Master of Public Health
Nazarbayev University School of Medicine

Master of Public Health Thesis Project Utilizing Professional Publication Framework

Association of problem gambling with psychosocial characteristics among undergraduate students in Astana, Kazakhstan

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ABSTRACT

Background
The prevalence of probable pathological gamblers among college students worldwide doubled in 15 years. While gambling addiction causes financial and social losses, there is lack of studies on gambling involvement in Kazakhstan.

Aims
The current research aims to find the prevalence of gambling, explore the link with sociodemographic and psychological variables among college and university students in Astana, Kazakhstan. The study also aims to evaluate the association between gambling and school satisfaction, which was not reported before.

Method
The analysis included questionnaires of 399 students from three universities and three colleges in Astana, using random sampling. The survey consisted of demographic questions, and scales on anxiety and depression, alcohol use, school satisfaction, family cohesion and suicide ideation.

Results
From 399 questionnaires analyzed, 5.76% were classified as pathological gamblers according to the gambling scale used. The most popular gambling type was betting on sport events with bookmakers. 12.4% reported placing a bet through bookmakers at present time, and of them 91.5% were male, around half (46.8%) were categorized as some-problem gamblers, and one-third (36.1%) as pathological gamblers. Two-third of them (66%) did not reach legal age for gambling.

Pathological gamblers in comparison with non-gamblers/non-problem gamblers are more likely to be male, aged older than 21, have alcohol use disorders, have lower family cohesion, more frequent suicide ideation, and their fathers have no after school education.
Some-problem gamblers in comparison with non-gamblers/non-problem gamblers are more likely to be male, have lower school satisfaction, show symptoms of depression, and do not combine work and study.

**Conclusions**

The study gives the first overview for gambling problem and associated problems among undergraduate students in Astana. Associates of problem gambling is consistent with the literature. Since every fourth male in the study places a bet with bookmakers, and majority had a gambling problem, there is need for developing interventions to increase awareness and prevent problem gambling and associated psychosocial problems.
ACKNOWLEDGMENTS

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I am thankful to the whole MPH Program Faculty of Nazarbayev University, School of Medicine for their timely assistance.

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I am also very grateful to my husband for his love, patience, and support.
CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

Today national governments can heavily rely on gambling business revenues, and this led to expanding the number of approved casinos, slot machines and lotteries available for public (Stuart, 2011). However, an increase in gambling venues available in a community results in increase of both regular and pathological gamblers (Campbell&Lester, 1999; Jacques et al., 2000; Stuart, 2011). Positive attitude towards gambling is associated with greater risks (Strong et al., 2004; Williams et al., 2006; Jackson et al., 2008). With the legalization of gambling venues, their availability increases which in turn facilitates social acceptance (Becona et al., 1995). Conservative cultures usually oppose the rise of interest in gambling (LaBrie et al., 2003; Ladouceur et al., 2007). In addition, gambling advertisements stimulate continuous gambling habits, and particularly impacts problem gamblers (Derevensky et al., 2010). Broadcasted promotion of betting during televised sport events significantly influences problem gamblers to gamble more (Hing et al., 2015).

Gambling addiction cannot be underestimated. Pathological gambling is defined as an illness with frequently recurring sessions of gambling, an addictive behavior that takes over the individual’s life, often leading to financial losses, disintegration of family, deterioration of one’s occupational, material, social values, and commitments. The sufferers from this illness risk their jobs, accumulate large debts, show violence in family, lie compulsively, and break the law to acquire more money. Pathological gamblers express uncontrollable desire to gamble and their minds are preoccupied with images and ideas of gambling. This desire and preoccupation of mind intensifies during stressful periods of life (WHO, 1992).

*Individual comorbidities*

Pathological gambling is highly comorbid with substance abuse. Studies showed that pathological gamblers have 6 times higher risk of alcohol abuse and 4.4 times greater risk of
substance abuse compared to non-gamblers (Petry et al., 2005 cited in Hodgins et al., 2011). Furthermore, pathological gamblers have 8 times greater risk of having a personality disorder and 3 times increased risk of major and mild depression compared to non-gamblers. Anxiety, panic disorders, and some phobias are comorbid with gambling disorder (Hodgins et al., 2011). There is a strong relationship found between being a male and pathological gambler (Ladouceur et al., 1999; Poulin et al., 2000; Bondolfi et al., 2000; Volberg et al., 2001). In addition, an Indian study among university students found that every third of pathological gamblers have had suicidal thoughts and 7.7% of them had suicidal attempts (George et al., 2016). Among underaged students who used a fake identification to gamble showed a two to three times greater risk for problem gambling compared to those who did not (Poulin et al., 2000).

