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2024 Oregon Adult Gambling Attitudes, Behavior, and Health Survey

PREPARED FOR THE OREGON COUNCIL ON PROBLEM GAMBLING
BY PROBLEM GAMBLING SOLUTIONS, INC.

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OREGON LOTTERY
Together, we do good things.

OCPG would like to extend our sincere thanks to the Oregon Lottery for their support in funding the majority of this project's cost and for providing valuable guidance through survey development.

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PGS
Problem Gambling Solutions, Inc.

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Executive Summary

The Oregon Gambling Attitudes, Behaviors, Health, and Risk Survey provides a comprehensive snapshot of how Oregonians engage with gambling, their perceptions of gambling, and associated health and risk factors. The findings underscore both the widespread participation in gambling and the presence of significant differences in gambling related behaviors and attitudes among Oregonians.

Nearly seven in ten adults (68%) reported gambling in the past year. Motivations vary across demographic groups: lower-income households are more likely to gamble in hopes of winning money, while higher-income households more often cite socializing as a primary reason. Men tend to be motivated by excitement or challenge, while women more frequently cite social reasons. The most popular gambling activities are Oregon Lottery Scratch-its and draw games, followed by casino slots and video lottery terminals. About 17% of Oregonians have engaged in sports betting, and a similar share report participation in day trading or cryptocurrency trading.

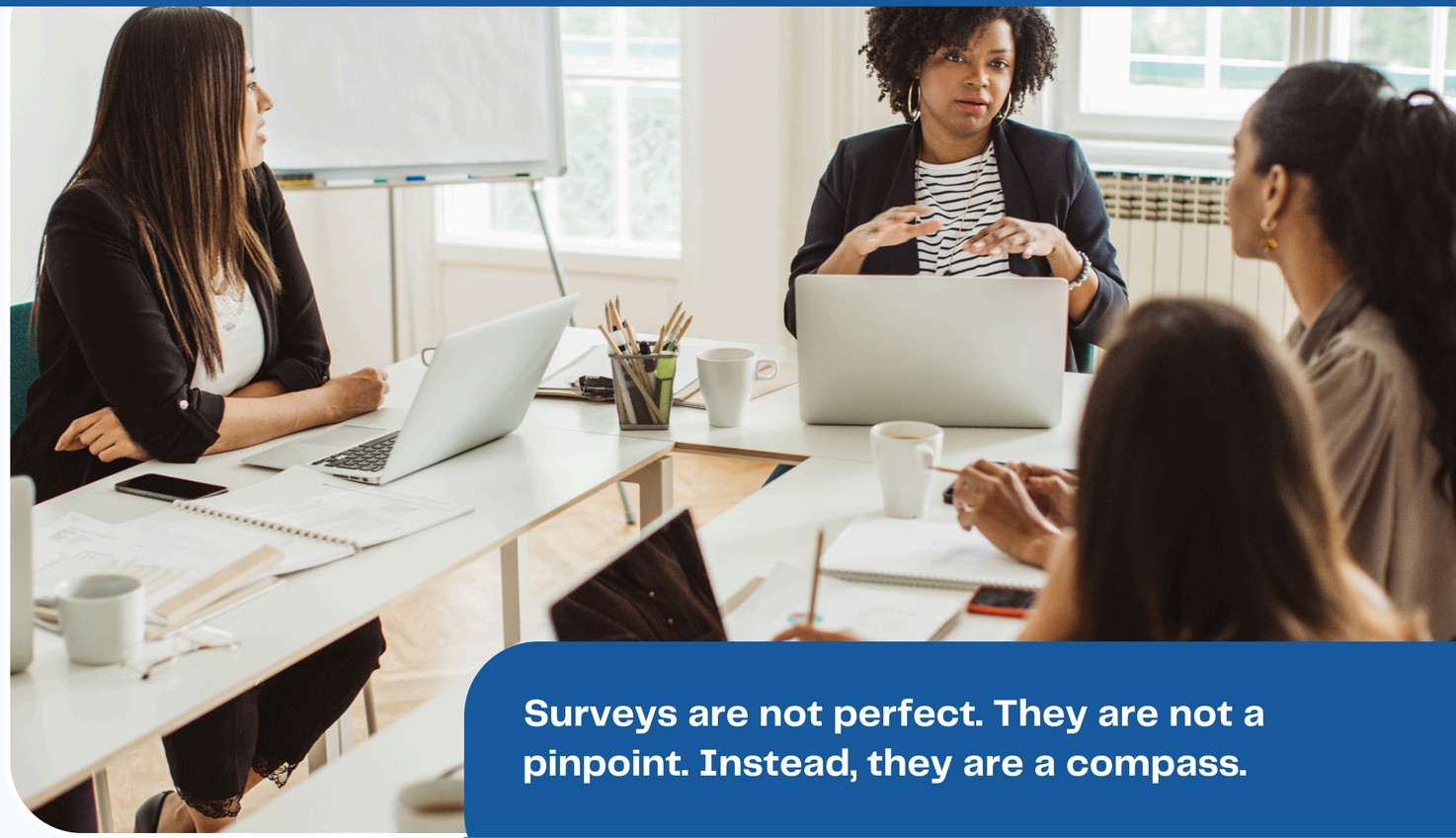
For those who gamble, men spend more than women, and middle-aged adults, particularly those aged 35 to 44, report the highest average monthly expenditures. Lower-income households carry a disproportionate burden, reporting the highest spending in absolute dollars despite having fewer financial resources.

Misconceptions about gambling mechanics are evident, with 17% of adults viewing gambling as “fun and harmless.” About half of Oregonians believe that gambling-related harms can be reduced or prevented through education and awareness. and that they know how to recognize signs of gambling-related harm or risky gambling behaviors.. Fewer than half, however, believe that treatment is effective or that services are freely available. Three-quarters of Oregonians equate gambling addiction with substance addiction, though smaller percentages continue to attribute it to a lack of willpower or a moral failing.

Patterns of gambling are strongly associated with health, mental health, and substance use. Gambling participation is higher among those who report depression, PTSD, or bipolar disorder, as well as among individuals reporting greater impacts from past traumatic events. Participation is also higher among those who delay healthcare due to cost, anxiety, or other barriers. Substance use correlates with elevated gambling participation, especially tobacco, opioids, and stimulants.

Based on the Problem Gambling Severity Index (PGSI), 71% of Oregonians fall into the no risk category, 13% are classified as low risk, 9% as moderate risk, and 6% as high risk. Research on the PGSI suggests that about half of those scoring in the high risk range meet diagnostic criteria for a gambling disorder, suggesting about 3% of adults may meet the clinical criteria for Gambling Disorder.* Higher risk is associated with being male, younger, having lower education and income, reporting poor health or trauma, holding misconceptions about gambling, and using substances other than alcohol.

Taken together, these findings highlight the widespread and diverse nature of gambling in Oregon but also the unequal distribution of gambling-related burdens. Lower-income households, individuals with mental health or trauma histories, and those using substances are particularly vulnerable. Public health, prevention, and treatment strategies should therefore prioritize outreach and services to at-risk populations, address barriers to healthcare and treatment access ,increase education and awareness of gambling-related harms and safer play practices, and monitor emerging trends such as sports betting and live/in-game wagering. The results underscore the need for a comprehensive surveillance system to track gambling behaviors and harms over time, ensuring that Oregon is equipped to respond effectively to this evolving public health challenge.



Surveys are not perfect. They are not a pinpoint. Instead, they are a compass.

Caution should be taken against treating survey results as absolute truth. Instead, these survey findings are best used to understand general trends and make more informed strategic decisions. There are inherent limitations and potential for error in any survey.

*Williams, R. J., & Volberg, R. A. (2014). The classification accuracy of four problem gambling assessment instruments in population research. International Gambling Studies, 14 (1), 15–28.

Introduction

The Adult Oregonian Gambling Attitudes, Behaviors, Health, and Risk Survey explores gambling-related topics using data from a survey commissioned by the Oregon Gambling Research Center (OGRC), affiliated with the Oregon Council on Problem Gambling (OCPG), and fielded by NORC's AmeriSpeak in December 2024.

The survey findings report provides detailed insights into adult Oregonians' gambling behaviors, including specific gambling activities, spending patterns, and use of social gaming, as well as their attitudes toward gambling-related topics, risk of gambling disorder, and the ways these factors interact with health status, substance use, and demographic characteristics. The goal is to build a functional profile of the adult Oregon gambling population that can reduce gambling-related harm by guiding services and public policy.

OREGON COUNCIL on PROBLEM GAMBLING

The Oregon Council on Problem Gambling (OCPG) is a non-profit organization whose mission is to promote the health of Oregonians through supporting efforts to minimize gambling-related harm.

Methods

The present study, referred to within this report as the 2024 Panel Survey, is based on survey data collected by NORC at the University of Chicago using its proprietary AmeriSpeak probability-based panel along with additional convenience samples. The AmeriSpeak TrueNorth method was used to calibrate data from the convenience samples with the probability-based panel data, resulting in a dataset designed to generalize to a broad population. Compared to traditional randomized methods such as random digital dial, panel surveys are more cost-effective and faster to field, making them particularly well-suited for monitoring a rapidly changing gambling environment (e.g., the expansion of crypto-based wagering and emergence of prediction markets). Their relatively low cost and quick deployment enable Oregon to field surveys every one to two years, allowing the state to identify and track trends and detect emerging risks.

Survey participation was limited to English-speaking individuals aged 18 and older residing in Oregon. The survey was conducted in December 2024 and included a sample size of 1,028. (For further details, see Oregon Council on Problem Gambling. (2025). Oregon Gambling Attitudes, Behaviors, Health, and Risk 2024 : Project Methods and Transparency Report. January 24, 2025.)

REPORT DESIGN

This report was designed for ease of reading by incorporating interpretive graphics, frequency tables, and cross-tabulations to generate insights, enabling the identification of patterns, subgroup differences, and associations between survey variables. When statistical tests are conducted, a p-value of less than 0.05 is used to establish statistical significance.

SCREENING TOOL

The Problem Gambling Severity Index (PGSI) was used to assess the risk of gambling disorder. It is a 9-item self-report measure designed for use in the general population and is widely regarded for its strong psychometric properties. The PGSI is one of the most used screening tools for identifying varying levels of gambling-related risk. Its positive predictive value is estimated at 49%, meaning that approximately half of those who score in the PGSI High Risk category would meet the criteria for gambling disorder under a full clinical evaluation by a trained professional. The mechanics of the assessment are described in detail in the relevant section of this report. (For additional information, see references below)

SOFTWARE

The report used the Python and R programming languages to process and analyze the data and perform the statistical tests.

LIMITATIONS

Caution should be taken against treating survey results as the absolute truth. Instead, these survey findings are best used to understand general trends and make more informed strategic decisions. There are inherent limitations and potential for error in any survey.

Ferris, J. A., & Wynne, H. J. (2001). The Canadian Problem Gambling Index (pp. 1–59). Canadian Centre on Substance Abuse.

Ipsos (2023). Problem Gambling Severity Index: Extended Summary Report. GambleAware. https://www.gambleaware.org/media/3lspydgk/pgsi-extended-summary.pdf)

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1.0: GAMBLING ACTIVITIES

1.1 When Oregonians First Gamble

About 69% of adult Oregonians have reported gambling at least once in their lives. Of those, roughly half (35% of all adults) said they gambled for the first time between the ages of 18, the legal age to play Oregon Lottery Scratch-its and draw games, and 21, the legal age for betting on platforms like DraftKings and other legalized gambling activities in Oregon.

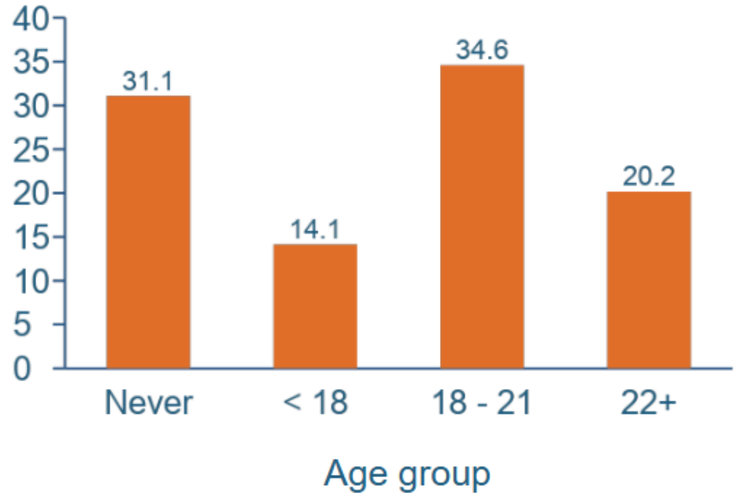
The 18 to 21 age range is especially important because it affords legal access to gambling at the same time young adults are gaining independence, exploring their identities, encountering new peer environments (such as college, the military, or the workforce), and potentially seeing increases in disposable income – a combination of factors that can make them more prone to risky gambling behaviors.

In addition, 14% of survey participants reported gambling before the age of 18. As we demonstrate in a subsequent section of this report, adult Oregonians who reported gambling before age 18 were 50% more likely to report gambling behaviors associated with harm, according to the Problem Gambling Severity Index (PGSI) screening tool. This finding has important prevention implications, suggesting efforts should take place to educate children and parents about risks associated with underage gambling.

Sixty-nine percent of Oregonians have gambled at least once in their lives, with the average age of first gambling experience being 21.

Thinking back throughout your life, if you have ever gambled, how old were you when you first gambled?

Chart 1: First Gambling Experience (%)



1.2 Most Common Reasons Oregonians Gamble

Thirty-four percent of adult Oregonians reported that financial incentives were their primary reason for gambling, as displayed in Chart 2. Socializing with family and friends was the second most common reason, followed by the excitement and challenge of gambling. Gambling to be alone was the least common reason, cited by just 1%.

Both males and females rank their gambling motivations in the same order. However, 32% of females (vs. 27% of males) cite “socializing with family” as their top reason, whereas 26% of males (vs. 19% of females) choose “excitement or challenge.”

Which of these best describes the most common reason why you gamble?

Chart 2: Common Reasons for Gambling (%)

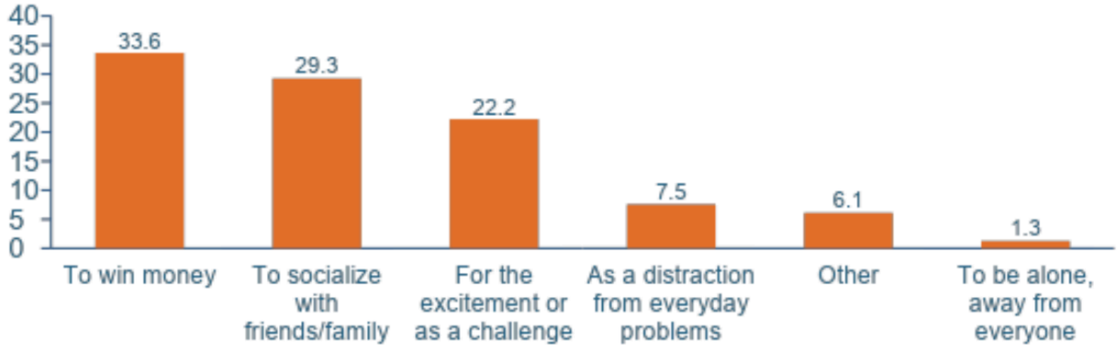
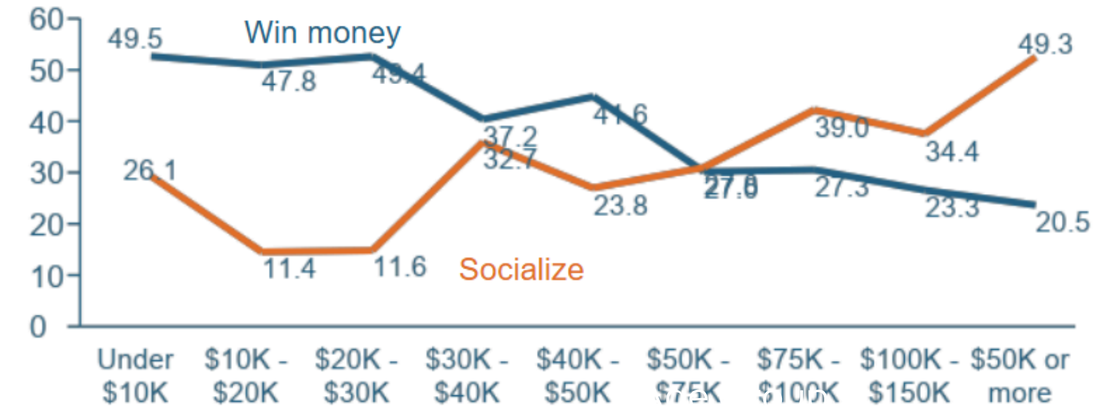


Chart 3: Reasons for Gambing (%): Win money, Socialize



As household income increases, the primary motivation for gambling shifts from financial gain to socialization (Chart 3). This shift may reflect how financial incentives and social priorities differ across income levels. Oregonians with lower incomes may be more drawn to the prospect of quick financial gains, while those in higher-income households may be more interested in the social aspects of gambling. Additionally, higher-income individuals may have access to alternative means of financial gain, such as real estate or other investment opportunities, which they may find more appealing than gambling. A similar shift from financial motivations toward socialization is also observed with age, though to a lesser extent. Among those aged 18 to 24, 41% report gambling primarily to win money, compared to 24% who cite socializing with friends and family. This gap gradually narrows and eventually reverses; by ages 64 to 74, social reasons become more prominent. These shifts in gambling motivation by demographics highlight the importance of specific approaches in both prevention and intervention strategies, rather than a one-size-fits-all strategy.

1.3 Demographic Profile of Past Year Gamblers in Oregon

Over the past 12 months, 68% of survey participants reported gambling, with males reporting a slightly higher rate than females (70% vs. 68%); however, the difference is not statistically significant. The highest age-related participation rate was among Oregonians aged 35-44, followed by those aged 55-64 and 45-54. (Chart 4) In terms of race and ethnicity, individuals identifying as Two or More Races, non-Hispanic had the highest participation rate at 76%, followed by Asian or Pacific Islander, non-Hispanic (72%) and White, non-Hispanic (68%).

Chart 5 shows an inverted U-shape in gambling participation by education level: participation rises among Oregonians with some college education, then declines for those with a four-year degree and falls further among those with postgraduate degrees.

The full set of gambling participation rates by demographic groups are provided in the Appendix. What is clear is that, regardless of how the data are segmented, by age, gender, sexuality, race, marital status, and so on, gambling participation is almost always nearly 50% or higher. There is no specific group that is exempt from participation, underscoring the broad cultural normalization of gambling in Oregon.

