



## **Gambling Prevention and Research: From Legislation to Action** **1.-2.3.2005 Lausanne**

### **Early Detection in casinos – A new Instrument for the casino staff**

#### **Prof. Jörg Häfeli**

Lecturer at the University of Applied Sciences, social school Lucerne, Switzerland.

He is projectleader from the Swiss Institute for Responsible Gambling. Since 5 years he counsels casinos in implementing Responsible Gambling programmes. Furthermore he is responsible for Gambling Research and training programs for casino staff.

#### **Lic. phil. Caroline Schneider**

Researcher at the University of Applied Sciences, social school Lucerne, Switzerland. Her main focus is early detection of problem gamblers.

## “Early detection in Casinos – a new screening-instrument for casino staff”

### Slide 1

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### The early detection of problem gamblers in the casino

- Basic principles
- A new screening instrument (ID-Ps)

Research project by the University of Applied Sciences HSA Lucerne

Jörg Häfeli  
Caroline Schneider




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In the first part of our presentation I will be considering the theory that lies behind the term “early detection”, and explaining it in relation to its implementation in Swiss casinos. In the main body of our presentation, Caroline Schneider will then be presenting the screening instrument we have developed for the detection of problem gamblers in casinos.


### Slide 2

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### Early detection

The interface between prevention and treatment



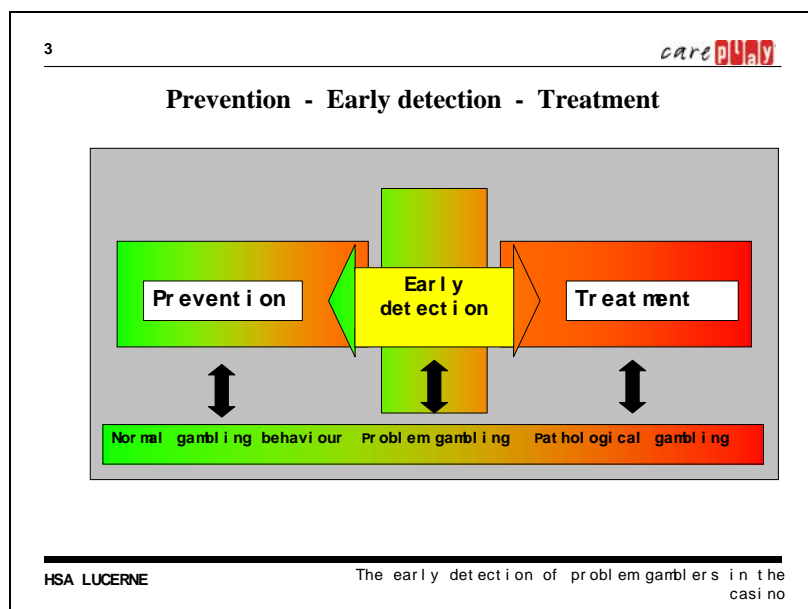
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How does early detection fit into prevention theory?

The latest theoretical thinking in the field of prevention views early detection as a transitive stage between prevention and treatment. Early detection resides in the continuum between prevention and treatment.

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**Prevention** aims to stop a behavioural disorder before it has even started. It is used in situations where no problems have yet arisen. **Early detection** aims to spot the onset of a behavioural disorder. Finally, **treatment** aims to find a solution to an existing problem.

As the term makes clear, early detection aims to spot a potential problem – in our case problem gambling – in its early stages. Problem gambling is already a problem from day one. Early detection aims to counter a worsening of the situation by enabling early intervention, thereby preventing the problem gambler from becoming a pathological gambler.

This is easy to describe, but in practice the process is a veritable challenge.

## Slide 4

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**Instruments used in early detection**

- The systematisation, by means of criteria, of the monitoring of problem gamblers
  - Screening (checklist)
- The systematisation of the interaction between the monitors
  - Briefing/reporting, electronic documentation tools
- Introduction of early interventions
  - Networking with local treatment services

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The instruments used in early detection can be seen as operating on three different levels:

1. The systematisation, by means of criteria, of the monitoring of guests at risk of gambling addiction.

To do this, the casino operators need a tried and proven screening instrument. This should be based on scientific principles.

2. The systematisation, by means of the observations made, of the interaction between those monitoring the early detection system (i.e. the casino personnel).