**Family as a Risk Factor**

Many studies on gambling report that pathological gambling tends to be familial. There is a noticeable link between being a pathological gambler and having relatives with chronic substance abuse (Black et al., 2006). Pathological gamblers’ families had significantly higher lifetime rates of major depression, psychiatric disorders, an antisocial personality disorder and other mental disorder (Black et al., 2006). Pathological gambling is also highly related with excessive emotional burden in family (Black et al., 2006). The lack of parental attention, bonding and restrictions create an environment where gambling easily sprouts (Ladouceur et al., 2007). Pathological gambler’s families tend be larger in size than in comparison group of non-gamblers (Black et al., 2006). Having a parent who had graduated a college is found to be a protective factor (LaBrie et al., 2003). In case when an older family member had a history of gambling habits, it is highly likely that the younger members will also be prone (Winters et al., 1993; Ladouceur et al., 2007).

**Motives**
Excitement, monetary, socialization, amusement and avoidance are stated as gambling motives (Neighbors et al., 2002). Among these five motives the last three motives are known to be common among alcohol abusers (Cooper et al., 1992). A unique characteristic for gambling not present in other habits are excitement and financial gain. Gamblers have huge illusory belief to hit jackpot and win easy money. This leads them to dreaming about immediate wealth and make plans with that imaginary money (Lee et al., 2007). Moreover, gambling is closely connected with avoiding negative feelings, escape from boredom and low self-esteem (Steel & Blaszczynski, 1998). The avoidance motive makes an important part in the continuation of gambling behavior (Lee et al., 2007). For sport fans sport events are emotionally charged, they try to show their allegiances with their team or equally demonstrate the confidence in failure of the other team (Mao et al., 2015).

Prevalence among college students

College students appear to have the highest proportion of probable pathological gamblers among general population (Blinn-Pike et al., 2007). A meta-analysis in 1999 estimated the proportion of probable pathological gamblers among college students to be 5.05% (Shaffer et al., 1999). Later in 2007 this number increased to 7.89% (Blinn-Pike et al., 2007). In 2014, the prevalence of probable pathological gamblers among college students worldwide doubled from 1999 estimate, and was already 10.23% (Nowak&Aloe, 2014).

The susceptibility of college students to gambling addiction are explained by several factors: at young ages people are easily get involved in risky behaviors, an availability of wide choice of legal or illegal gambling, acceptability of gambling business in communities and by government entities, advertising the gambling through media, especially promoting gambling as a sport, and access to financial loans (LaBrie et al., 2005). College students are believed to have resources, time and desire to get involved in variety of gambling activities, thus gambling problem among students should be addressed, as it poses a threat to students in terms of monetary loss and safety (Nowak&Aloe, 2014).
Gambling in Kazakhstan

According to Kazakhstan Ministry of Finance’s State Revenue Committee, a dramatic increase in annual tax revenues from gambling businesses is registered – in 2017 they constitute more than 11.3 billion tenge ($33 million), while in 2010 it was 3.4 billion tenge ($23 million) (Yessenalina, 2017). Kazakhstan’s first attempt to tackle gambling problem was moving casinos in cities to two specific gambling zones, Kapchagai and Shuchinsk, in 2007.

The above-mentioned regions are far from cities, and hereafter betting offices turned into the quickest way of satisfying one’s desire for gambling. Bookmakers that are particularly specialized at betting on sport events have been increasing rapidly since 2007. According to Association of Kazakhstani Bookmakers and Totes there are about thirty different registered bookmaker companies and each of them have ten to hundred offices in Astana. Additionally, small and intermediate businesses were freed from governmental control from 2014, and this seems to further increase the availability of gambling (Prilutskaya & Kuliev, 2016). According to Kazakhstan Ministry of Finance, bookmakers provided 3.5 billion tenge ($10.2 million) in tax revenue in 2016 alone (SRC).

In August of 2017 Kazakhstan Ministry of Culture and Sports proposed to move all bookmakers and totes to Kapchagai and Shuchinsk. They stated that bookmakers are already causing people severe social and financial issues. In case bookmakers will remain in cities, the number of pathological gamblers will continue increasing (Tengrinews, 2017).