Past-Year Oregon Gambling Population

Chart 4: Age (%)

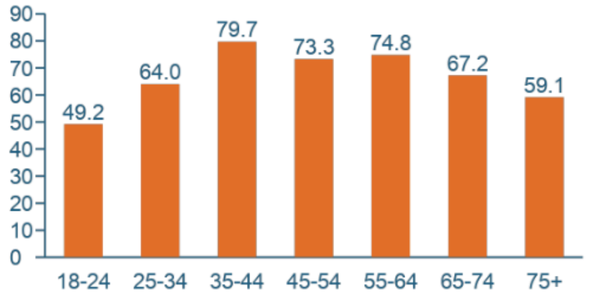
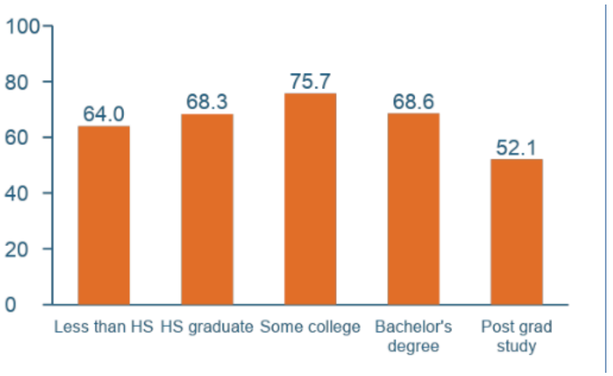


Chart 5: Educational Attainment (%)



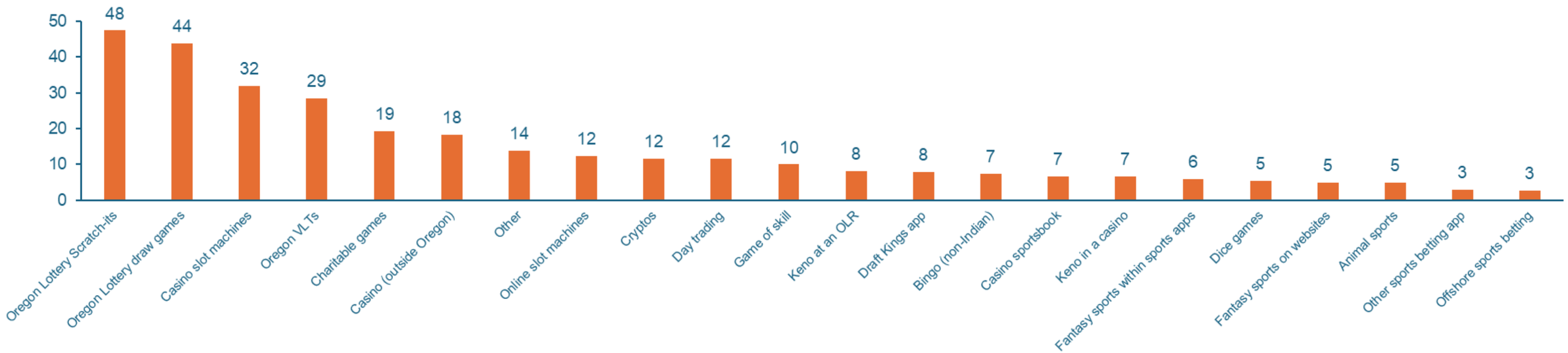
1.4 Gambling Participation by Activity Types

The survey asked adult participants which gambling activities they had engaged in over the past 12 months. On average, adult Oregonians reported participating in three different types of gambling activities: 12% reported engaging in only one activity, 13% in two activities, and 44% in three or more.

Chart 6 shows the participation by activity. The average participation rate across the 22 activities queried was 14%, with Oregon Lottery Scratch-its and Oregon Lottery draw games forming the top tier, at 48% and 44%, respectively. Casino slot machines and Oregon Video Lottery Terminals (VLTs) in bars or restaurants make up the next tier, with participation rates of 32% and 29%. The next tier is Charitable games and non-Oregon Casino (19% and 18%), followed by the remaining activities whose participation rates gradually decline.

During the past 12 months, how often did you bet or spend money on the following types of gambling activities:

Chart 6: Gambling Activities (%)



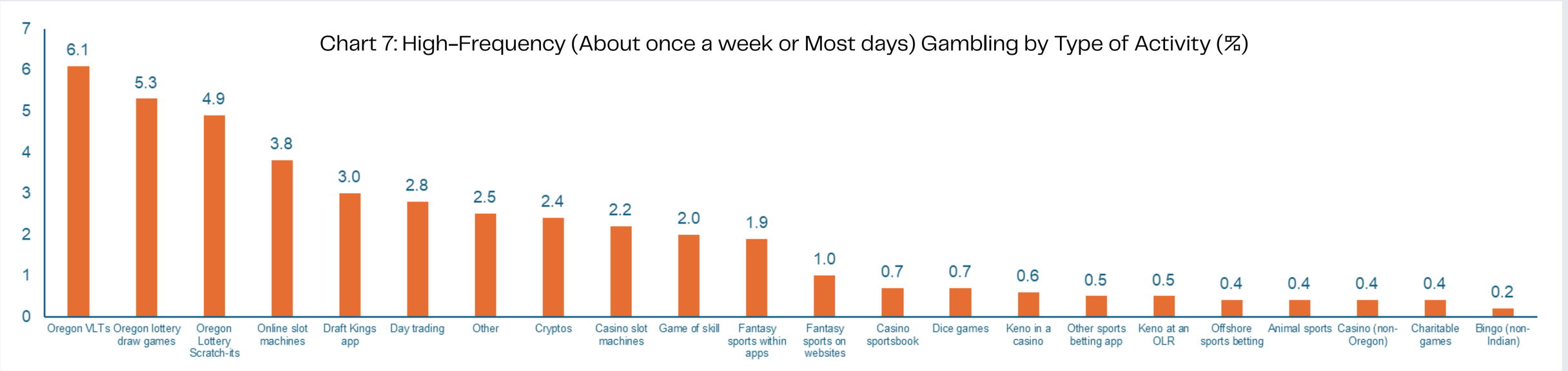
Seventeen percent of Oregonians engage in day trading of traditional financial instruments and/or cryptocurrency-related products, making it more common than sports wagering activities.

Overall, the results are largely consistent with expectations given the gambling landscape in Oregon. However, there are several notable findings. First, participation in charitable gambling is relatively high (the 5th highest activity), while sports wagering activities show relatively low individual participation rates. One reason for the high charitable gambling rate may be that the category includes raffles, casino night, and other small-stakes games, which some respondents may have interpreted to include social poker nights, office betting pools, and other informal, periodic events.

The relatively low individual participation rates for sports wagering may be explained by the fact that this behavior is spread across six different categories: DraftKings, other sports betting apps,* offshore sports betting, sportsbook at a casino, fantasy sports on standalone websites, and fantasy sports within sports betting apps. When combined, participation in one or more of these sports-related gambling activities reaches 15%, making it the seventh most common form of gambling. Similarly, gambling behaviors involving cryptocurrencies and related ecosystem activities (such as NFTs), along with day trading in stocks and other traditional assets, can be grouped together. Combined, these activities have a joint participation rate of 17%, slightly higher than that of sports-related gambling.

The survey results indicate that sports wagering and day/crypto trading share characteristics that make them relatively popular among the same individuals: 48% of those who wager on sports also engage in day/crypto trading, while 41% of those who trade in day/crypto markets also wager on sports. These finding are important because they highlight the convergence of traditional gambling and newer, less-regulated activities, such as cryptocurrencies, which appear to attract similar population segments.

*Note, sports betting apps other than DraftKings are not legal in Oregon.



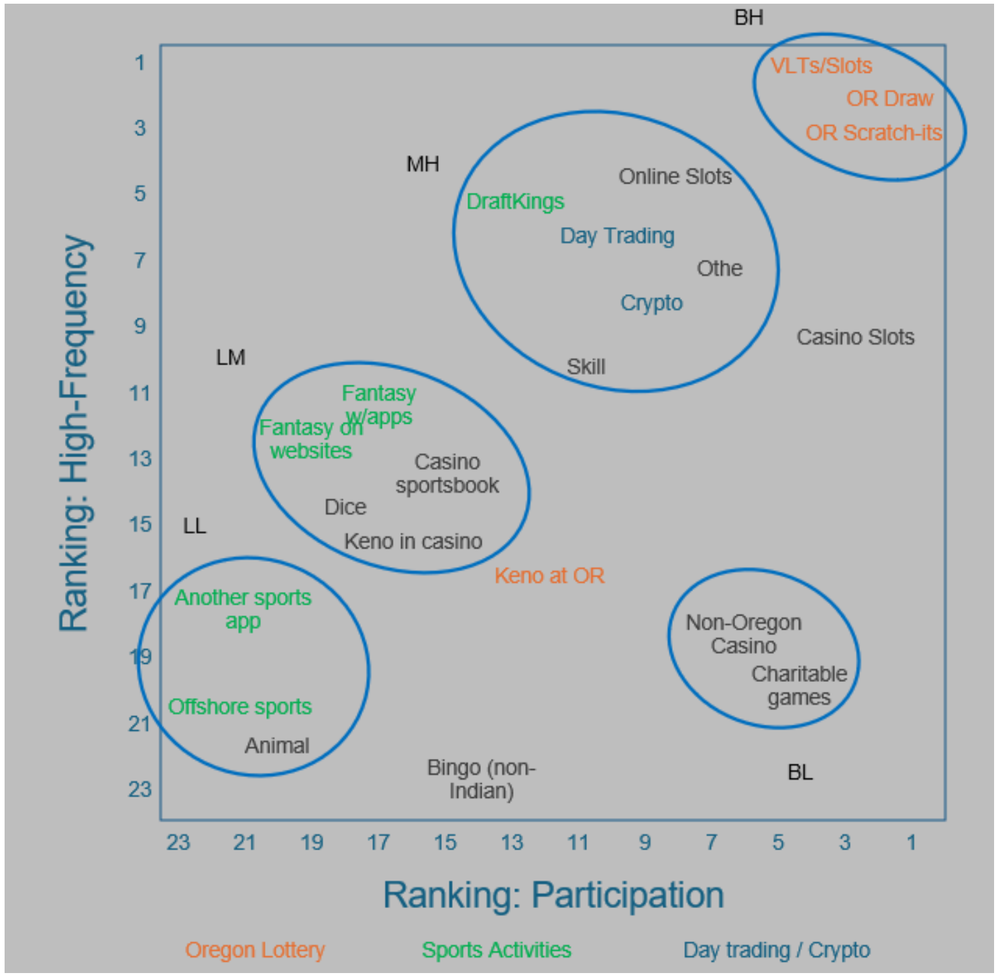
The survey asked respondents to report how frequently they engaged in various gambling activities, using the following scale: 1) Never,* 2) Once a year or less, 3) A few times a year, 4) About once a month, 5) About once a week, and 6) Most days. A useful way to summarize these results is to report the percentage of respondents selecting the top two frequency categories ("About once a week" and "Most days").**

The difference between this data representation and the results in Chart 6 is that the latter reflects the overall popularity of gambling activities among survey participants, while the former provides a clearer measure of engagement and highlights patterns of high-intensity use. Gambling once a week or more is not merely occasional; it often becomes part of a person's routine and may signal a stronger emotional or behavioral attachment. Such sustained engagement is a known risk factor for experiencing gambling-related harms or developing a gambling disorder. Later in the report, we show that higher gambling frequency is positively associated with higher scores on the Problem Gambling Severity Index (PGSI).

A comparison between the two methods of describing gambling engagement rates reveals several insights. First, a positive association is observed between the popularity of gambling activities and the intensity of engagement, as shown in Chart 8. Second, the data suggest the existence of distinct segments of gambling activity.

*More accurately, the option was Never/almost never. **This is commonly known as Top-2 Box Analysis.

Chart 8: gambling Matrix: Popularity and High-Frequency Play



Gambling Activity Matrix Segments

- **Broad Popularity and High Frequency (BH):** The Oregon Lottery Draw games, Oregon VLTs, and Oregon Lottery scratch-its.
- **Moderate Popularity and High Frequency (MH):** Draft Kings apps, Online slot machines, Day tradng, Cryptocurrencies, Other, and Skill.
- **Broad Popularity and Low Frequency (BL):** Charity and Casino (not in Oregon).
- **Low Popularity and Moderate Frequency (LM):** Keno, Sportsbook, Fantasy (app), Fantasy (web), and Dice
- **Low Participation and Low Frequency (LL):** Offshore Sports betting, Animal sports, and Other sports betting apps.

The matrix is informative at both the population and individual levels. At the population level, it provides a condensed view of the reach (overall participation) and depth (frequency of engagement) of gambling activities in Oregon. At the individual level, the segments can be profiled to identify common characteristics. Overall, segments BH and BL show a relatively balanced distribution between males and females, while MH, LM, and LL are skewed towards males. Segments BH and BL also tend to skew older, whereas MH, LM, and LL are more common among younger individuals. In terms of education, segments MH and LM are associated with lower educational attainment, while BL is more strongly represented by individuals with higher education.

1.5 Snapshot on Sports Betting

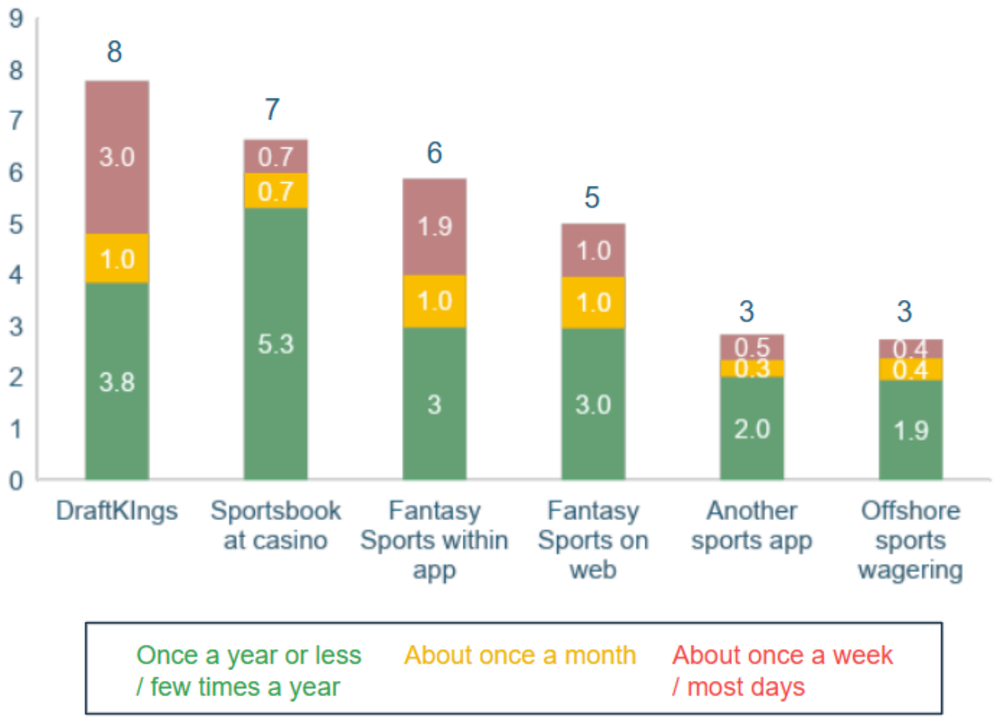
In this section, we take a closer look at sports betting, including DraftKings, which, as noted in the next section, has a partnership with the Oregon Lottery as the state's sole online sportsbook.

Sports betting has received increased attention in recent years following the 2018 Supreme Court decision that struck down the Professional and Amateur Sports Protection Act (PASPA), opening the door to state sanctioned legalized sports betting. Since then, sports wagering has expanded rapidly to 40 state jurisdictions, including the District of Columbia.

Chart 9 shows that among sports wagering activities, DraftKings is the most popular, followed by casino sportsbooks and fantasy sports apps. Occasional participation, defined as a few times a year or less, is the most common engagement frequency, particularly for wagering at casino sportsbooks.

That said, compared to other gambling activities, such as traditional lottery (discussed in the next section), sports wagering ranks among the activities with relatively high levels of frequent engagement. High-frequency engagement is defined as participating about once a week or more. When comparing the ratio of those who gamble "once a year or less / few times a year" to those who gamble "about once a week / most days," the average ratio for sports wagering is 0.39, which is much higher than for traditional lottery activities discussed in the next section.

Chart 9: Oregon Sports Betting Activites (%)



1.6 Snapshot on the Oregon Lottery

The Oregon Lottery was established in 1984, offering traditional lottery games, and has evolved over the years to currently offer adult Oregonians a variety of gambling opportunities within four product lines: 1. Traditional lottery scratch-its and draw games (e.g., Lucky Lines, Mega Millions, and Powerball); 2. Video Lottery, limited to six video lottery terminals (VLTs, appearing very similar to modern slot machines) within at age-restricted locations (bars or restaurants); 3. Keno at Oregon Lottery retailers; and 4. Sports betting (the Oregon Lottery has a partnership with DraftKings, serving as the sole online sportsbook provider in the state.)

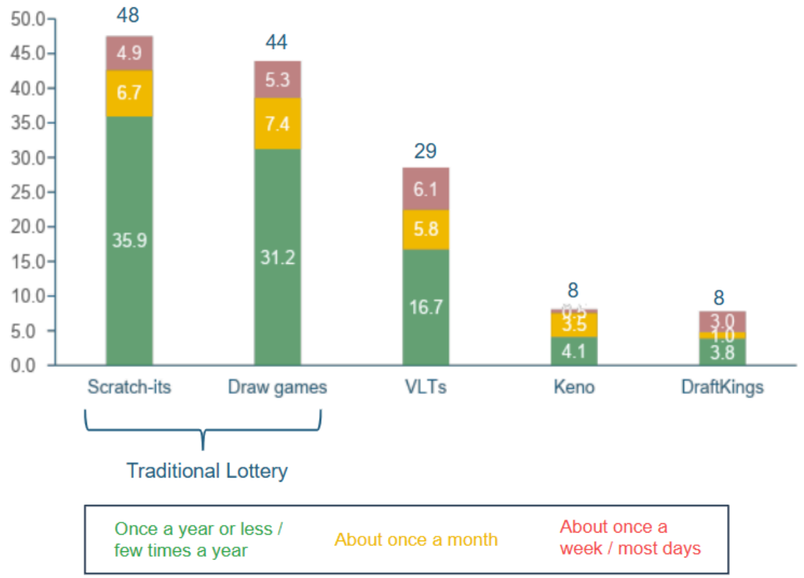
Based on recent reporting from March 2024, the Oregon Lottery accounts for over 60% of the overall gambling market share in Oregon. Its dominant position is primarily driven by VLTs, with sports betting representing a smaller but rapidly growing segment.

Chart 10 shows that traditional lottery activities (Scratch-its and Draw games) are the most popular, followed by VLTs, Keno, and DraftKings. Comparing the ratio of high-frequency to low-frequency engagement (discussed in the previous section), DraftKings is the highest with a ratio of .78, followed by VLTs (.36), traditional lottery (.15), and Keno (.13).

This suggests that although traditional lottery attracts the largest number of participants, DraftKings and VLTs foster much more intensive and repeated play, which has implications for risk of gambling-related harm.

In terms of demographics, DraftKings is 1.6 times more popular among males compared to both traditional lottery and VLTs, and 1.3 times more popular than Keno.

Chart 9: Oregon Sports Betting Activites (%)



DraftKings also attracts a much younger crowd: about 50% of survey respondents aged 34 and under reported engaging in the activity, compared to 33% for Keno and 21% for both traditional lottery and VLTs. There are also significant differences in educational profiles. Traditional lottery participants are more likely to have higher educational levels, with 13% reporting postgraduate or professional degrees, compared to 8% for VLTs and 7% for both Keno and DraftKings.