This requires operational communication structures, in the form of briefings, debriefings and electronic documentation tools.

3. The introduction of early interventions: subsequent courses of action should be clear to all those monitoring the early detection system.

An important prerequisite here is a good and binding networking with local specialist treatment services.

Alongside these general organisational conditions, laws have a major impact on the implementation of early detection measures:

*Slide 5*

5 carePLAY

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**Basic legal framework:**

❖ **Federal Law on Games of Chance and Casinos** (rev. VSBG dated 1.11.04)

- The casino must establish a checklist of monitoring criteria, by means of which gamblers at risk of gambling addiction can be detected.
- On the basis of these criteria, the casino must then take appropriate action.
- The casino is obliged to log what it has monitored and the early detection measures taken.

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Casinos in Switzerland are obliged by law to take certain measures. The revised Federal Law on Games of Chance and Casinos explains in greater detail the requirements in terms of social protection. In accordance with article 38 ff. of the revised Federal Law on Games of Chance and Casinos:

- The casino is obliged to establish a checklist of monitoring criteria, by means of which gamblers at risk of gambling addiction can be detected.
- On the basis of these criteria, the casino must then take appropriate measures.
- The casino is obliged to log what it has monitored and the early detection measures it has taken.

### *Slide 6: Introduction*

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**Developing a screening instrument for the early detection of problem gamblers (ID-PS)**

- Initial position
- Data-gathering
- Evaluation
- Establishing the ID-Ps
- Using the screening instrument as part of a casino's early detection process

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The early detection of problem gamblers in the casino

I will now present to you the screening instrument used to identify problem gamblers in the casino, which we are calling the “ID-Ps”. I will be describing in some detail both the individual phases of its development, as well as the screening instrument itself. I will follow this by showing you where, in the whole process of early detection, this new screening instrument should be used.

### *Slide 7: Initial position*

The revised Federal Law on Games of Chance and Casinos came into force on 1 November 2004. A major part of the revision concerns the area of social protection. As we have just heard, a checklist is being called for in the form of monitoring criteria that will enable the detection of problem gamblers.

In the field of **research** we have so far found no empirical studies looking into the validity and reliability of behavioural characteristics of problem gamblers.

All we found was a survey of Australian experts, carried out by the Australian Gambling Council in 2002. It asked renowned experts about the possible signals that could identify a problem gambler. The experts' responses were, however, not empirically validated.

This, then, was the situation when we started our research. We set ourselves the goal of providing casinos with a scientifically validated instrument that would detect problem gamblers.

This research project has been financed by the three “Grand Casinos” of Baden, Bern and Lucerne, the international casino corporation Casinos Austria International and the University of Applied Sciences Central Switzerland.

**Slide 8: Developing a screening instrument**

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**Conducting guided interviews**

- Problem gamblers (N=28)
- Experts (casino personnel) (N=23)
- Regular guests (N=7)

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To be able to arrive at a catalogue of criteria that describe all the different behavioural characteristics of a problem gambler, we conducted guided interviews using a variety of focus groups.

The main job of the guides was to help turn the interview in a different direction if ever the discussion started stagnating or a particular theme was not found to be particularly productive. This aside, the idea was to allow the interviewees to develop their own lines of thought.

- ✚ The first group to be interviewed contained the problem gamblers; it comprised either former problem gamblers or those currently still active. We recruited the candidates using advisory services that explicitly offer gambling addiction support (either by providing advice or by organising self-help groups). We found six advisory services that were able to persuade their clients to voluntarily take part in our project. Our third and final strategy in respect of recruiting problem gamblers consisted of approaching individuals who had been barred from gambling at one of the three casinos

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taking part in this research project. As a result, we were able to interview 28 problem gamblers of both sexes. The ideal case scenario consisted of conducting face-to-face interviews with the candidates. Some of the problem gamblers, who preferred to remain anonymous, were interviewed by telephone.

- ✚ The next group contained what we termed the experts, i.e. the casino personnel. We talked to casino employees who work at the tables and those working with the slot machines. We made sure that we interviewed people on all levels of the organisation (i.e. casino assistants/croupiers, shift managers, cash desk managers and supervisors, all the way to staff working in the technical and security departments and those in charge of the social concept dimensions), and with differing amounts of casino experience. We were able to conduct 23 individual interviews.
  
