receive compensation of \$20 for your time and travelling expenses.

Would you agree to the researchers contacting you again to take part in the second study?

- Yes
- No

Thank you for agreeing to be contacted for the follow-up study. If you are selected, we will send you in the next few months a letter describing the study, and a project coordinator will contact you to schedule a group meeting.

We will need some information to be able to contact you again in a few months time.

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you provide an email address OR the name and telephone number of another person where we might reach you in the event that you move?

- Accept

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

- Refuse



***Thank you for your valuable participation!***

***The power to question  
Is the basis of all human progress.  
Indira Gandhi***