2.0: GAMBLING EXPENDITURES

2.1 Typical Monthly Expenditures on Gambling Activities

2.2 Wagering on Live (in-play/in-game) Bets

2.1 Typical Monthly Expenditures on Gambling Activities

In a typical month, Chart 11 shows that less than half of survey participants who gamble spend under $20, while 14% spend $200 or more. These results, however, likely underestimate actual gambling expenditures in Oregon, as people tend to have poor and biased recall of their gambling expenditures, often underestimating their losses and overestimating their wins. For example, a 2021 study of online sports bettors in Australia found that only about 4% of participants could accurately recall their net winnings or losses within a 10% margin of error. *Rather than focusing on the exact figures, this data is best used to demonstrate relative differences between groups.

Chart 12 indicates that total gambling expenditures are concentrated among a relatively small number of individuals. For example, just 5% of survey participants, those with the highest reported typical monthly spend, account for 76% of total spend.

Demographic differences in gambling spend reveal important insights. Among those who gamble, males report an average monthly expenditure of $401, compared to $84 for females. By age, the highest average spend is reported by Oregonians aged 35 to 44, while the lowest is reported by those aged 55 to 64. (Chart 13).

Among racial and ethnic groups, individuals identifying as Two or More Races reported the highest average monthly expenditure ($317), followed by White, non-Hispanic ($286), and Hispanic ($190). Black, non-Hispanic individuals reported a monthly expenditure of $81.

Among those who reported gambling, monthly gambling expenditures were inversely related to household income, averaging $515 for households earning $30,000 or less, compared to $116 for households earning $100,000 or more. These findings suggest that gambling places a disproportionate burden on lower-income households and highlight a significant equity concern.

*Heirene, R. M., Wang, A., & Gainsbury, S. M. (2022). Accuracy of self-reported gambling frequency and outcomes: Comparisons with account data. Psychology of Addictive Behaviors, 36(4), 333–346.

In a typical month, approximately how much money do you allocate for all the types of gambling you engage in? This includes situations where you might win on some days and lose on others, but overall, what is the typical amount you expect to spend in a month?

Chart 11: typical Monthly Spend on Gambling Activities ($)

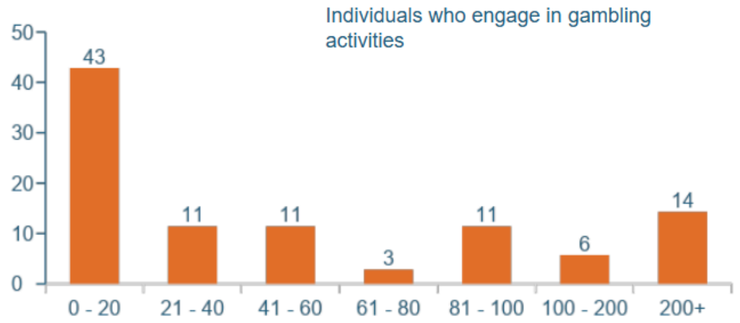
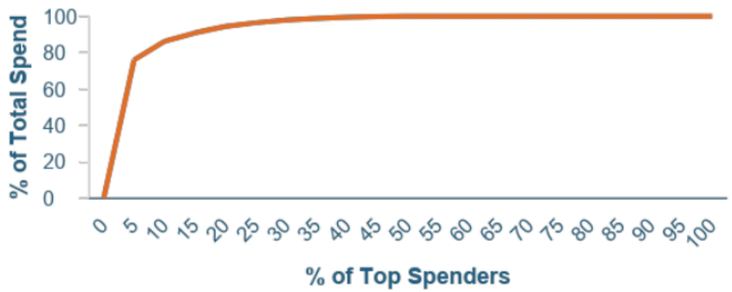


Chart 12: Distribution of Typical Monthly Spend



2.2 Wagering on Live (in-play/in-game) Bets

The survey asked participants who engaged in any of five sports wagering activities (sports betting on the DraftKings app, another sports app, a casino sportsbook, offshore sports betting, or fantasy sports platforms/apps) what percentage of their total wagers were placed on live (in-play/in-game) bets. Slightly over one-third of respondents reported placing no live wagers. Most reported spending between 1-25% of their total wagers on live bets, while the fewest reported allocating 76-100% of their expenditures to live betting. (Chart 14)

The participation rates for live bets are concerning, as this form of gambling can be associated with a greater risk of gambling-related harms for some individuals. Live betting enables continuous wagering opportunities, increasing the risk of impulsive and compulsive behaviors. The shorter time between placing a bet and receiving the outcome creates a fast feedback loop, similar to the dynamics of slot machines, one of the forms of gambling with higher rates of gambling-related harm.

What percentage of your total wagering is placed on Live (in-play/in-game) bets?

Chart 13: Monthly Spend on Gambling Activities ($)

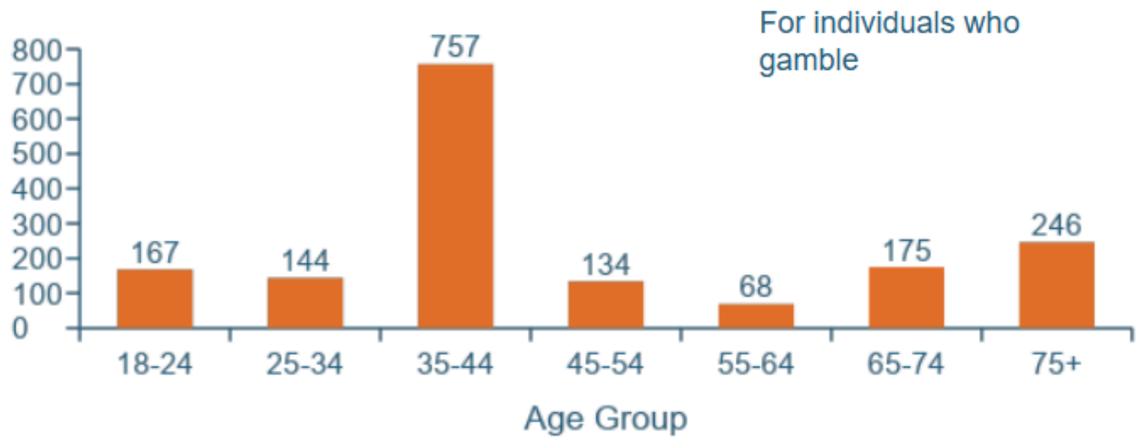
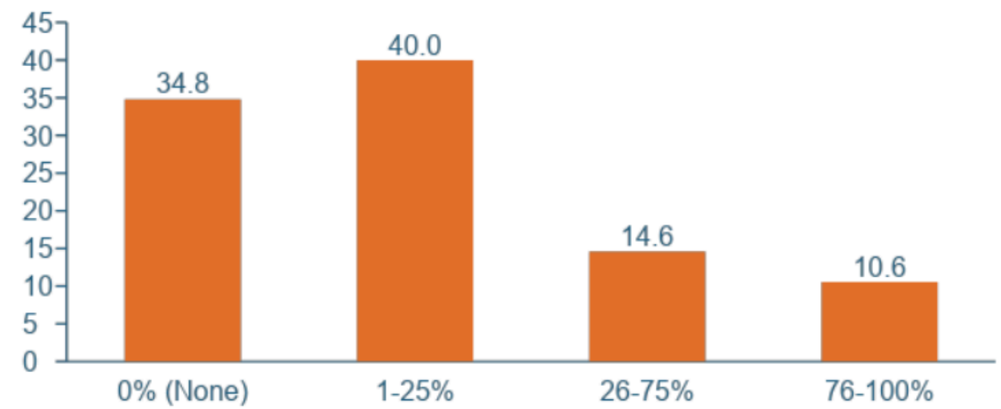


Chart 14: Percentage of total wagering on Live bets



3.0: GAMBLING-RELATED ATTITUDES

3.1 Attitudes on Gambling-Related Issues

3.1 Attitudes on Gambling-Related Issues

The survey asked participants about their attitudes toward gambling-related issues. Respondents were presented with 16 statements and asked to indicate their level of agreement on a five-point scale: Strongly disagree, Disagree, Neutral, Agree, or Strongly agree. As in previous analyses, the results are summarized by reporting the percentage of Oregonians who agreed or strongly agreed with each statement. These results are displayed in Tables 2 to 5, with attitudes grouped into logical categories.

Attitudes related to Beliefs and Misconceptions about Gambling are presented in Table 2. The results suggest that very few survey participants misunderstand the mechanics of gambling as random events. Five percent or less agreed or strongly agreed with statements suggesting that the odds of winning improve with continued play or that near-misses are signs of an impending win; in other words, most Oregonians recognize that the outcomes of games of chance are not influenced by previous results.* However, fewer Oregonians appear to appreciate the potential harms of gambling, as a greater percentage agreed or strongly agreed that gambling is a fun and harmless form of entertainment.

On average, males were 50% more likely than females to agree or strongly agree with at least one of the statements (26% vs. 17%) in Table 2. Agreement was lower among survey participants with postgraduate education (12%) and those with household incomes of $150,000 or more (14%).

The survey also asked participants about their attitudes related to Gambling Harm, Prevention, and Awareness (Table 3). The majority of Oregonians agree or strongly agree that gambling problems can be prevented through education and awareness, and that they can recognize signs of gambling-related harm. However, fewer Oregonians express the same level of agreement when it comes to treatment effectiveness, the availability of free services, and knowing how to get help for someone experiencing gambling-related harms.

*These statements hold true in a literal sense when gambling activities are purely games of chance. However, in situations involving other players, such as card games, the overall odds of winning can shift based on skill, experience, and table dynamics.

Please answer these questions whether you gamble or not.

Table 2: Beliefs and Misconceptions about Gambling

Statement	Percent agree or strongly agree
Gambling is a fun and harmless form of entertainment	17
The more you gamble, the better your odds are of coming out ahead	5
If you keep gambling, your luck will change and you will win back the money you have lost	3
When you almost win, it's a good sign that you are due to win soon	3

Table 3: Gambling Harm, Prevention, and Awareness

Statement	Percent agree or strongly agree
Gambling problems can be prevented through education and awareness	52
I know how to recognize the signs that someone may have a gambling problem	51
Treatment for gambling problems is effective at helping people stop or control their gambling	45
Free services to treat problem gambling are available in my community	43
If someone close to me had a gambling problem, I would know how to get help for them	41

In terms of demographics, there was no statistically significant difference between males and females in agreeing or strongly agreeing with at least one of the statements in Table 4. Similarly, while Oregonians with less than a high school education reported a lower agreement rate compared to those with postgraduate education, this difference was also not statistically significant. Interestingly, Oregonians with household incomes of $150,000 or more had the lowest overall agreement rate, with only 68% agreeing or strongly agreeing with at least one of the Gambling Addiction attitudes.

The results suggest that while most Oregonians believe gambling harm can be prevented through education, fewer feel confident in the effectiveness of treatment or their ability to access support. This highlights the importance of public awareness campaigns to reduce treatment-seeking stigma and misinformation while increasing visibility of accessible services.

The survey asked participants to respond to a set of attitudinal statements about gambling addiction, as shown in Table 4. The highest level of agreement was with the statement that gambling addiction is a lot like addiction to drugs or alcohol, with 75% of respondents in agreement. This indicates that a strong majority of Oregonians recognize that gambling problems are not merely behavioral but also involve physiological and neurological components. However, considerably fewer agreed that gambling addiction is a medical problem. In addition, relatively large percentages of respondents endorsed the view that it stems from a lack of willpower or that it represents a moral failing. These findings suggest that, while most Oregonians acknowledge gambling as an addiction, fewer fully understand its nature as a health condition rather than a matter of weak will or morality.

Please answer these questions whether you gamble or not.

Table 4: Gambling Addiction

Statement	Percent agree or strongly agree
Gambling addiction is a lot like addiction to drugs or alcohol	75
Gambling addiction is a medical problem	42
Gambling addiction is caused by a lack of willpower	30
Gambling addiction is a moral failing	19

Lastly, the survey explored three additional attitudinal statements, shown in Table 5. Fewer than half of Oregonians agreed or strongly agreed that they are concerned about the potential negative impacts of increased exposure to gambling advertisements and promotions, suggesting relatively low public sensitivity to the ways gambling may be normalized or glamorized. About one in five Oregonians reported being negatively affected by the gambling behaviors of someone they know, highlighting how gambling-related harm often extends beyond the individual. Additionally, a relatively large number of survey participants agreed that they would be embarrassed if a family member needed help for gambling-related harms.. This result points to persistent stigma surrounding gambling-related harms or seeking help for gambling concerns. and suggests potential barriers to early intervention and help-seeking.

Understanding individuals' attitudes toward gambling, including their beliefs about its nature, the causes of addiction, the effectiveness of treatment, and any underlying biases, is essential for designing effective treatment programs and public health strategies. These attitudes shape how people interpret their own behavior, whether they recognize it as problematic, and whether they seek help. For example, if someone believes gambling addiction is a moral failing or a matter of weak willpower, they may be less likely to access treatment or support others who do.

Please answer these questions whether you gamble or not.

Table 5: Other

Statement	Percent agree or strongly agree
I am concerned about potential negative impacts from increased exposure to gambling ads and promotions	38
I have personally been negatively affected by the gambling behaviors of a friend, family member, coworker, or someone else I know	23
I would be embarrassed if a family member needed help for a gambling problem	15

4.0: GAMBLING RESOURCES

4.1 Support Networks and Information Sources

4.2 Gambling Help-seeking Behavior

4.1 Support Networks and Information Sources

The survey asked participants about the people they received information from or discussed gambling with, both within the past year and more than a year ago. On average, 3.8% reported engaging with these resources within the past year, compared to 3.4% more than a year ago. Given that the “more than a year ago” period covers a much longer timeframe, this suggests a relatively high level of recent engagement.

On average, Oregonians engaged with 0.34 resources within the past year and 0.30 resources more than a year ago. Among those who engaged with at least one person, the average rises to 1.9 resources within the past year and 2.2 resources more than a year ago. This means that the average Oregonian is not engaging with others about gambling issues. However, among those who do, they typically reach out to about two resources, both within the past year and before that.

Based on the results in Table 6, Oregonians most frequently rely on people close to them, friends/peers, other family members, and parents or guardians. School counselors are the least utilized resource overall. Teachers were used more frequently a year ago, likely because most survey participants had completed their education within the past year. Utilization of healthcare and mental health providers remains below the average for both time periods.

In a later section, this report will discuss the relationship between individuals screened as at-risk for gambling-related harms, based on the PGSI, and the gambling information resources shown in Table 6.

Have you received information about gambling from or discussed gambling issues with any of the following people?

Table 6: Gambling Information Resources

People	Within past 12 months	More than 12 months ago
Friend/Peer	10.6	7.1
Other family member	6.4	4.7
Parent or guardian	4.9	5.1
Spiritual Leader	3.1	3.2
Mental Health Provider	3.1	2.7
Employer	2.2	1.2
Healthcare Provider (Doctor, Nurse, Clinician	1.7	2.9
School Counselor	1.2	0.8
Teacher/Professor	0.7	3

4.2 Gambling Help-seeking Behavior

The survey asked Oregonians how they would seek help for a gambling issue affecting someone they cared about. The open-ended responses were categorized into types of information sources and are displayed in Table 7. The most common sources were online resources, followed by the helpline, support groups, mental health or medical professionals, government organizations, and family or friends.

Notably, family and friends ranked low, especially considering the previous section that showed that this group was the most common resource survey participants turned to for their own discussions and information about gambling-related harms..

A higher percentage of females reported using online resources than males (45% vs. 41%), and a higher percentage of males reported using the helpline (12% vs. 10%). However, neither difference was statistically significant.

While all age groups ranked online resources as their top information source, the second most common choice varied. Younger adult Oregonians (ages 25–54) were more likely to cite the helpline (13% on average), compared to 10% among those aged 55 and older. In contrast, older Oregonians preferred support groups as their second option (14%), compared to 9% among younger respondents.

If you or a person you cared about needed help for an issue with gambling, how would you find help for them?

Table 7: Help-seeking Resources

Category	Responses	Percent
Online / Internet-based resources	Google it, search online, internet, look online, web search, Oregon Lottery website, Google gambling addiction, search for help, etc.	42.6
Helplines	Call the gambling hotline, 1-800 number, 1800gambling, helpline, gambling hotline number, etc.	11
Community support	Gamblers Anonymous, GA, Celebrate Recovery, AA, 12-step program, etc.	10.2
Mental health / medical professionals	Talk to a doctor, therapist, mental health provider, psychologist, ask my doctor, etc.	7.5
Don’t know / unsure / refused	I don't know, not sure, no idea, don’t know, N/A, Skipped, etc.	3.5
Government organization	Oregon Lottery resources, state program, DHS, county resources, Oregon Health Authority, etc.	3.3
Personal support / friends / family	Talk to friends, ask my mom, bring them to church, ask family, intervention, etc.	2.4
Non-informative (Ignored)	Anything sarcastic, or unusual (e.g., give them money so they can gamble with me, send them to therapy and play video games, I wouldn't help).	19.6

5.0: SOCIAL GAMING

5.1 Social Gaming Activities

5.2 Social Gaming and Gambling Activities

5.3 Typical Monthly Expenditures on Gaming

During the past 12 months, approximately how often did you play any type of games on computer tablet, game console, mobile phone, portable gaming device or other similar device (not gambling for money)?

Chart 15: Frequency of Playing Social Games in the Past 12 Months

Table 8: Gambling and Social Gaming Participation (%)			
		Social Gaming	
		No	Yes
Gambling	No	15	17
	Yes	13	55

5.1 Social Gaming Activities

The survey asked participants how often they played social games in the past 12 months. While 27% reported not playing at all, the majority of survey participants reported playing at least a few times a week (Chart 15). The fact that over one-third of Oregonians play social games almost daily suggests that gaming is a deeply embedded part of everyday life for many and may serve as a gateway to gambling activities for some, as discussed below.

Males and females were about equally likely to play social games, with participation rates of 72% and 73%, respectively. Younger Oregonians were more likely to participate than older adults, with social gaming reaching a peak of 86% among those aged 18-24 and a low of 58% among those aged 65-74.

By race and ethnicity, Black, non-Hispanic respondents had the lowest participation rate (58%), while Other, non-Hispanic respondents reported the highest (84%).

In terms of income, survey participants in households earning less than $10,000 reported the highest rate of social gaming participation (82%), while those earning $150,000 or more reported a lower rate of 69%. Participation among income groups between these two extremes did not follow a consistent trend.

5.2 Social Gaming and Gambling Activities

Among Oregonians, 55% engage in both social gaming and gambling, 30% did only one or the other, and the remaining 15% did neither (Table 8). Among those who gamble frequently (at least once a week), 44% also play social games at a high frequency (almost daily or more), suggesting a positive relationship between intensive gambling and social gaming.

This overlap may reflect shared psychological or behavioral drivers, such as reward-seeking, coping with stress, or exposure to gambling-like mechanics in games (e.g., loot boxes). These factors can create greater opportunities for crossover or co-occurring risky or harmful behaviors.