- ✚ The final group to be interviewed comprised regular guests, i.e. casino patrons who gambled on a regular basis. This group served as our control group, against which we could compare the problem gamblers. It enabled us to generate hypotheses with regard to the differences between problem gamblers and guests who simply gamble regularly. Using DSM-IV criteria\*, every regular guest was tested at the end of the interview for possible gambling addiction problems. None of the seven interviewees showed any signs of problematic gambling.

\* *DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, fourth edition, published by the American Psychiatric Association.*

### *Slide 9: Evaluating the interviews*

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**Evaluating the guided interviews**

1. Compiling the interviews
2. Grouping the themes
3. Creating evaluation categories and developing coding paradigms
4. Classifying and coding each interview
5. Quantified compilation of the results

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The evaluation strategy can be split into five steps, as follows:

- ✚ **The first step** began with the compilation of the 58 interviews and an intensive read-through of the material.
- ✚ **The second step** consisted of noting the themes emanating from each individual interview transcript, together with other aspects that came out of the survey. During this process of reading and noting, we felt it important not to single out those passages that could support our theoretical pre-conceptions, but to try to remain as neutral and objective as possible.
- ✚ **The third step** consisted of grouping, into evaluation categories, the themes that had been identified. These formed the basis for the coding paradigms. The categories and their characteristics were singled out during this process, more selectively formulated or once again removed from the coding paradigms. This should be seen as a circular process of refinement.
- ✚ **The fourth step:** the coding paradigms allowed us to classify each individual interview by assigning the material to the evaluation categories.
- ✚ **The final step** consisted of making a quantified compilation of the results of this coding. The frequencies of each evaluation category were calculated. This resulted in

a good overview of the distribution of the categories. Contingency tables such as these indicate possible relationships and form the basis for initial hypotheses.

*Slide 10: Creating the screening instrument*

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**Requirements when formulating the items**

- Simple and short
- Concrete and closely related to the behaviour
- Clear, unambiguous and explicit
- One single idea per item

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The next step consisted of formulating “items” from the categories. The formulation of the items had to take on board certain requirements; the items had to be:

- **as simple and concise as possible:** the formulation’s main imperative is simplicity. Items have to be as short as possible, i.e. using as few words as possible;
- **concrete and closely related to the behaviour:** the closer an item can describe an actual example of behaviour, the greater the chance it will not give rise to any arbitrary interpretations. For example, it would be wrong to state: “Guest exhibiting aggressive behaviour”. A better formulation would be: “Guest punching slot machine”. Formulations capable of supporting more than one interpretation have to be avoided;
- **clear, unambiguous and explicit:** technical terms have to be avoided, as do foreign words, complex sentences and usages, double-meanings and terms capable of several interpretations. For example, it would be wrong to state: “Guest exhibiting signs of tolerance dependence”, because one cannot assume that the casino staff know what tolerance dependency is;
- **One single idea per item:** each item may describe only one mode of behaviour. For example, it would be wrong to state: “Guest showing signs of gambling for longer,


visiting more frequently and placing higher bets”: here, three items would have to be formulated, one per observable activity.

Now, what form does the screening instrument take? (See ID-PS attached at the end of this text). The ID-PS consists of 39 items, which are assigned to six different ordinate categories. Most of the items require the responses “applicable” or “not applicable”. Only the frequency of visits, duration of stays and height of bets allow for a variation of response. The six ordinate categories consist of:

- ✚ **Frequency of visits and duration of visits:** based upon the interviews and the available research literature, these two items are seen as very strong predictors of pathological gambling behaviour. Problem gamblers on average visit the casino far more often than regular guests, and spend significantly more time there.
- ✚ **Raising the funds:** this ordinate category comprises five items that describe the various strategies gamblers adopt to raise the funds. Examples of this include: “Guest borrows money from other guests”, “Guest tries to sell objects of value”, or “Guest repeatedly asks for travel loans”. Our evaluations show that this category is very useful in the distinction between problem gamblers and non-problematic, regular gamblers.
- ✚ **Betting behaviour:** this ordinate category describes the amounts of the bets, the betting behaviour and the guest’s acceptance of risk. “Chasing” comes under this category (via the items: “Guest immediately bets winnings” and “Guests risks winnings”). Chasing is unquestionably a very strong indicator of pathological gambling.
- ✚ **Social behaviour:** this ordinate category comprises four items. The hypothesis behind it is that non-problematic gamblers enjoy the social aspects of their casino visit alongside the gambling, whereas the gambling addiction of problem gamblers makes their social behaviour increasingly more noticeable: they tend to withdraw, avoid contact and focus entirely on the game.
- ✚ **(Betting) behaviour and reactions while gambling:** this ordinate category comprises various facets connected with gambling. The items describe aggressive behaviour, smoking behaviour, nervousness, alcohol consumption, reactions when winning,