Other notable associations between gambling behaviors and social gaming involve sports wagering and day- or cryptocurrency trading. Among Oregonians who participated in at least one sports gambling activity, 93% also reported playing social games. Similarly, 91% of those who engage in day- or crypto- trading also play social games.

5.3 Typical Monthly Expenditures On Gaming

The survey asked participants to estimate how much money they typically spend on gaming each month. Chart 16 shows the average spend for those who engage in social gaming. About 60% reported spending less than $20 per month. As with expenditures on gambling-related activities, these figures likely underestimate total spending, as they may exclude participants who spend periodically but report less in a typical month.

Chart 17 plots average typical expenditures by age, the highest spend is reported by individuals younger than 34 years. This result is not unexpected, as social gaming is far more popular among younger individuals compared to older age groups.

In a typical month, approximately what amount of money do you spend purchasing games, points, tokens, virtual goods or accessories to increase levels within games on a computer, tablet, gaming console, mobile phone, portable gaming device or other similar device?

Chart 16: Typical monthly expenditure on social gambling ($)

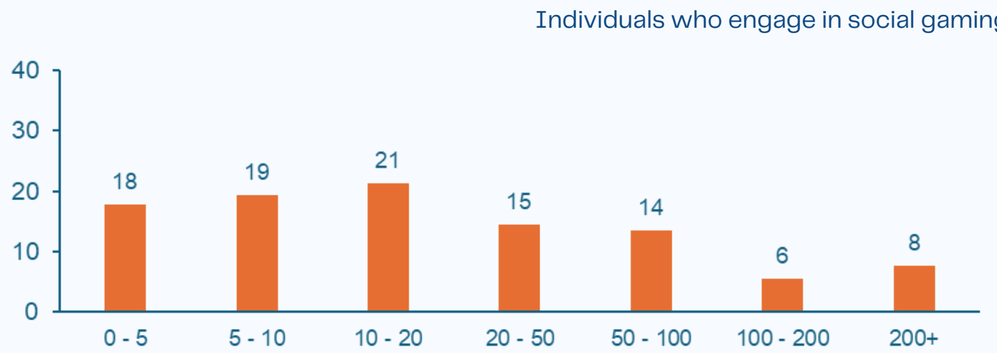
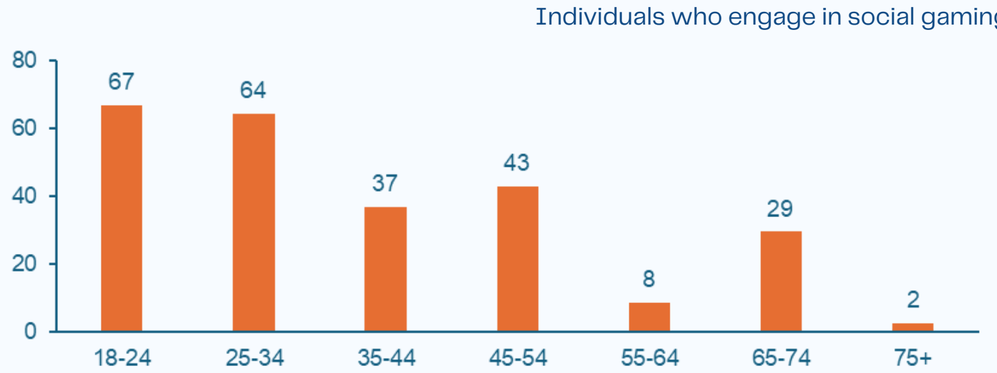


Chart 17: Monthly Expenditure on Social Gaming ($)



6.0: PHYSICAL AND MENTAL HEALTH

6.1 Physical Health and Sleeping Patterns

6.2 Physical Health Conditions

6.3 Mental Health Conditions

6.4 Past Traumatic Events and Gambling

6.5 Reasons for Delaying Professional Healthcare

6.1 Physical Health and Sleeping Patterns

The survey asked participants about various aspects of their physical and mental health. These health variables can have significant and complex relationships with gambling behavior. Poor physical health may act both as a barrier, by limiting mobility, and as an enabler, if individuals turn to gambling as a coping mechanism. Similarly, mental health challenges, such as emotional distress, impulse control issues, and cognitive decline, are closely linked to gambling behaviors and may increase the risk of gambling-related harms.

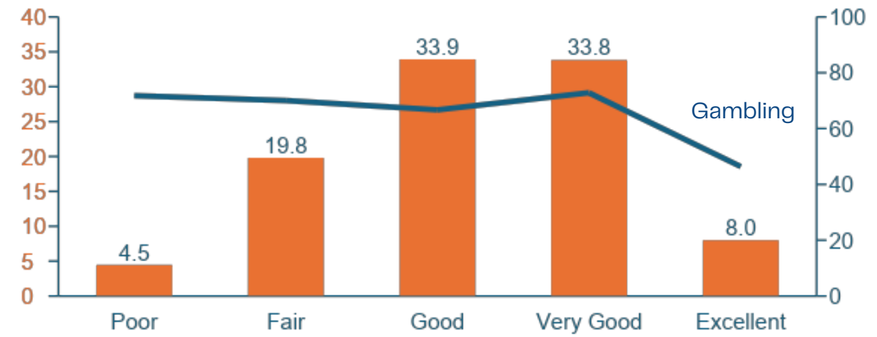
Survey participants were asked to rate their physical health over the past 12 months, as shown in Chart 19. Most respondents (68%) rated their health as Good or Very Good. Superimposed on the chart are gambling participation rates, which drop substantially among those who self-reported Excellent physical health. This relationship suggests that gambling may function as a compensatory or risk-related behavior, more common among individuals experiencing life stressors, limitations, or health challenges, conditions less likely to be reported by those in excellent health. Additionally, individuals who report excellent health may have higher levels of confidence and self-worth, which are often associated with better mental health.

Chart 20 shows how frequently Oregonians experienced sleep issues. Over 75% reported having sleep problems on at least several days in the past 30 days. Gambling participation rates remained relatively stable across varying levels of sleep disturbances, suggesting that sleep issues, while common, may not have a strong or consistent relationship with gambling behavior.

Oregonians who self-report Excellent physical health have the second lowest gambling participation rate.

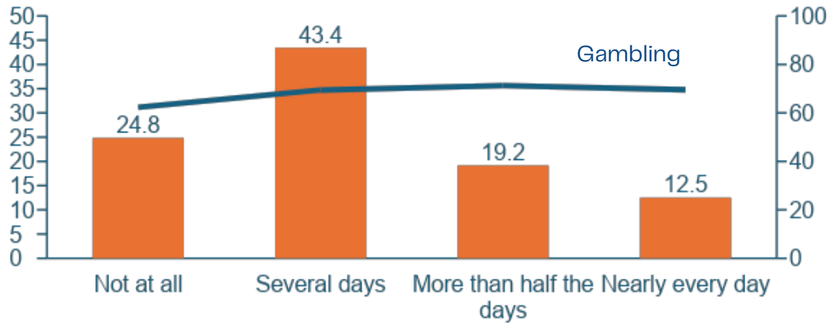
During the past 12 months, how would you rate your physical health?

Chart 19: Physical Health and Gambling Participation



During the past 30 days, how often have you experienced difficulty falling asleep, remaining asleep throughout the night, waking up pre-maturely in the morning, or oversleeping?

Chart 20: Sleep Patterns and Gambling Participation



6.2 PHYSICAL HEALTH CONDITIONS

The survey asked participants whether they had been diagnosed with several physical health conditions, as shown in Table 8. Chart 21 shows the results. Forty-four percent of respondents reported never being diagnosed with any of the listed conditions. High blood pressure was the most common condition, followed by insomnia and obesity. Liver disease was the least common, reported by just 3% of respondents.

Having any one of these health conditions was associated with higher gambling participation rates compared to those without any of these conditions (60%). In particular, being diagnosed with obesity, fibromyalgia, or other chronic pain, and liver disease was associated with elevated rates of gambling. These findings are consistent with previous results showing that better physical health is inversely related to gambling participation.*

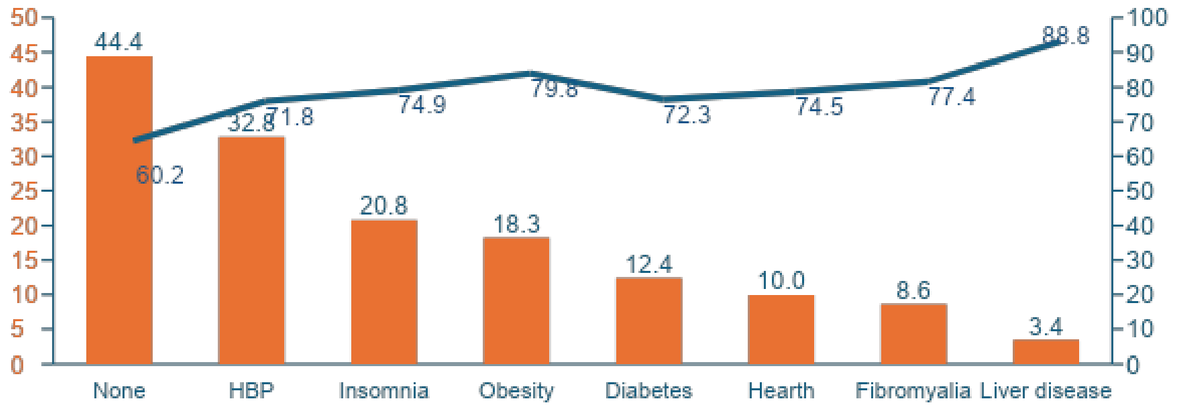
*Oregon Health Authority. (2023). Oregon adult health survey: Special report on gambling.

Table 8: Physical Health Conditions

Condition	Abbr.	Condition	Abbr.
High blood pressure	HBP	Liver disease	Liver
Obesity	Obesity	Fibromyalgia / other chronic pain	Fibromyalgia
Insomnia / other sleep disorders	Insomnia	Cardiovascular problems / heart condition	Heart
Diabetes	Diabetes	None of the above	None

Have you ever been diagnosed by a healthcare professional with any of the following physical health conditions?

Chart 21: Physical Health Condition and Gambling Participation (%)



6.3 MENTAL HEALTH CONDITIONS

The survey asked Oregonians whether they had been diagnosed with various mental health conditions, as shown in Table 9. About half of the respondents reported never being diagnosed with any of the listed conditions. Anxiety and depression were the most common, followed by a second tier: PTSD and ADHD. Less common diagnoses included bipolar disorder, other conditions, and autism spectrum disorder (ASD).

Gambling participation rates are superimposed on the chart. Only two conditions, Depression (74%) and Bipolar Disorder (86%), were associated with statistically significant increases in gambling participation. PTSD showed a higher rate as well (76%), though this difference was marginally insignificant.*

Empirically, gambling prevalence increases as the number of reported mental health conditions rises, from 65% among those with no conditions, to 66% with one, 71% with two, and 75% with three or more. While this pattern suggests a positive association, it is not statistically significant at the 5% level, though it does reach significance at the 10% level. (A 10% significance level can be appropriate in exploratory analyses or when sample sizes are small, but this threshold should be established before conducting the test.)

Diagnosed depression is associated with higher rates of gambling participation.

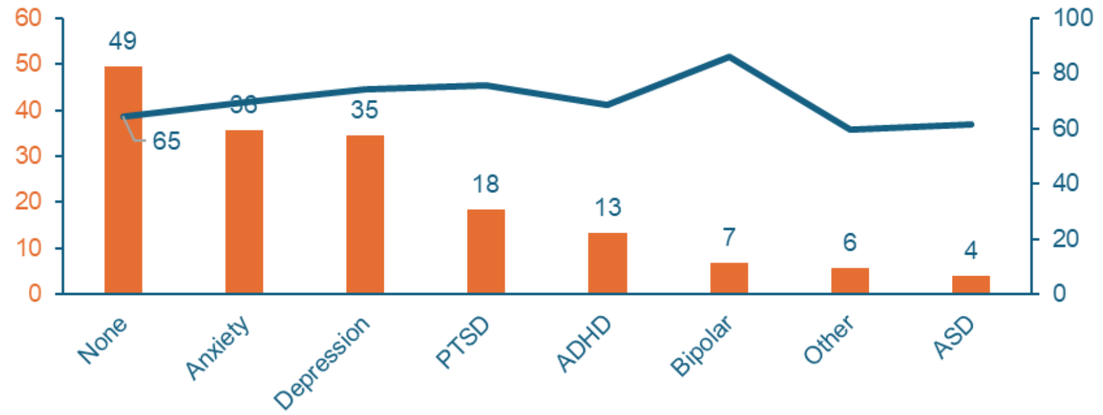
*P-value is equal to 6.8%.

Table 9: Mental Health Conditions

Condition	Abbr.	Condition	Abbr.
Depression	Depression	Autism Spectrum Disorder	ASD
Anxiety	Anxiety	Bipolar Disorder	Bipolar
Post-Traumatic Stress Disorder	PTSD	Another condition not listed here	Other
Attention Deficit Hyperactivity Disorder	ADHD	None of the above	None

Have you ever been diagnosed by a healthcare professional with any of the following mental health conditions?

Chart 22: Mental Health Condition and Gambling Participation (%)



The survey asked Oregonians whether they believe they may have certain mental health conditions, even if they have not been formally diagnosed by a healthcare professional. (Chart 23) As discussed in a later section, one possible reason for this discrepancy is that many individuals delay or avoid seeking care for a variety of reasons.

The distribution of self-perceived (undiagnosed) mental health conditions closely mirrors the pattern of formally diagnosed conditions: Anxiety, PTSD, and depression were the most common, while bipolar disorder, ASD, and Other conditions were among the least reported. (Chart 24). One plausible explanation is that both diagnosed and perceived mental health conditions reflect their underlying prevalence in the general population. For example, anxiety and depression are among the most common mental health concerns, so it follows that they would also top the list in both categories.

Gambling participation rates are superimposed on the results in Chart 23. Similar to the pattern observed with diagnosed conditions, individuals who reported perceived mental health concerns also exhibited higher rates of gambling. The results are remarkably consistent: the average difference in gambling participation between those with and without a diagnosed condition was 10%, while the difference between those with and without a perceived condition was 11%. This suggests that perception, regardless of formal diagnosis, may have a comparable influence on gambling behavior. It may also indicate that these mental health conditions are going undiagnosed and untreated.

Survey participants were asked whether they had been diagnosed by a healthcare professional with an intellectual or developmental disability. Eleven percent responded affirmatively. Gambling participation rates were similar between the two groups: 66% among those with a diagnosed disability and 68% among those without.

If you have not been diagnosed by a healthcare professional, do you have reason to believe you may have any of the following mental health conditions?

Chart 23: Mental health Condition and Gambling Participation (%)

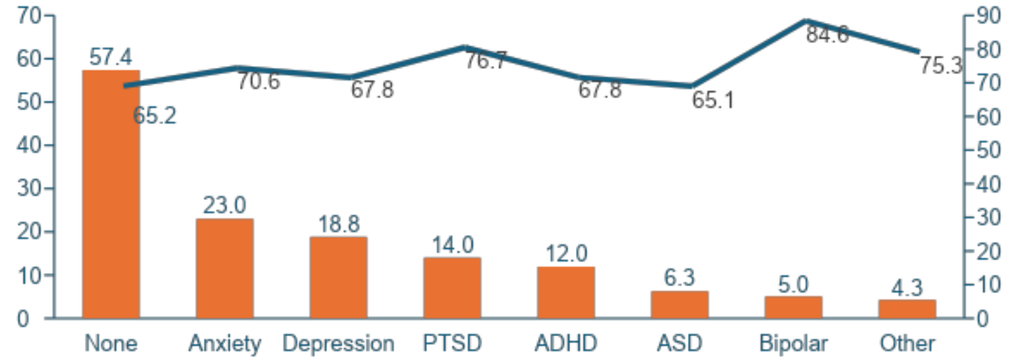
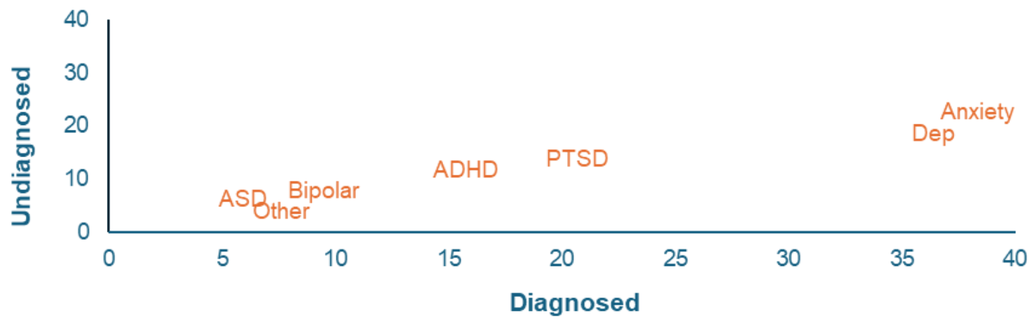


Chart 24: Mental health Conditions: Diagnosed and Undiagnosed



6.4 Past Traumatic Events and Gambling

The survey asked Oregonians how much they feel past traumatic events still affect them today, using a scale from 1 to 10, where 1 means not at all and 10 means extremely affected. Chart 25 shows the results. Slightly less than half reported scores between 1 and 4.

Gambling participation rates are superimposed on the results. A positive association is observed between gambling rates and the reported impact of past traumatic events: higher levels of trauma impact are associated with higher rates of gambling.

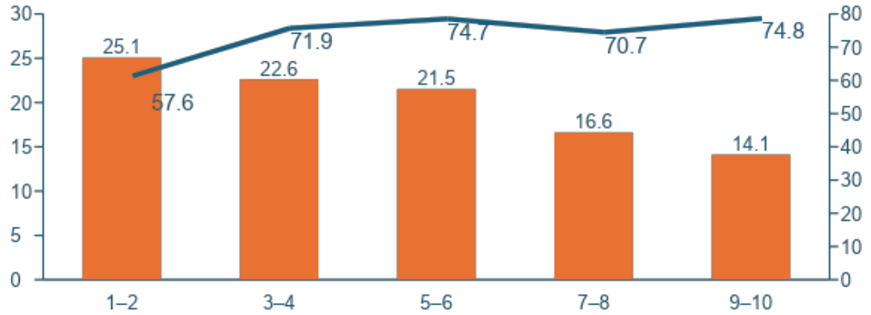
Females are reported to be more likely to feel the impact of previous traumatic events; however, the difference is not statistically significant. Younger Oregonians (18–24) are much more likely to report being extremely affected (9–10) compared to older Oregonians (65 and older).

6.5 Past Traumatic Events and Gambling

The survey asked participants whether they had delayed seeking professional healthcare for various reasons. Chart 26 shows that 38% of respondents indicated that they had never delayed seeking healthcare. The most common reasons for delay were not believing the issue was serious enough and cost concerns. Gambling prevalence rates are superimposed on the chart. For all reasons listed, gambling rates were higher than the 62% rate reported among those who had never delayed seeking healthcare. However, only three reasons were associated with a statistically significant increase in gambling: lack of time, not believing the issue was serious enough, and lack of trust in healthcare providers. It is unclear why these reasons are more strongly associated with gambling than others.

On a scale of 1 to 10, how much do you feel past traumatic events still affect you today?

Chart 25: Impact of Past Trauma and gambling Participation Rates

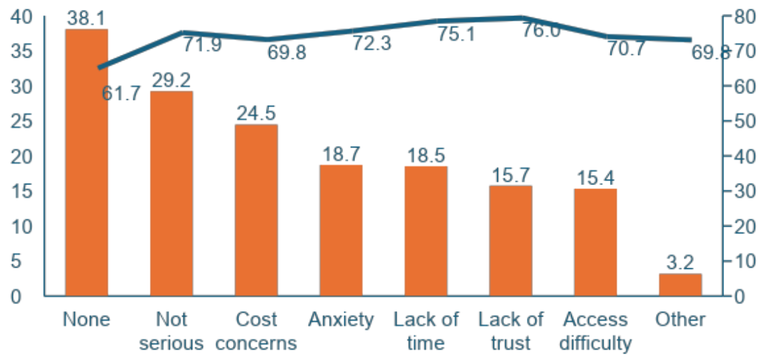


Using a scale of 1 to 10, 14% percent of respondents rated being impacted by past traumatic events a 9 or 10.

Table 10: Reasons for Delaying Seeking Professional Healthcare			
Reason	Abbr.	Reason	Abbr.
Cost concerns	Cost concerns	Not believing the issue was serious enough	Not serious
Lack of time	Lack of time	Lack of trust in healthcare providers	Lack of trust
Fear or anxiety about treatment	PTSD	Other	Other
Difficulty accessing healthcare services	Access difficulty	None (I have never delayed seeking professional healthcare)	None

Have any of the following reasons caused you to delay seeking professional healthcare when you felt it was needed?

Chart 26: Reasons for Delaying Seeking healthcare (%)



In general, the relationship between delaying treatment and gambling may be positively related. First, delaying help-seeking can lead to untreated physical or mental health conditions, some of which have been shown to be associated with increased gambling behavior. Second, individuals who delay care for internal or attitudinal reasons (e.g., time constraints, low perceived need, distrust) may also be more likely to engage in risk-taking or avoidant behaviors, including gambling. Supporting this idea, the data show that Oregonians who reported three or more reasons for delaying healthcare had significantly higher gambling rates (73%) compared to those who never delayed care (62%).

7.0: SUBSTANCE USE

7.1 Substance Use and Gambling

7.1 Substance Use and Gambling

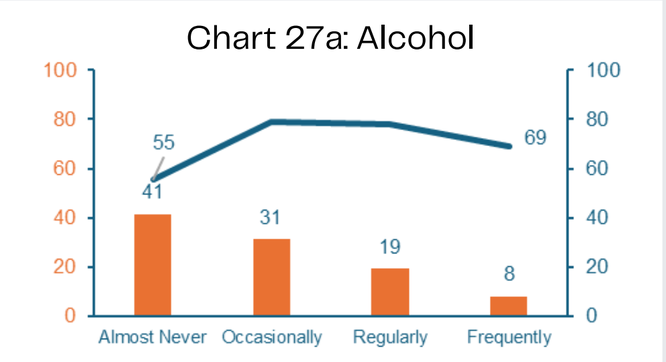
The survey asked Oregonians about their use of alcohol, tobacco, cannabis, opioids, and stimulants over the past 12 months.

Chart 27a shows the results for alcohol use. 41% of respondents reported never or almost never consuming alcohol, while at the other extreme, 8% consumed alcohol up to several times a day. Gambling prevalence rates associated with each level of alcohol use are also displayed. The data suggest an increase in gambling activity among those who consume alcohol compared to those who do not. Specifically, Oregonians who consume alcohol are 1.4 times more likely to gamble than those who abstained during the last 12 months.

Chart 27b shows the results for tobacco and nicotine use (including vaping, chewing tobacco, and similar products). Slightly less than three-fourths of Oregonians reported not using tobacco, while 20% reported using it up to several times a day.

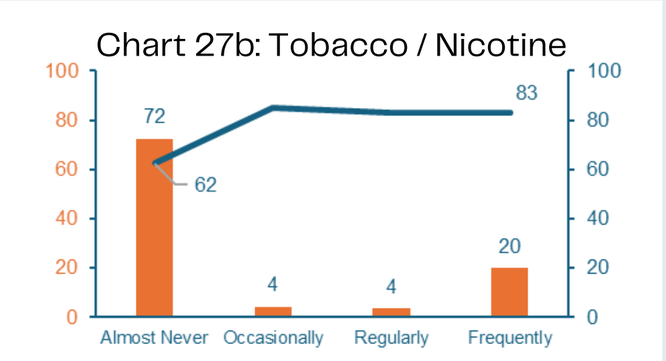
Tobacco and nicotine use are also associated with increased gambling activity. Individuals who use these products gamble 1.3 times more than those who do not.

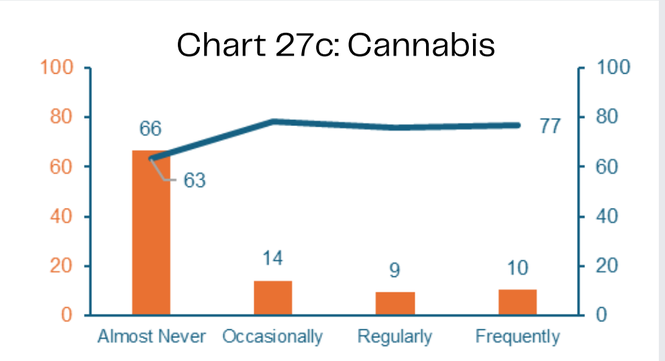
During the past 12 months, how often did you use each of the following:

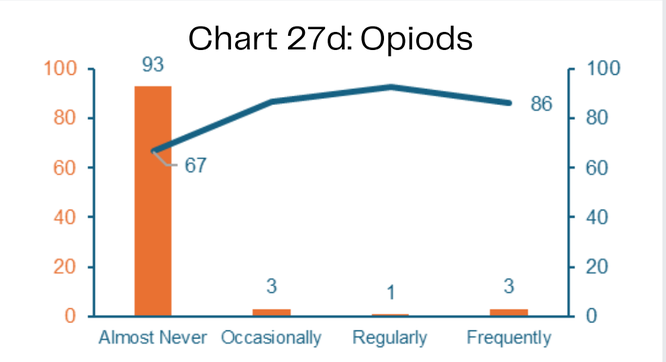


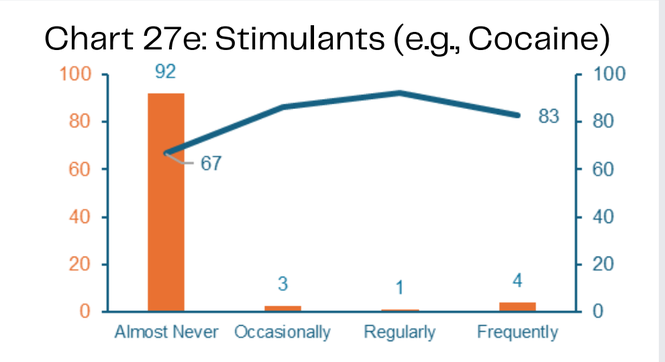
Key

Frequency	Coding
Never / Almost Never	Never / Almost Never
A few times a year / A few times a month	Occasionally
Once a week / A few times a week	Regularly
Daily / Almost daily, Several times a day	Frequently









The results for the other substances (cannabis, opioids, and cocaine/methamphetamine/other stimulants) convey a similar message. Consumption of these substances is associated with a higher likelihood of gambling. Specifically, cannabis users are 1.2 times more likely to gamble, opioid users 1.3 times more likely, and cocaine or stimulant users 1.3 times more likely to gamble than those who do not use these substances.

Substance use and gambling are often closely linked, with individuals who engage in one behavior being more likely to engage in the other. Research shows that the use of substances such as alcohol, tobacco, cannabis, and stimulants (like cocaine or methamphetamine) is associated with a greater risk of developing gambling-related harms. This overlap may be due to shared underlying factors such as impulsivity, sensation-seeking, or coping with stress and mental health challenges. The co-occurrence of substance use and gambling increases the complexity of treatment needs and highlights the importance of integrated behavioral health approaches that address multiple risk behaviors simultaneously.

8.0: PROBLEMATIC GAMBLING

8.1 Rates of Gambling-Related Risk

8.2 Gambling Activity and Gambling Risk

8.3 Resources and Gambling Risk

8.4 Gambling-Related Attitudes and Gambling Risk

8.5 Health Factors

8.1 Rates of Gambling-Related Risk in Oregon

Problem gambling is any gambling behavior that causes significant problems in a person's family, financial, legal, or emotional life. Problem gambling occurs on a spectrum from mild to severe. On the severe end, the individual meets criteria for a Gambling Disorder, also referred to as Gambling Addiction. So, all persons with a gambling addiction have a gambling problem, but not all individuals with problem gambling manifest a gambling addiction.

Within this survey, the Problem Gambling Severity Index (PGSI) was used to assess the risk of gambling disorder. It is a 9-item self-report measure designed for use in the general population and is widely regarded for its strong psychometric properties. The PGSI is one of the most widely used screening tools for assessing gambling-related risk. Its positive predictive value is estimated at 49%, meaning that approximately half of those who score in the PGSI High Risk category would meet the criteria for gambling disorder under a full clinical evaluation by a trained professional.

For each item on the PGSI, individuals respond with the options: Never, Sometimes, Most of the Time, and Almost Always, indicating how frequently they experience each behavior. These responses are scored as follows: Never = 0, Sometimes = 1, Most of the Time = 2, and Almost Always = 3. Scores are summed and interpreted as follows: 0 = No Risk, 1–4 = Low Risk, 5–7 = Moderate Risk, and 8 or more = High Risk. Those scoring in the High Risk category are commonly classified as at elevated risk for gambling-related harms or Gambling Disorder.

Table 11 shows the percentage of Oregonians who endorsed each item. i.e., responded that they experienced the behavior at least sometimes. For clarity, the items have been grouped into categories.

Several observations can be made:

- The most endorsed item was going back another day to win back money (also known as chasing), reported by 16% of respondents. This item is frequently the most endorsed and reflects loss of control over gambling.

Table 11: Problem Gambling Severity Index (PGSI)

Item	Percent Endorsed
Loss of Control	
Have you gone back on another day to try to win back the money you lost? (Chasing)	15.9
How often have you needed to gamble with larger amounts of money to get the same feeling of excitement? (Tolerance)	9.3
Cognitive / Emotional	10.2
Have you felt guilty about the way you gamble or what happens when you gamble?	15
Have you felt that you might have a problem with gambling?	11.2
Have people criticized your betting or told you that you had a gambling problem, whether or not you thought it was true?	7.8
Financial Harm	
How often have you bet more than you could really afford to lose?	14.3
Has your gambling caused any financial problems for you or your household?	8.9
Have you borrowed money or sold anything to gamble?	8.5
Health impact	
Has gambling caused you any health problems, including stress or anxiety?	11

- The second most endorsed item was feeling guilty about gambling, often a sign of emotional distress or internal conflict, which may occur when individuals begin to recognize risky or harmful gambling behavior.
- The third was betting more than one can afford to lose, suggesting that these individuals are exceeding personal financial boundaries.
- The least commonly endorsed item was having others criticize one's gambling, which represents external recognition of harm.

While individual item endorsement provides insight into specific gambling-related experiences, the primary utility of the PGSI lies in the cumulative score, which reflects the overall severity of risk.

The PGSI results are shown in Chart 28: 71% of Oregonians scored as No Risk, 13% as Low Risk, 9% as Moderate Risk, and 6% as High Risk. Based on the psychometric properties of the PGSI, the results imply that approximately 3% of Oregonians, roughly half of those classified as High Risk, would meet the clinical criteria for Gambling Disorder if evaluated by a trained clinician.

For comparison, a 2023 survey in Arizona found that 8% of participants were screened as High Risk,* while a survey in Nevada during the same year reported 13% High Risk.** Each of these surveys used the PGSI screener and the same probability-based panel methodology used in the present survey research, allowing for direct comparison across states.

Earlier in the report, we noted that individuals who begin gambling at a younger age are more likely to experience gambling-related harm. Notably, 14% of survey participants reported gambling before the age of 18. Among this group, 10% are assessed in the High Risk category, which is 68% higher than the statewide average of 6%.

*Marotta, J., Yamagata, G., & Reohr, P. (2023). Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents. Phoenix, AZ: Arizona Department of Gaming, ** Nevada Department of Health and Human Services (2025). Nevada Leads: Improving Problem Gambling Community Awareness and Services. Carson City, NV: Author.

Chart 28: PGSI Risk Assessment (%)

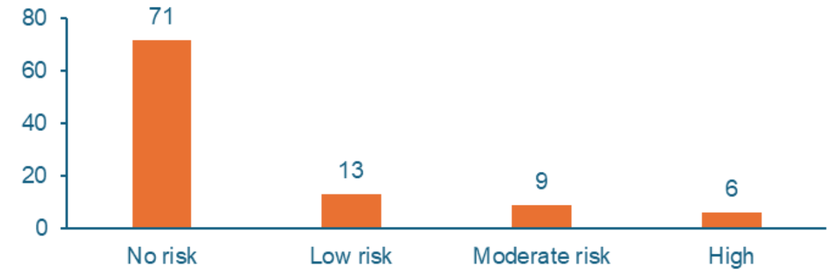


Table 12a: PGSI	
Demographic	Percent High Risk
Gender	
Male	8.3
Female	4.1
Age	
18-24	9.2
25-34	9.3
35-44	13.9
45-54	4.6
55-64	2.2
65-74	1.2
75+	0.9

Table 12b: PGSI	
Demographic	Percent High Risk
Race / Ethnicity	
2+, non-Hispanic	15.3
Asian-Pacific Islander, non-Hispanic	13.9
Hispanic	10.1
Black, non-Hispanic	7.4
White, non-Hispanic	4.8

Tables 12a-d show PGSI High Risk rates by demographic groups. Oregonian males have almost twice the rate compared to females. Among age groups, individuals aged 18 to 34 have a rate that is 50% higher than the overall average of 6%. The rate peaks for individuals aged 35 to 44, more than double the average, and declines with age, reaching a low of 1% among those aged 75 and older.

By race and ethnicity, survey participants identifying as Two or More races, non-Hispanic have the highest High Risk rate, followed by Asian or Pacific Islander, non-Hispanic, Hispanic, Black, non-Hispanic, and White, non-Hispanic.

Educational attainment shows a strong relationship with High Risk rates. Survey participants with a high school diploma or less have the highest rates, while those with a graduate-level education have the lowest rate.

In terms of income, survey participants with household incomes under $20,000 are more likely to be assessed as High Risk compared to those earning $75,000 or more. Between these two extremes, rates do not follow a consistent linear pattern. Interestingly, the lowest rate of 3.5% is observed among survey participants with household incomes between $40,000 and $50,000. The reason for this result is unclear and may reflect sampling variation or unique characteristics of this survey sample.

Tables 12c: PGSI

Demographic	Percent High Risk
Educational Level	
HS graduate or equivalent	10.2
Less than HS	8.7
Bachelor's degree	4.9
Some college/ associates degree	4.5
Post grad study/professional degree	3.1
Veteran / Military Status	
Veteran	4.8
Active Duty	58.7

Table 12d: PGSI

Demographic	Percent High Risk
Household Income	
Under $10K	8.6
$10K to under $20K	10.5
$20K to under $30K	7.9
$30K to under $40K	6.4
$40K to under $50K	3.5
$50K to under $75K	7.4
$75K to under $100K	3.9
$100K to under $150K	4.1
$150K or more	4.9

8.2 Gambling Activity and Gambling Risk

The previous section has demonstrated that specific demographic characteristics are associated with higher rates of gambling-related risk In this section, we examine how High Risk rates vary by behavior, specifically by the types of gambling activities individuals engage in and the number of distinct activities reported.

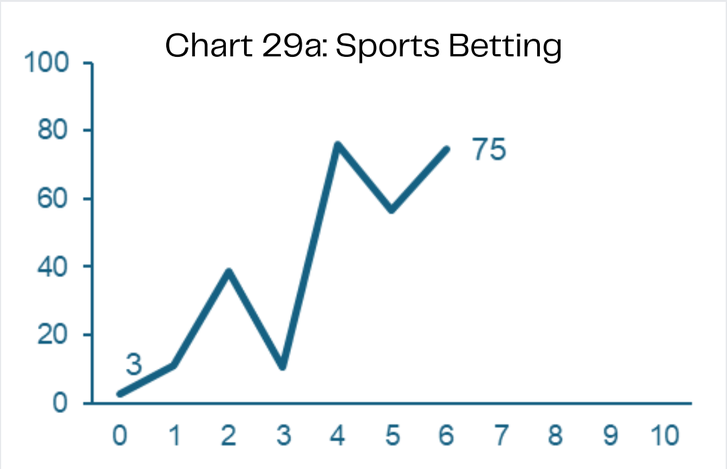
Chart 29a show that survey participants who do not participate in any of the six sports-related gambling activities have a rate of 3%, which is half the overall average of 6%. Among those who reported engaging in one sports gambling activity, the rate increases to 11%. Overall, the data reveal a clear trend: as the number of sports-related gambling activities increases, so does the High Risk rate, peaking at 75% among individuals who participated in all six.

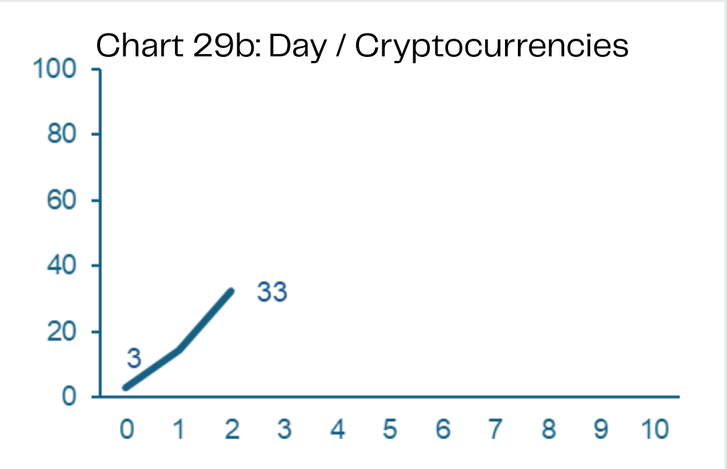
Higher educational attainment is associated with lower rates of High Risk gambling-related behavior.