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personification of the slot machines, compulsive gambling, complaints about losing and placing bets too late. We were not able to avoid specifically referring to the slot machines or the gaming tables, the reason being that similar behaviour is expressed in different ways in those two environments.

 **Outward appearance:** this ordinate category describes the neglect of personal hygiene (strong body odour, greasy hair, etc.).

Alongside the above, the casino staff are given the opportunity to report other factors they have observed, but that are not in the ID-Ps.

### **The next step**

The ID-Ps is now undergoing a validation phase. The plan is to incorporate this screening instrument in the early detection processes of the three casinos participating in this project. Validation means testing the screening instrument for its suitability using scientific methods, in other words, to see whether the instrument correctly classifies the guests according to the two categories, problem gamblers and non-problem gamblers. It will then become clear which items can be removed from the ID-Ps, on the basis that they provide no significant contribution to the differentiation between the two groups.

Through the validation process, the ID-Ps gains scientific support that is tried and proven. It will then become clear which criteria are best at indicating problem gambling, and how many categories it takes to do so.

The validation phase will take a year or so to complete.

In the end, we will be in a position to submit a unique, tried and proven and scientifically tested instrument that helps in the early detection of problem gamblers in casinos.

**Slide 11: The early detection process in the casino**

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**Report sheet A**

**Instructions**

*If one or more A criteria apply, the guest should be spoken to immediately.*

| Declarations by the guest  |   |
|--|---|
| 1. Guest declares himself/herself to be in debt                                    | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |
| 2. Guest declares that he/she can no longer control his/her gambling habit.        | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |
| 3. Guest declares that his/her gambling habit is causing problems at home or work. | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |

| Indications by third parties  |   |
|---|---|
| 4. Third parties (family members, partners, colleagues or employers) contact the casino to express concerns about the guest's gambling habit. | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |
| 5. Other guests express concerns to the casino staff about the guest's gambling habit.  | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |

| Raising the funds                        |   |
|--|---|
| 6. Guest tries to sell objects of value. | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |

| Loss of control  |   |
|--|---|
| 7. Guest forgets to go to the toilet.  | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |
| 8. Guest no longer able to control his/her feelings (e.g. crying fits, howling, screaming, etc.) | <input type="checkbox"/> Applicable ..... <input type="checkbox"/> Not applicable |

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What form does a casino's early detection process take? How does a casino guest become incorporated in this process?

A guest becomes involved in the early detection process via one of two routes: either via report sheet "A" or report sheet "B", where A is more urgent than B, as follows:

**A-criteria:** if a guest exhibits an A criterion, the situation must be dealt with immediately, i.e. the guest has to be spoken to forthwith.


A-criteria are alarm indicators that are related to the guest's problematic gambling behaviour. A-criteria are considered to signal impairment to the social, psychological, physical or material wellbeing of the guest. For example:

*"Guest no longer able to control feelings (crying fits, howling, screaming, etc.)."*

*"Guest declares he is in debt, he has to sell his house, etc."*

*"Guest so concentrated on gambling that he forgets to go to the toilet."* Further criteria include indications by third parties who are concerned about the guest's gambling habit.