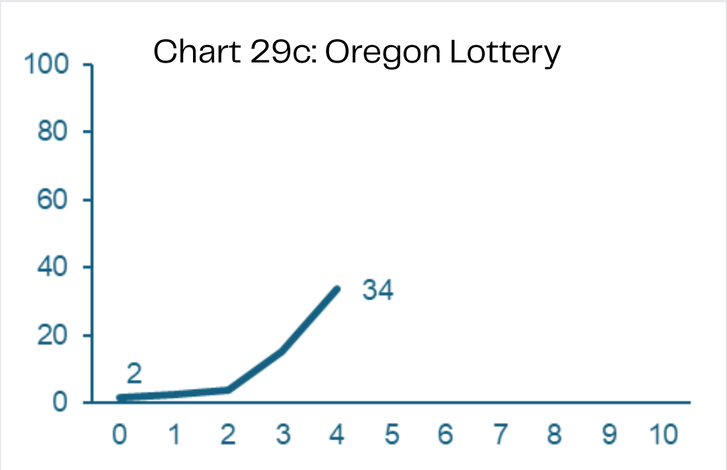
Similar patterns are observed among individuals who reported trading stocks and/or cryptocurrency, as well as those who engaged in Other gambling activities. Participation in Oregon Lottery games also follows this trend, with High Risk rates increasing alongside the number of lottery activities. However, there appears to be an inflection point at two lottery activities, after which high-risk rates rise sharply and surpass the overall average of 6%.

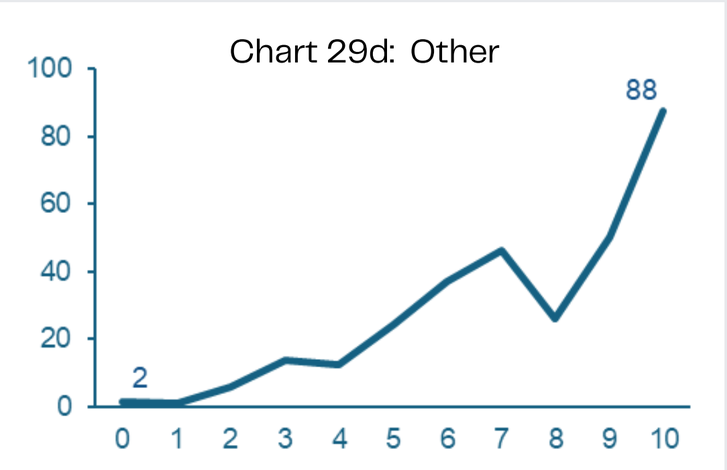
Chart 30 shows the relationship between gambling frequency and the likelihood of being assessed as High Risk on the PGSI. For each individual, the chart reflects the highest reported frequency across any gambling activity. A clear positive association is evident: as gambling frequency increases, so does the likelihood of being classified as High Risk.

Additionally, Oregonians who engage in both gambling and social gaming are over 50% more likely to be assessed as High Risk compared to the overall population (9.6% vs. 6.1%).









8.3 Resources and Gambling Risk

Table 13 shows High Risk rates among Oregonians who have either received gambling information or discussed gambling concerns with various individuals. Notably, 75% of those who engaged with a school counselor in the past year were classified as High Risk, an exceptionally high rate. The next highest rates were observed among those who interacted with teachers or other professors and with mental health providers.

When compared to Table 6, which presents the overall prevalence of engaging with these resources, a clear pattern arises: although contact with these individuals is relatively rare, those who do engage are significantly more likely to be experiencing serious gambling-related harm.

While elevated rates among individuals who engage with mental health or healthcare providers may be expected, given the formal nature of those services, the notably high rates among those who speak with school counselors, teachers, or friends/peers are particularly striking. This pattern may reflect the stigma surrounding gambling-related harms, which can delay help-seeking. As a result, when individuals finally do reach out, it is often during periods of heightened harm.

Chart 31 shows the relationship between the number of resources engaged and high-risk rates.

Chart 30: PGSI High Risk Assessment (%)
(Maximum frequency of any gambling type)

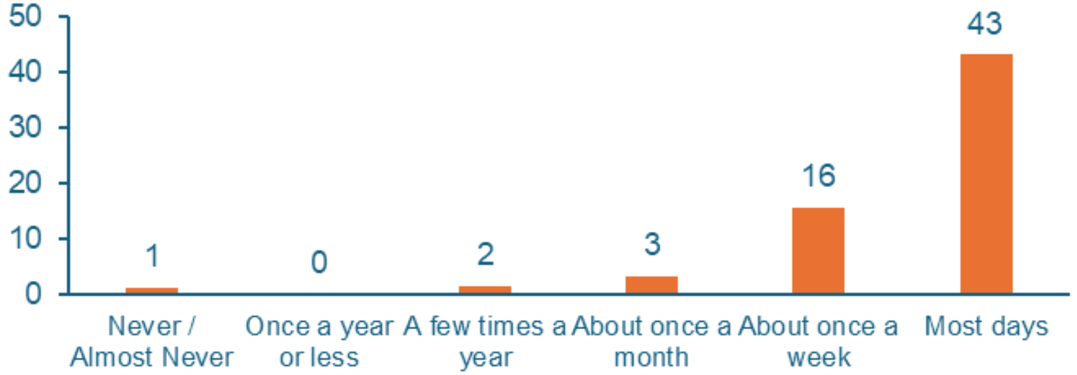
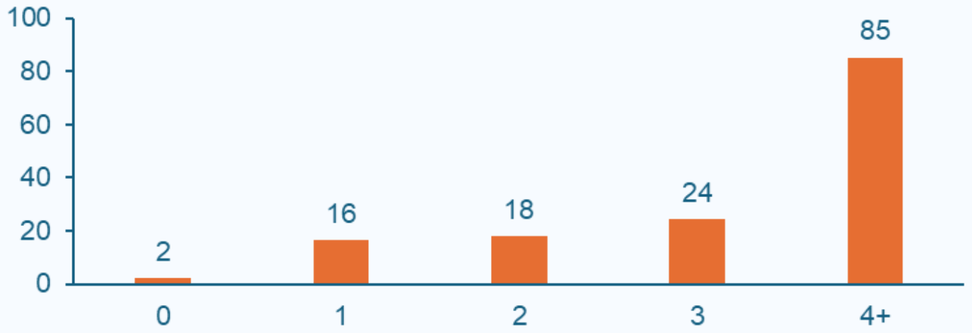


Table 13: PGSI High Risk rates

Resource	Yes, in the past year	Yes, more than one year	No
School Counselor	75	56	5
Teacher/Professor	57	29	5
Mental Health Provider	56	22	4
Employer	49	14	5
Healthcare Provider	41	30	5
Friend/Peer	28	14	3
Other family member	28	18	4
Parent or guardian	27	23	4
Spiritual Leader	21	10	5

Table 14: PGSI	
Attitude	Percent High Risk
When you almost win, it's a good sign that you are due to win soon	32.9
If you keep gambling, your luck will change, and you will win back the money you have lost	30.2
The more you gamble, the better your odds are of coming out ahead	25
I have personally been negatively affected by the gambling behaviors of a friend, family member, coworker, or someone else I know	15.8
I would be embarrassed if a family member needed help for a gambling problem	15.7
Gambling is a fun and harmless form of entertainment	8.5
I am concerned about potential negative impacts from increased exposure to gambling ads and promotions	8.3
Gambling addiction is a moral failing	7.1
Free services to treat problem gambling are available in my community	6.9
Gambling addiction is caused by a lack of willpower	6.9
I know how to recognize the signs that someone may have a gambling problem	6.1
Gambling addiction is a lot like addiction to drugs or alcohol	5.6
Gambling addiction is a medical problem	5.4
Gambling problems can be prevented through education and awareness	5.3
If someone close to me had a gambling problem, I would know how to get help for them	5.3
Treatment for gambling problems is effective at helping people stop or control their gambling	4.8

Chart 31: PGSI High Risk Assessment (%)
(Number of Resources Engaged)



8.4 Gambling-Related Attitudes and Gambling Risk

Table 14 shows how High Risk rates are associated with respondents who agree or strongly agree with specific attitudes discussed earlier in this report. Notably, Oregonians who endorse statements reflecting common misconceptions about gambling exhibit significantly higher high-risk rates than the overall average of 6%. Additionally, individuals who view problem gambling as stigmatizing, or who have been personally affected by someone else's gambling behavior, report higher rates that are more than double the average. In contrast, those with the lowest rates are typically individuals who demonstrate greater factual understanding and awareness of gambling-related harm and its treatment.

8.5 Health Factors

Chart 32 displays the relationship between self-reported physical health and PGSI High Risk rates. Individuals who rate their physical health as poor have more than double the rate compared to those with more positive health assessments. In contrast, Oregonians who report excellent physical health have the lowest high-risk rate. This finding aligns with earlier results showing that this group is also least likely to engage in gambling behaviors. These patterns suggest that good physical health may act as a protective factor, or that individuals in better health may be less likely to use gambling as a coping mechanism for stress, pain, or other life challenges.

Chart 33 shows a similar pattern when examining the relationship between High Risk rates and sleep issues. The most notable difference appears between those who report no sleep issues, who have a low high-risk rate of 2.1%, and those who experience sleep difficulties on several days or more. This trend suggests that frequent sleep problems are associated with an increased risk of gambling harm, potentially due to the role of poor sleep in impairing emotional regulation and increasing stress, both of which are known risk factors for gambling-related harm.

Chart 34 displays the relationship between having a diagnosed physical health condition and being assessed as High Risk for problem gambling. Among all conditions, liver disease was associated with a noticeably higher High Risk rate; however, the small sample size yielded statistically insignificant results.

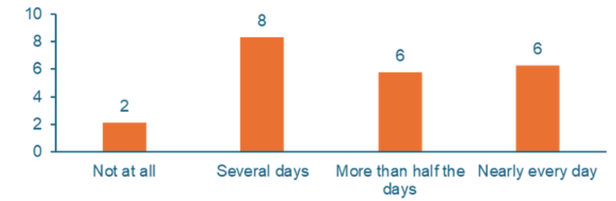
Chart 35 shows PGSI High Risk rates among Oregonians who reported being diagnosed with a health condition. Those with no diagnosed conditions had the lowest rate, compared to 8% among those with at least one diagnosis. Most individual health conditions, except for Autism Spectrum Disorder (ASD), were associated with empirically higher rates, but only Attention Deficit Hyperactivity Disorder (ADHD) showed a statistically significant difference.

Chart 36 presents results for perceived (self-identified but not clinically diagnosed) mental health conditions. All perceived conditions were associated with empirically elevated high-risk rates, but none of these differences were statistically significant.

PGSI High Risk Rates (%)

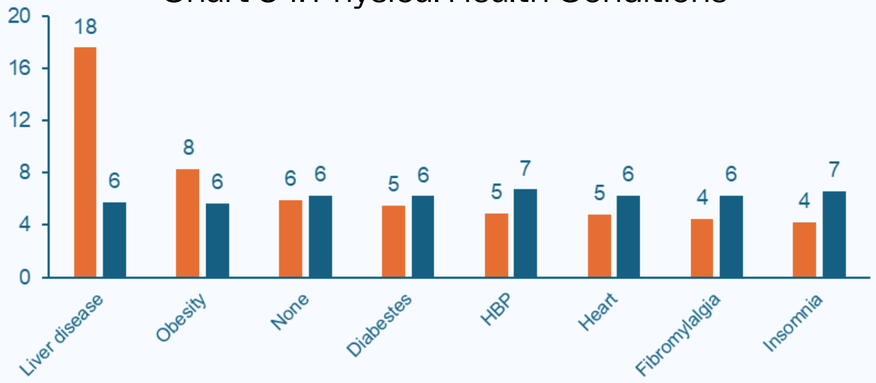
Chart 32: Self-Rated Physical Health

Chart 33: Sleep Issues



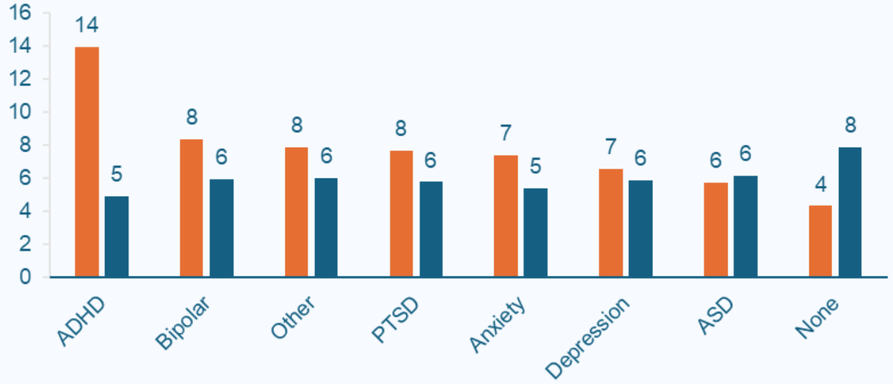
PGSI High Risk Rates (%)

Chart 34: Physical Health Conditions



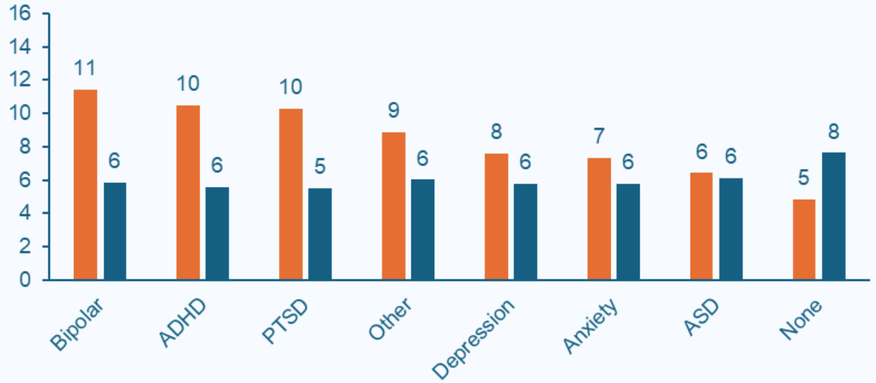
PGSI High Risk Rates (%)

Chart 35: Diagnosed Mental Health Conditions



PGSI High Risk Rates (%)

Chart 36: Undiagnosed Mental Health Conditions



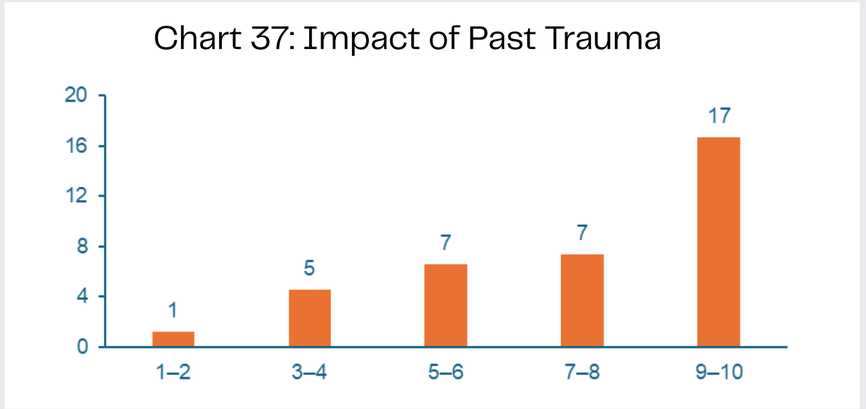
PGSI High Risk rates for gambling-related harm increase by 125% when the self-assessed impact of past traumatic events rises from a score of 7-8 to 9-10.

Chart 37 shows the relationship between the impact of past traumatic events and PGSI High Risk rates. There is a clear positive trend, with a notable jump between self-assessments of 7–8 and 9–10, where the rate increases by 125%.

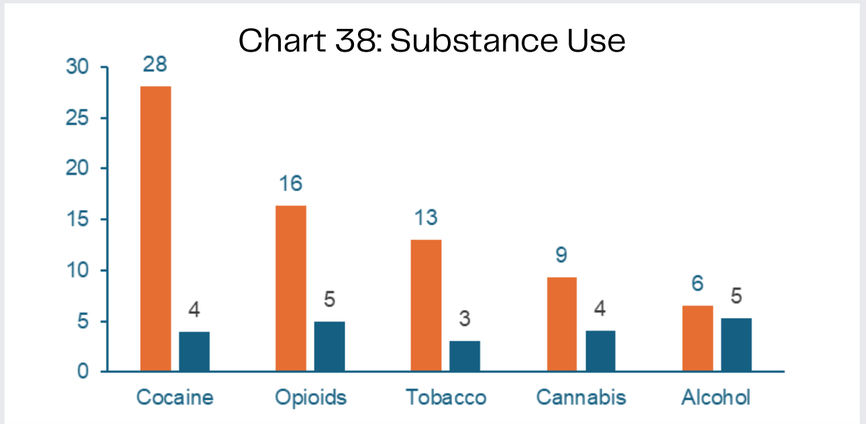
Chart 38 displays the relationship between the use of various substances and being assessed as High Risk for gambling-related harm. or gambling disorder. In all cases, individuals who report using these substances, even as infrequently as a few times a year, have elevated rates compared to individuals who do not consume these substances. All these differences are statistically significant, except for alcohol. This result is not entirely surprising, as occasional alcohol use (e.g., a few times per year) may not be strongly associated with gambling-related harm.

However, even among individuals who consume alcohol a few times a week, the difference in high-risk rates remains statistically insignificant. Interestingly, those who consume alcohol daily or several times a day report a high-risk rate that is lower than the sample average, a counterintuitive finding that may reflect limitations in the sample.

PGSI High Risk Rates (%)



PGSI High Risk Rates (%)



9.0: POLICY IMPLICATIONS

Investing in efforts to reduced gambling-related harm is important

The survey results highlight the importance of expanding efforts to address gambling-related harms in Oregon. Roughly one in seven adults reported experiencing negative consequences from their gambling in the past year, and about 3% may be struggling with Gambling Disorder. This disorder can have wide-ranging and devastating effects on a person's life. Individuals often face serious financial consequences, including mounting debt, depleted savings, or even bankruptcy. Relationships may also suffer, sometimes leading to estrangement from family and friends. Many individuals feel trapped in a cycle of loss, desperation, and only temporary relief through continued gambling. For these reasons, further investment in mitigating these harms should be treated as a public health priority.

Intervention strategies should include focused efforts to reach groups experiencing higher rates of gambling-related harm

Groups at higher risk of experiencing gambling-related harm include individuals with lower educational attainment, lower income, and younger age, as well as those reporting poor health, a history of trauma, or current use of substances such as opioids, stimulants, and cannabis. In addition, individuals who participate in multiple gambling activities and those engaged in sports-related wagering are also at higher risk.

From a policy perspective, prevention and intervention efforts should prioritize these populations by tailoring outreach, education, and treatment programs to their specific circumstances. This may include integrating gambling screening into substance use and mental health services, expanding access to affordable treatment options, and providing culturally and age-appropriate prevention campaigns.

Public education to address misconceptions about gambling and gambling-related harm

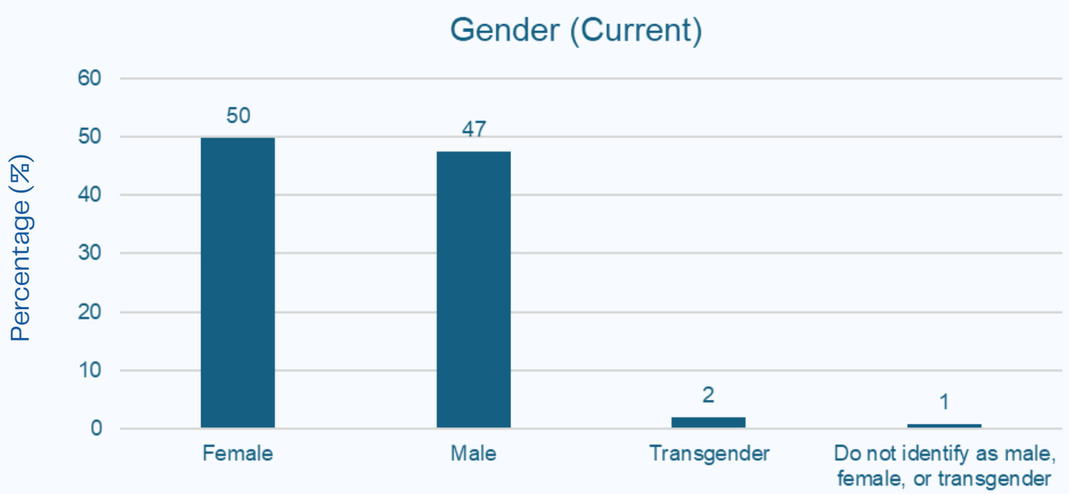
Public education can play a critical role in correcting misconceptions about gambling. Statewide awareness campaigns through television, radio, social media, and community outreach can highlight facts such as the odds of winning do not improve with continued play and that gambling addiction is a health condition, not a moral failing. Age-appropriate lessons can be incorporated into school health curricula to help youth understand concepts like odds, randomness, and risk. Community-based organizations can deliver culturally relevant messaging, while healthcare providers and counselors can be trained to educate patients and normalize help-seeking behaviors.

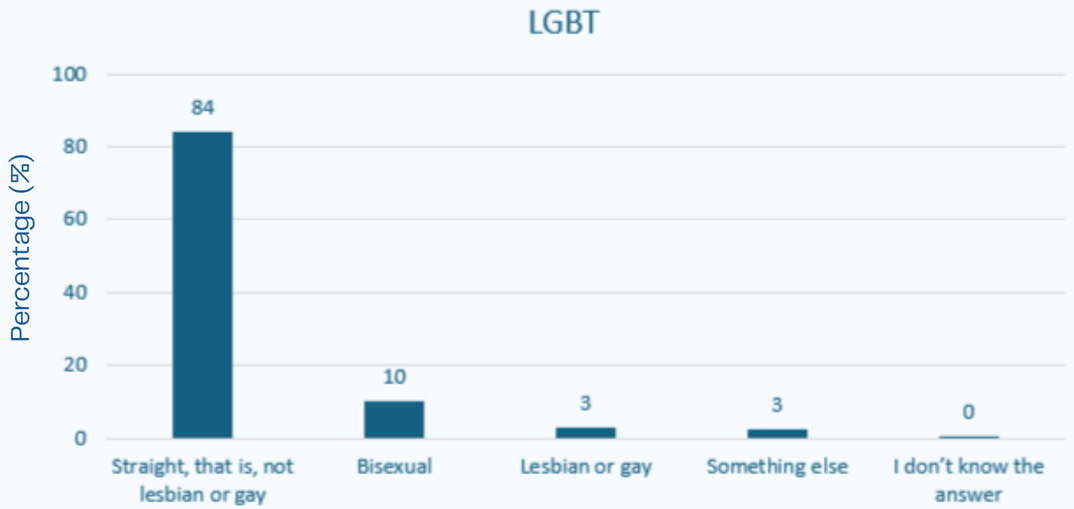
10.0: APPENDIX

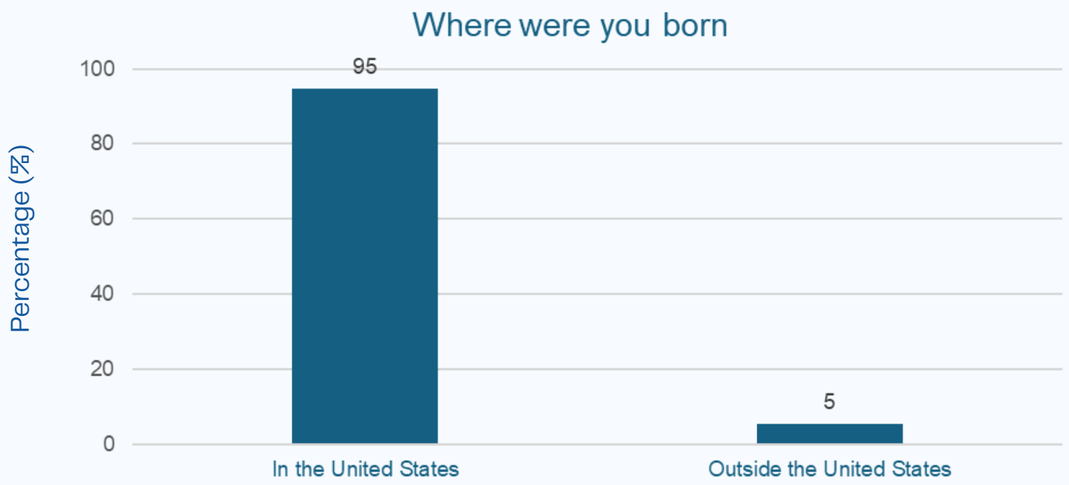
A. Demographics

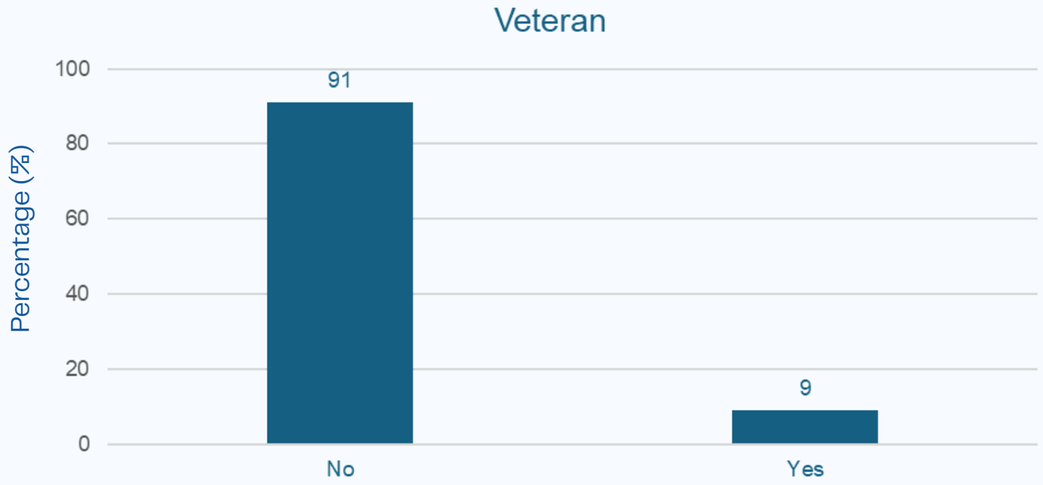
B. Survey

A. DEMOGRAPHICS









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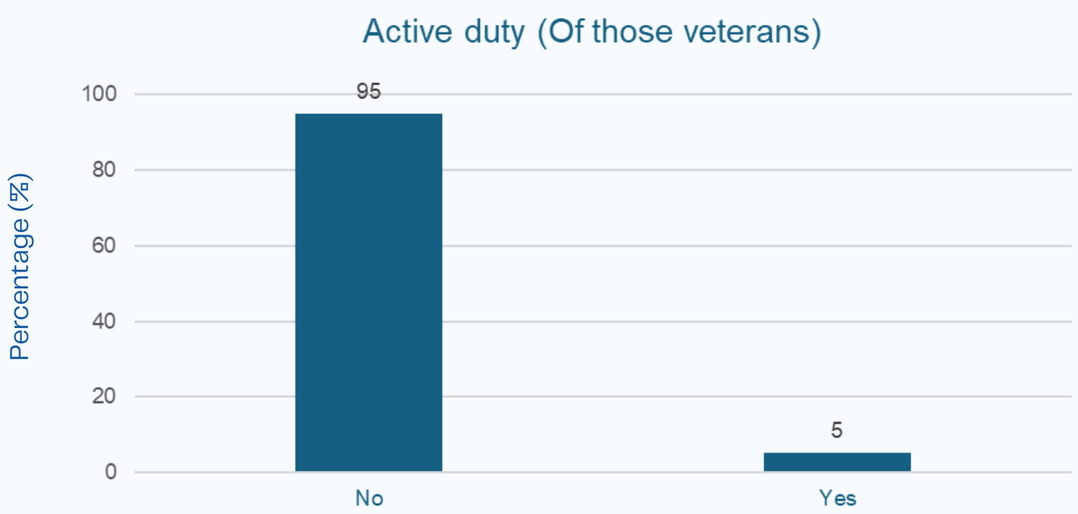

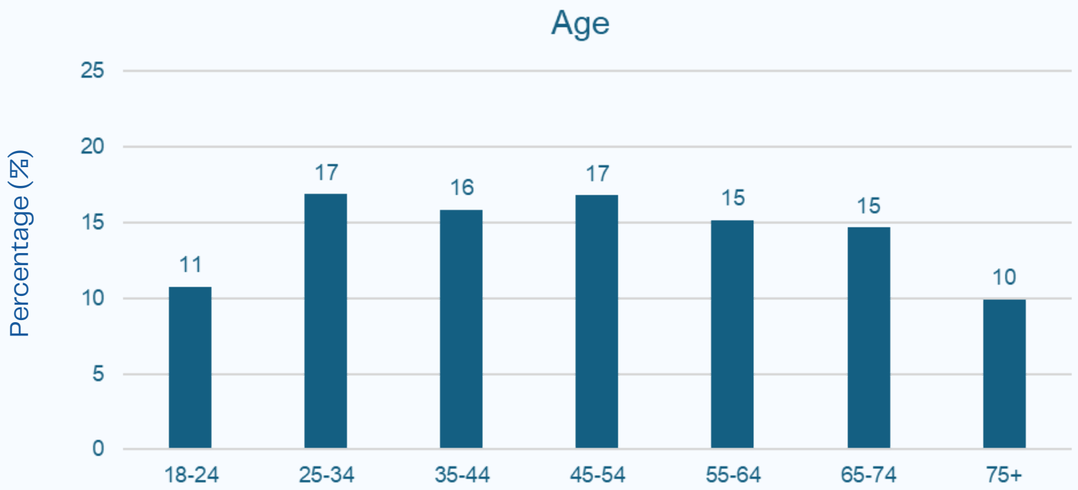

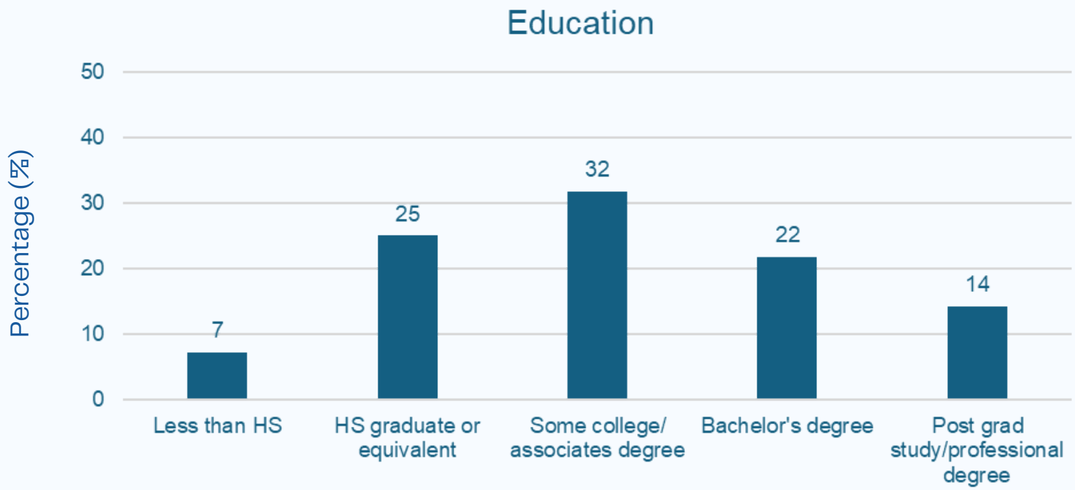

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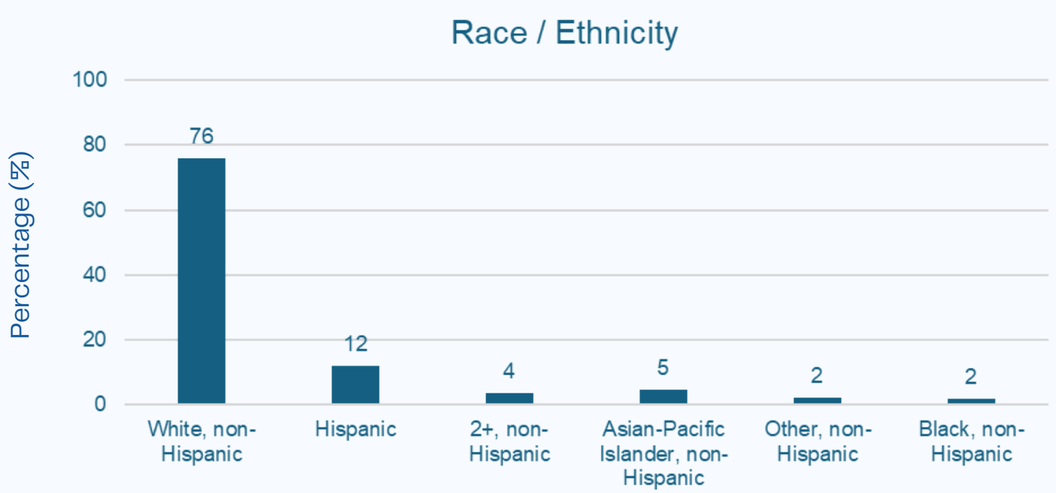

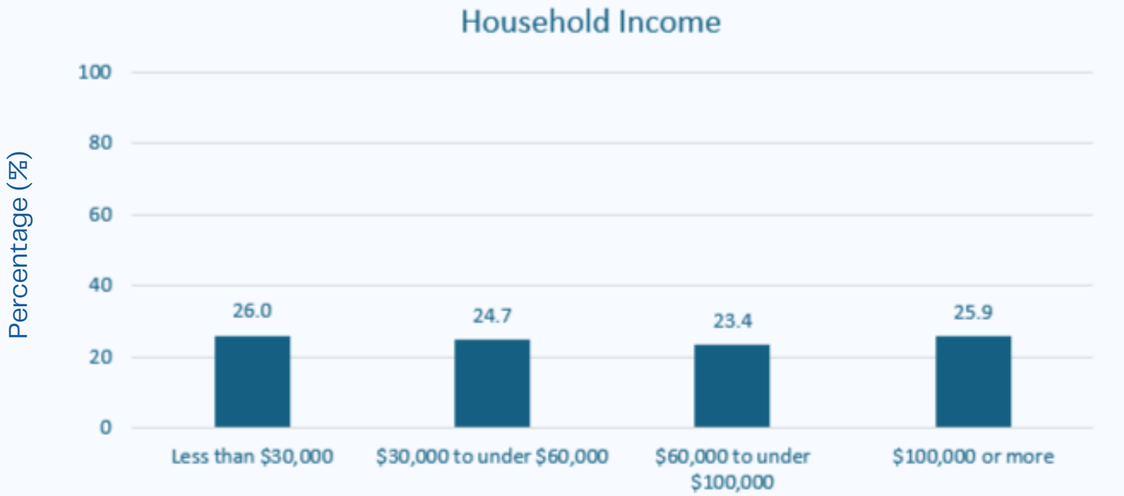

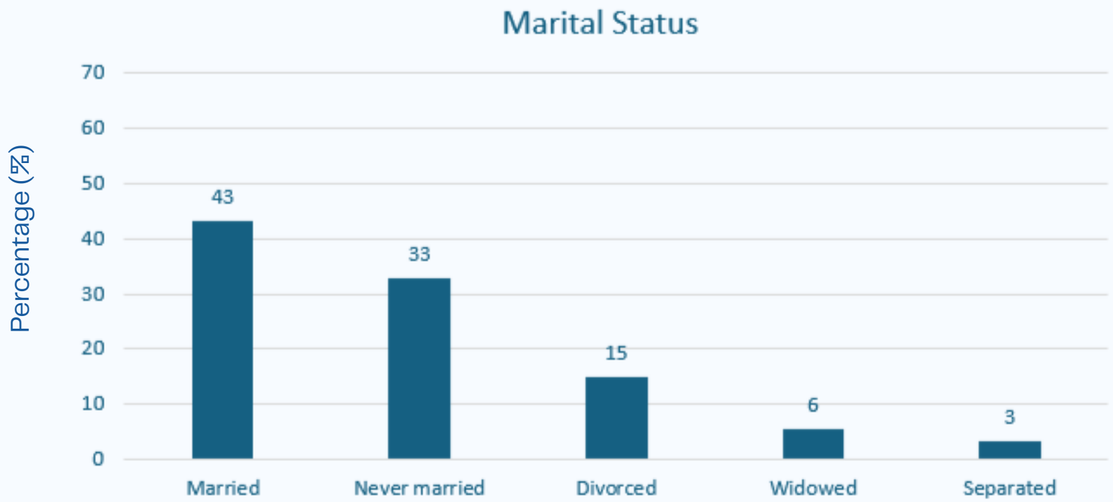

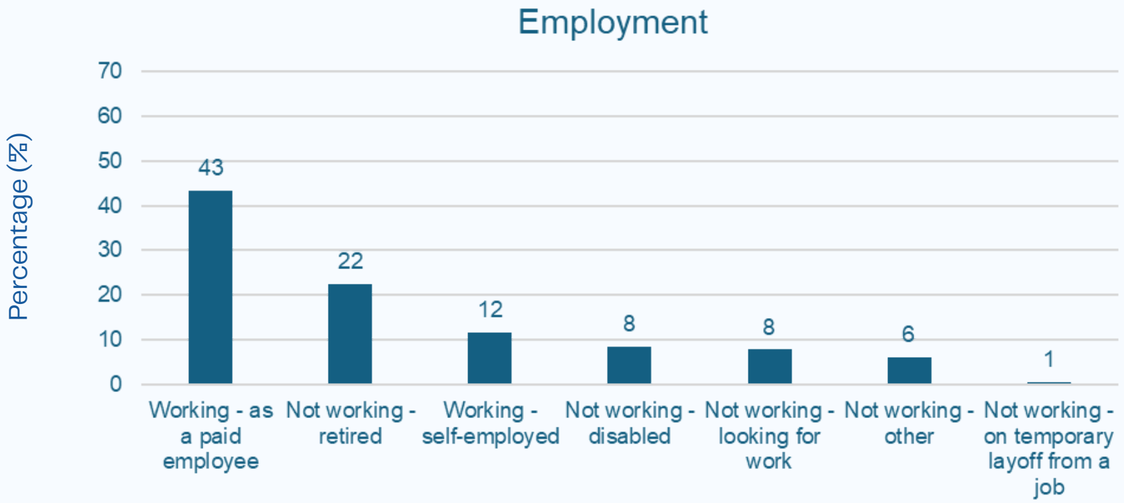

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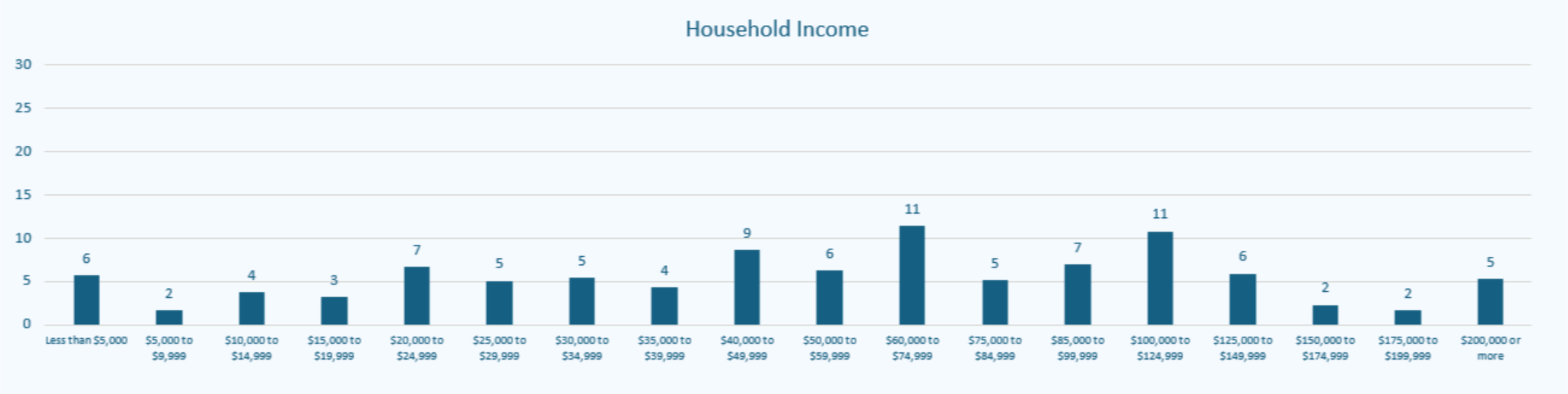