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**Report sheet B**

**Report:**

|                          |  |
|--------------------------|--|
| Date:                    |  |
| Time:                    |  |
| Name of casino employee: |  |


**Guest details**

|                            |   |                                    |
|----------------------------|---|------------------------------------|
| Sex:                       | <input type="checkbox"/> Male             | <input type="checkbox"/> Female    |
| The guest is at:           | <input type="checkbox"/> Slot machine No. | <input type="checkbox"/> Table No. |
| Name/description of guest: |   |                                    |

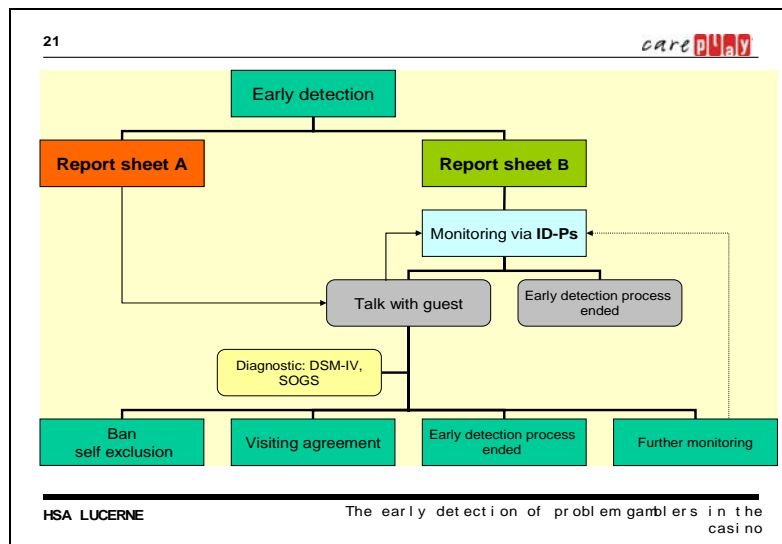
**Observations**

|              |  |
|--------------|--|
| Observation: |  |
|--------------|--|

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 **B-criteria:** the other, more common, route by which a guest becomes incorporated in a casino's early detection process is if the guest displays certain conspicuous behaviour while gambling, or amongst people. Casino personnel fill out a report sheet B as soon as they become aware of certain modes of behaviour. Sheet B is used to document their observations. This particular report sheet is not yet standardised. The intention is, though, to assign the observations that have been made to standardised categories after a certain length of time, so that in future casino personnel will only have to tick the relevant observed criteria. This standardisation will then make it possible to recognise which criteria brought the guest to the notice of the early detection process.

Slide 13



If an A or B report has been made, the guest is incorporated into the early detection system, i.e. a file on the guest is opened. In the event of a B report this means that the guest is monitored using the ID-Ps. The monitoring phase lasts no more than 12 weeks. This is followed by a meeting where, based on the ID-Ps, the decision is taken about whether an approach should be made to the guest or whether the file should be closed for lack of further indicators.

If the decision is taken to speak to the guest, the latter is invited to fill out a South Oaks Gambling Screen (SOGS) and/or a DSM-IV-based questionnaire. This represents the ideal scenario.

**The talk between the casino and the guest can result in one of four outcomes:**

1. A decision is made to **ban** the guest from the casino; either the guest requests this of his own free will, or the casino feels itself duty bound to unilaterally bar the guest, based on the information and the results contained in the questionnaires outlined above.
2. The guest requests a **visiting agreement**, i.e. the guest wishes to bring his gambling under control autonomously and agrees with the casino a set number of visits per month over an agreed timeframe.

3. Following the talk and a diagnostic analysis of the situation, it becomes clear that the guest is not showing any signs of problem gambling. The **early detection process is brought to an end.**
4. If there remains any uncertainty as to the guest's gambling habits, he **remains under observation.** Following a further period not exceeding 12 weeks, another talk is agreed with the guest.

## Identification of problem gamblers (ID-PS)

### I. Frequency of visits and duration of visits

*This main category describes the frequency of visits to the casino and the duration of those visits.*

|                         |   |
|-------------------------|---|
| 1. Frequency of visits: | <input type="checkbox"/> 1-3 times a month<br><input type="checkbox"/> 1-2 times a week<br><input type="checkbox"/> 3-5 times a week<br><input type="checkbox"/> 6 times a week / daily |
| 2. Duration of visits:  | <input type="checkbox"/> 0-2 hrs<br><input type="checkbox"/> 3-5 hrs<br><input type="checkbox"/> 6-8 hrs<br><input type="checkbox"/> over 8 hrs   |