B. SURVEY

Survey Questions*
Oregon Gambling Prevalence and Attitudes 2024

Conducted for: Oregon Council on Problem Gambling
Conducted by: NORC at the University of Chicago
Sample Source: AmeriSpeak Probability-Based Panel and non-probability panel respondents, calibrated using TrueNorth
Sampled Population: Oregon adults age 18+
Date Fielded: 12/02/2024-12/24/2023

*Although primarily a web survey, this survey was dual-mode, and some respondents took the survey through a telephone interview. The following questionnaire has been simplified to represent just the web mode version. Telephone respondents might have heard slightly different response options more befitting their mode of data collection. AmeriSpeak's standardized introduction and thank you informational screens are not included below. Finally, this is a TrueNorth survey that included non-probability panelists. These non-probability panelists were asked a series of demographic profile questions that were not asked of AmeriSpeak panelists because that information was already on file. These demographic profile questions asked only of non-probability panelists are also not included here. At the end of the document, all of the demographic, socio-economic, and household profile measures that have been asked of AmeriSpeak respondents prior to the survey and included with the final delivered data are noted.

WINTRO_1.
Welcome to the Oregon Health, Gambling, and Attitudes Survey! This survey is being conducted by the Oregon Gambling Research Center, affiliated with the Oregon Council on Problem Gambling. We are interested in learning about Oregonians' health, the ways they gamble, and how issues related to gambling might affect them, whether they gamble or not.

There will be a link to resources at the end of the survey.

To help protect the privacy of participants in our panel, AmeriSpeak has obtained a Certificate of Confidentiality covering the AmeriSpeak Panel. This information is available to panelists publicly at: https://www.amerispeak.org/privacy

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Physical Health, Mental Health

GENDER_CURRENT.
How do you describe yourself?

RESPONSE OPTIONS:
1. Male
2. Female
3. Transgender
4. Do not identify as male, female, or transgender

GENDER_BIRTH.
What sex were you assigned at birth on your original birth certificate?

RESPONSE OPTIONS:
1. Male
2. Female

DISPLAY_HEALTH.
In this section, we'd like to hear about your health over the past year.

HEALTH1.
During the past 12 months, how would you rate your physical health?

RESPONSE OPTIONS:
01 Excellent
02 Very Good
03 Good
04 Fair

05 Poor

HEALTH2.
During the past 30 days, how often have you experienced difficulty falling asleep, remaining asleep throughout the night, waking up pre-maturely in the morning, or oversleeping? (excluding sleep issues that are typical or minor sleep difficulties)

RESPONSE OPTIONS:
01 Not at all
02 Several days
03 More than half the days
04 Nearly every day

HEALTH3.
During the past 12 months, how often did you use each of the following:

GRID ITEMS, RANDOMIZE:
A. Alcohol
B. Tobacco/nicotine (including vaping, dips, etc.)
C. Cannabis
D. Opioids
E. Cocaine, methamphetamine, other stimulants

RESPONSE OPTIONS:
01 Never/Almost Never
02 A few times a year
03 A few times a month
04 Once a week
05 A few times a week
06 Daily/Almost daily
07 Several times a day

HEALTH4.
Have any of the following reasons caused you to delay seeking professional healthcare when you felt it was needed?

Please select all that apply.

RESPONSE OPTIONS, RANDOMIZE:
01 Cost concerns
02 Lack of time

B. SURVEY

03 Fear or anxiety about treatment
04 Difficulty accessing healthcare services
05 Not believing the issue was serious enough
06 Lack of trust in healthcare providers
07 Other (please specify) [TEXTBOX] [ANCHOR]
08 None (I have never delayed seeking professional healthcare)[ANCHOR][SP]

HEALTH5.
Have you ever been diagnosed by a healthcare professional with any of the following physical health conditions?

Please select all that apply.

RESPONSE OPTIONS, RANDOMIZE:
01 High blood pressure
02 Obesity
03 Insomnia/other sleep disorders
04 Diabetes
05 Liver disease
06 Fibromyalgia/other chronic pain
07 Cardiovascular problems/Heart condition
08 None of the above[ANCHOR][SP]

HEALTH6.
On a scale of 1 to 10, how much do you feel past traumatic events still affect you today?

RESPONSE OPTIONS:
01 1 = Not at all
02 2
03 3
04 4
05 5
06 6
07 7
08 8
09 9
10 10 = Extremely affected
11 Not Applicable

Need help? Click here for resources.

HEALTH7.

Have you ever been diagnosed by a healthcare professional with an intellectual or developmental disability?

RESPONE OPTIONS:
01 Yes
02 No

Need help? Click here for resources.

HEALTH8.
Have you ever been diagnosed by a healthcare professional with any of the following mental health conditions?

Please select all that apply.

RESPONSE OPTIONS, RANDOMIZE:
01 Depression
02 Anxiety
03 PTSD (Post-Traumatic Stress Disorder)
04 ADHD (Attention Deficit Hyperactivity Disorder)
05 ASD (Autism Spectrum Disorder)
06 Bipolar Disorder
07 Another condition not listed here[ANCHOR]
08 None of the above[ANCHOR][SP]

Need help? Click here for resources.

HEALTH9.
If you *have not been diagnosed* by a healthcare professional, do you have reason to believe you may have any of the following mental health conditions?

Please select all that apply.

RESPONSE OPTIONS, RANDOMIZE IN SAME ORDER AS HEALTH8:
01 Depression
02 Anxiety
03 PTSD (Post-Traumatic Stress Disorder)
04 ADHD (Attention Deficit Hyperactivity Disorder)
05 ASD (Autism Spectrum Disorder)
06 Bipolar Disorder
07 Another condition not listed here[ANCHOR]
08 None of the above[ANCHOR][SP]

Need help? Click here for resources.

Social Gaming

DISPLAY_SOCIAL.
Gambling is defined as placing a bet or something of value on an uncertain event with the goal of winning something else of value. This section focuses on your non-gambling gaming activities. This could include video games played on consoles, computers, portable gaming devices (like the Nintendo Switch, PSP, or Gameboy), or mobile phone games such as Candy Crush, Pokémon GO, or Clash of Clans. While some of these games may feature gambling-like elements (e.g., loot boxes), we refer to them here as social gaming.

SOCIAL1.
During the past 12 months, approximately how often did you play any type of games on computer tablet, game console, mobile phone, portable gaming device or other similar device (not gambling for money)?

RESPONSE OPTIONS:
01 Never/Almost Never
02 A few times a year
03 A few times a month
04 Once a week
05 A few times a week
06 Daily/Almost daily
07 Several times a day

SOCIAL2.
In a typical month, approximately what amount of money do you spend purchasing games, points, tokens, virtual goods or accessories to increase levels within games on a computer, tablet, gaming console, mobile phone, portable gaming device or other similar device?

$[NUMBOX, RANGE 0-9999]

Gambling Behaviors

DISPLAY_BEHAVIORS.
The next set of questions asks about your gambling. We define gambling as wagering something of value on an event with an uncertain outcome with the intent of winning something else of value.

"Something of value" can refer to money, goods, services, time, or anything else that holds personal worth or significance, such as placing bets with cash, exchanging personal belongings, wagering time or favors, or even virtual items like in-game currency or assets.

B. SURVEY

BEHAVIOR1.
Thinking back throughout your life, if you have ever gambled, how old were you when you first gambled?

[NUMBOX]
I have never gambled.[SP]

BEHAVIOR2.
In a typical month, approximately how much money do you allocate for all the types of gambling you engage in? This includes situations where you might win on some days and lose on others, but overall, what is the typical amount you expect to spend in a month?

$[NUMBOX, RANGE 0-99999]

BEHAVIOR3.
During the past 12 months, how often did you bet or spend money on the following types of gambling activities:

GRID ITEMS:
A. Sports betting on Draft Kings app
B. Sports betting on another app
C. Sportsbook at a casino
D. Offshore sports betting
E. Bets on fantasy sports teams on website platforms or specific fantasy sports apps (e.g., ESPN, Yahoo!)
F. Bets on fantasy sports teams within sports betting app(s)
G. Horse, dog, or other animal races or contests
H. Video Lottery Terminals (VLT)/slot machines at a bar or restaurant (Oregon Video Lottery)
I. Slot machines in a casino or Indian gaming center
J. Slot machines online
K. Bowling, pool, golf, or other game of skill for money
L. Dice games not at a casino or Indian Gaming Center
M. Day trading in stocks, bonds, commodities, and similar financial products (other than regular, planned long-term investments)
N. Cryptocurrencies (e.g., Bitcoin and Dogecoin) and NFTs
O. Oregon Lottery Draw games (including Lucky Lines, Mega Millions, Megabucks, Pick 4, Power Ball, Win for Life, Oregon Lottery Raffles)
P. Oregon Lottery Scratch-its
Q. Keno at an Oregon Lottery retailer
R. Keno in a casino
S. Casino (outside of Oregon)
T. Bingo in a non-Indian bingo hall

U. Charitable games such as raffles, casino nights, other small stake games apart from bingo
V. Other type of gambling

RESPONSE OPTIONS:
01 Most days
02 About once a week
03 About once a month
04 A few times a year
05 Once a year or less
06 Never/almost never

[SHOW IF ANY BEHAVIOR3A THRU BEHAVIOR3D=1,2,3,4,5]
BEHAVIOR4.
What percentage of your total wagering is placed on Live (in-play/in-game) bets?

RESPONSE OPTIONS:
01 0% (None)
02 1-25%
03 26-75%
04 76-100%

BEHAVIOR5.
Which of these best describes the most common reason why you gamble?

RESPONSE OPTIONS, RANDOMIZE:
01 To socialize with friends/family
02 To be alone, away from everyone
03 To win money
04 For the excitement or as a challenge
05 As a distraction from everyday problems
06 Other: [TEXTBOX][ANCHOR]
07 Does not apply to me/I never gamble [SP][ANCHOR]

Gambling Attitudes

DISPLAY_ATTITUDES.
Now we'd like to ask you some questions about your beliefs and values related to gambling. Please answer these questions whether you gamble or not.

ATTITUDES1.
To what degree do you agree or disagree with each of the following statements?

GRID ITEMS, RANDOMIZE ACROSS SCREENS AND RECORD ORDER:
A. Gambling is a fun and harmless form of entertainment.
B. The more you gamble, the better your odds are of coming out ahead.
C. When you almost win, it's a good sign that you are due to win soon.
D. If you keep gambling, your luck will change and you will win back the money you have lost.
E. I am concerned about potential negative impacts from increased exposure to gambling ads and promotions.
F. Treatment for gambling problems is effective at helping people stop or control their gambling.
G. I know how to recognize the signs that someone may have a gambling problem.
H. Gambling problems can be prevented through education and awareness.
I. Gambling addiction is a medical problem.
J. Gambling addiction is caused by a lack of willpower.
K. Gambling addiction is a moral failing.
L. Gambling addiction is a lot like addiction to drugs or alcohol.
M. Free services to treat problem gambling are available in my community.
N. If someone close to me had a gambling problem, I would know how to get help for them.
O. I have personally been negatively affected by the gambling behaviors of a friend, family member, coworker, or someone else I know.
P. I would be embarrassed if a family member needed help for a gambling problem.

RESPONSE OPTIONS:
01 Strongly Agree
02 Agree
03 Neutral
04 Disagree
05 Strongly Disagree

PGSI Screener

DISPLAY_PGSI.
This next section asks you to think about your gambling over the past 12 months. It is important that you answer all questions in this section, as they all need to be completed in order to register your response.

PGSI1.
During the past 12 months, how often have you bet more than you could really afford to lose?

RESPONSE OPTIONS:

B. SURVEY

01 Never
02 Sometimes
03 Most of the time
04 Almost Always

PGSI2.
Still thinking of the past 12 months, how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time
04 Almost Always

PGSI3.
Have you gone back on another day to try to win back the money you lost?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time
04 Almost Always

PGSI4.
Have you borrowed money or sold anything to gamble?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time
04 Almost Always

PGSI5.
Have you felt that you might have a problem with gambling?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time

04 Almost Always

PGSI6.
Have people criticized your betting or told you that you had a gambling problem, whether or not you thought it was true?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time
04 Almost Always

PGSI7.
Have you felt guilty about the way you gamble or what happens when you gamble?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time
04 Almost Always

PGSI8.
Has gambling caused you any health problems, including stress or anxiety?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time
04 Almost Always

PGSI9.
Has your gambling caused any financial problems for you or your household?

RESPONSE OPTIONS:
01 Never
02 Sometimes
03 Most of the time
04 Almost Always

Awareness and Resources

DISPLAY_RESOURCES1.
This next section asks you about the information you may have received and your awareness of resources for gambling problems.

RESOURCES1.
Have you received information about gambling from or discussed gambling issues with any of the following people?

GRID ITEMS, RANDOMIZE AND RECORD ORDER ACROSS SCREENS:
A. Parent or guardian
B. Other family member
C. Teacher/Professor
D. School Counselor
E. Spiritual Leader
F. Employer
G. Healthcare Provider (Doctor, Nurse, Clinician)
H. Mental Health Provider
I. Friend/Peer

RESPONSE OPTIONS:
01 No/Never[SP]
02 Yes, in the past 12 months
03 Yes, more than 12 months ago

RESOURCES2.
If you or a person you cared about needed help for an issue with gambling, how would you find help for them?

[MEDIUM TEXTBOX]

Demographics

DISPLAY_DEMOS.
Finally, we are going to ask you some questions about yourself.

DURATION.

B. SURVEY

How many years have you lived in Oregon? If less than one year, enter 0.

[NUMBOX, RANGE 0-120]

LGBT.
The next question is about sexual orientation. Which of the following best represents how you think of yourself?

RESPONSE OPTIONS:
01 Lesbian or gay
02 Straight, that is, not lesbian or gay
03 Bisexual
04 Something else
05 I don't know the answer

C1.
Where were you born?

RESPONE OPTIONS:
01 In the United States
02 Outside the United States – Please specify country where you were born: [TEXTBOX]

DEBT.
During the past year, has debt affected your ability to meet your personal/family financial needs?

RESPONE OPTIONS:
01 Yes
02 No

VETERAN.
Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the US or in a foreign country, in support of military or humanitarian operations.

RESPONE OPTIONS:
01 Yes
02 No

VETERAN2.
Are you currently on active duty in the U.S Armed Forces, military Reserves, or National Guard?

RESPONE OPTIONS:
01 Yes
02 No

Demographic Profile:
Additional questions asked of panelists prior to this survey and are included in the survey data

Variable	Values
Age	Age in years
Age (7 categories)	1 = 18-24; 2 = 25-34; 3 = 35-44; 4 = 45-54; 5 = 55-64; 6 = 65-74; 7 = 75+
Age (4 categories)	1 = 18-29; 2 = 30-44; 3 = 45-59; 4 = 60+
Education (5 categories)	1 = Less than HS
	2 = HS graduate
	3 = Some college/associates degree
	4 = Bachelor's degree
	5 = Post grad study/professional degree
Race/Ethnicity	1 = White, Non-Hispanic
	2 = Black, Non-Hispanic
	3 = Other, Non-Hispanic
	4 = Hispanic
	5 = 2+ races, Non-Hispanic
	6 = Asian/Pacific Islander, Non-Hispanic
Household Income (18 categories)	1 = Less than $5,000 2 = $5,000 to $9,999
	3 = $10,000 to $14,999 4 = $15,000 to $19,999
	5 = $20,000 to $24,999 6 = $25,000 to $29,999
	7 = $30,000 to $34,999 8 = $35,000 to $39,999
	9 = $40,000 to $49,999 10 = $50,000 to $59,999
	11 = $60,000 to $74,999 12 = $75,000 to $84,999
	13 = $85,000 to $99,999 14 = $100,000 to $124,999
	15 = $125,000 to $149,999 16 = $150,000 to $174,999
	17 = $175,000 to $199,999 18 = $200,000 or more
Household Income (9 categories)	1 = Less than $10,000
	2 = $10,000 to $19,999
	3 = $20,000 to $29,999
	4 = $30,000 to $39,999
	5 = $40,000 to $49,999
	6 = $50,000 to $74,999
	7 = $75,000 to $99,999
	8 = $100,000 to $149,999
	9 = $150,000 or more
Household Income (4 categories)	1 = Less than $30,000
	2 = $30,000 to $59,999
	3 = $60,000 to $99,999
	4 = $100,000 or more
Marital Status	1 = Married
	2 = Widowed
	3 = Divorced
	4 = Separated
	5 = Never married
Metropolitan Statistical Area Status	0 = Non-Metro
	1 = Metro (as defined US OMB Core-Based Statistical Area)
Region 4 (US Census)	1 = Northeast
	2 = Midwest

B. SURVEY

[A053] OCPG_Oregon Gambling_vFINALsimple

Variable	Values
	3 = South
	4 = West
Region 9 (US Census)	1 = New England
	2 = Mid-Atlantic
	3 = East-North Central
	4 = West-North Central
	5 = South Atlantic
	6 = East-South Central
	7 = West-South Central
	8 = Mountain
	9 = Pacific
State	State of residence
Current Employment Status	1 = Working - as a paid employee
	2 = Working - self-employed
	3 = Not working - on temporary layoff from a job
	4 = Not working - looking for work
	5 = Not working – retired
	6 = Not working – disabled
	7 = Not working – other
Zip code	Zip code of residence