### II. Raising the funds

*This main category describes the guest's financial strategies.*

|   |   |
|---|---|
| 3. Guest repeatedly changes high-denomination bank notes (e.g. CHF 1000) into smaller ones (e.g. CHF 100/200) at the cash desk. | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 4. Guest borrows money from other guests.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 5. Guest tries to sell object of value.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 6. Guest repeatedly withdraws cash (>once) from the ATMs.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 7. Guest repeatedly asks for a travel loan / parking ticket.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |

### III. Betting behaviour

*This main category describes the amounts of the bets, the betting behaviour and the guest's acceptance of risk. Items 13 and 14 apply to the slot machines only.*

|  |   |
|--|---|
| 8. Level of bets per visit                                   | <input type="checkbox"/> CHF 0-300<br><input type="checkbox"/> CHF 301-500<br><input type="checkbox"/> CHF 501-1000<br><input type="checkbox"/> CHF 1001-2000<br><input type="checkbox"/> over CHF 2000 |
| 9. Level of bet per press of the button / game at the tables | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Approx. CHF</div>   |
| 10. Guest raises level of bets each time he/she visits.      | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable   |

|   |   |
|---|---|
| 11. Guest bets consistent amounts.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 12. Guest immediately bets his/her winnings.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 13. <i>If the guest is playing the slot machines:</i><br>Guest almost always risks his/her winnings (doubled winnings/often presses the Bet button) | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 14. <i>If the guest is playing the slot machines:</i><br>Guest repeatedly feeds the machines with bank notes.                                       | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |

#### IV. Social behaviour

*This main category describes the social behaviour of the guest towards the casino staff.*

|  |   |
|--|---|
| 15. Guest avoids contact. He/She hardly communicates or gives only curt answers.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 16. Guest visits the casino alone at least 80% of the time.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 17. Guest is impolite to the casino staff (e.g. sullen, demanding, rude, insulting, arrogant or suddenly over-familiar on receiving payouts, when ordering or at the cash desk). | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 18. Guest seeks contact: chats with other guests or the casino staff.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |

#### V. (Betting) behaviour and reactions while gambling

*This main category describes how the guest behaves while gambling (nervousness, aggressiveness, smoking, degree of fixation on the gambling, reactions to wins/losses, etc.). Items 28 to 33 apply to the slot machines only. Items 34 to 36 apply to the gaming tables only.*

|  |   |
|--|---|
| 19. Guest gambles almost uninterruptedly.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 20. Guest is so focused on gambling that he/she barely reacts to what is going on around him/her.              | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 21. Guest gambles on more than one machine/table at the same time.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 22. Guest smokes a lot.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 23. Guest drinks a few glasses of alcohol (>2)   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 24. Guest runs from table to table or machine to machine.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 25. Guest is nervous (e.g. shaking, perspiring, fidgety legs, facial twitches or fiddling with counters, etc.) | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 26. Guest pleased about winning.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 27. Guest complains about losing.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |

|  |   |
|--|---|
| 28. <i>If the guest is playing the slot machines:</i><br>Guest asks for his/her slot machines to be reserved (either for the next day or if he/she leaves the machines unattended for a moment). | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 29. <i>If the guest is playing the slot machines:</i><br>Guest hits his button hard or hits the machine.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 30. <i>If the guest is playing the slot machines:</i><br>Guest strokes the machine.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 31. <i>If the guest is playing the slot machines:</i><br>Guest berates or swears at the machines.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 32. <i>If the guest is playing the slot machines:</i><br>Guest talks to the machines.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 33. <i>If the guest is playing the slot machines:</i><br>Guest complains about losses or blames them on the casino industry or the machines.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 34. <i>If the guest is playing at the tables:</i><br>Guest berates the dealer or blames him/her for losses.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 35. <i>If the guest is playing Roulette:</i><br>Guest often places bets too late.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 36. <i>If the guest is playing at the tables:</i><br>Guest bangs on table with first.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 37. Guest already waiting outside casino doors before opening time.  | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
| 38. At closing time it is difficult to persuade the guest to stop playing.   | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |

## VI. Outward appearance

*This main category describes the guest's outward appearance.*

|  |   |
|--|---|
| 39. Guest appears not to care about his/her appearance (greasy, unwashed hair, dirty clothes, unshaven, strong body odour, does not often change clothes). | <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable |
|--|---|

## Other observations

*This is where can make further observations/comments, using empty box.*

|                        |  |
|------------------------|--|
| 40. Other observations |  |
|------------------------|--|