Compared to casinos with the entrance fee of $300-500, gamblers at bookmakers can place bets starting from 500 tenge ($1.5). People can easily place a bet through electronic payment machines in a city once registered an account in a betting company’s website. The legal age for gambling is 21, however the machines accept payments without age verification. All this makes gambling in bookmakers affordable and encouraging even for school and college students (Bartlett, 2013).
The current research aims to find the prevalence of gambling, explore its link with anxiety and depression, alcohol use, school satisfaction, family cohesion, and suicide ideation among college and university students in Astana. Research results may bring attention to the current problem.
CHAPTER 2
METHODOLOGY

Sample selection and study procedure

Study participants were university and college students in Astana. There are 18 universities and 43 colleges in the city. Initially 6 universities and 6 colleges were selected randomly, however only 3 universities and 3 colleges agreed to cooperate. All participants were aged above 18.

Sample calculation for several variables was carried out. Sample calculation for gender and alcohol abuse variables was based on Indian study among university students. Among problem gamblers 66.6% were males, and 39.9% had lifelong alcohol use (George et al., 2016). The sample sizes calculated for the two mentioned variables by StatCalc in Epi Info 7.2.2.2 are 263 and 610. Given the response rate in the Indian research was 96%, the intended sample size was estimated to be 635. However, this number was not achieved due to several factors. Two universities were unable to provide students due to winter breaks and undergoing governmental audit for 3 weeks. Some refused being cautious of the research topic.

Data collection was conducted between December 2017 and March 2018. The procedure of data collection in institutions who agreed to cooperate went as following. In the institution provided classrooms filled with students of different years and majors, all above age of 18, the researcher informed about the research and read the consent form. The researcher then administered self-reported paper questionnaires and informed students that the survey is anonymous, there is no right or wrong answers, it is voluntary, and no consequence of withdrawing from participation at any time. Verbal consent was obtained, and participants were given a sheet with contact information of the researcher and the city psychological help hotlines. It took in average 15-20 minutes to complete the survey. There were no incentives for participation. In total, 442 questionnaires were administered, 13 of them were returned immediately with a claim of being
too long and the participant would rather prefer to continue their classwork. Among 429 questionnaires obtained, 30 of them had insufficient data on at least one scale and thus were discarded.

The current study was cross sectional aiming to find the prevalence of pathological gambling and its association with personality comorbidities as discussed in the literature. Demographic questions included gender, age, ethnicity, religion, part time work, GPA, number of siblings, and education level of parents, these were followed by administration of standardized scales on gambling, alcohol use, anxiety and depression, family cohesion, school satisfaction and suicide ideation. The questionnaire was prepared in English, and then translated into Kazakh and Russian languages. To ensure accuracy, the Kazakh and Russian versions were translated back to English by a different person.

**Instruments**

**Gambling**

The South Oaks Gambling Screen (SOGS) is an available tool to identify the prevalence of pathological gambling in population, it was developed by Lesieur and Blume in 1987. It has shown good reliability and validity, the Cronbach’s alpha=.97 (Lesieur&Blume, 1987). The scale asks questions on whether the participant was involved in different gambling activities and how frequent during the past 12 months, question on whether a person has a relative or a friend with signs of gambling addiction. Further, continues with dichotomous response questions: example questions are “Did you ever gamble more than you intended to?”, and “Have you ever lost time from work (or school) due to betting money or gambling?”

The SOGS, the 20-item questionnaire classifies a person as a probable pathological gambler with score higher than 5 and as having some-problems with gambling with score between 1-4 out of 20. The Russian version translated and adopted by Karpov A. and Kozlov V. was available for use (Katkov, 2012).
Anxiety and Depression

The Ultra-Brief Screening 4-item Scale for Anxiety and Depression (PHQ-4) was used to measure one’s anxiety and depression over the last two weeks (Kroenke et al., 2009), which has been validated for young adults with Cronbach’s alpha=.81 (Khubchandani et al., 2016). The scale has the following questions: have you ever felt nervous, anxious, or on edge, uncontrollable worrying, had little interest in doing things, felt down over the last 2 weeks. It assessed frequency of corresponding symptoms on a 4-point Likert scale, with a total score ranging from 0 to 12. This scale contains two subscales in it: anxiety subscale (score ranges from 0 to 6), and depression (score ranges from 0 to 6). On each subscale a score 3 and higher means probable anxiety or depression.

Alcohol Use

The Alcohol Use Disorders Identification Test (AUDIT-C) is a 3-item scale known to reliably identify heavy drinkers and those who have alcohol use disorders (Bush et al., 1998). Cronbach’s alpha was reported to be .98 (Osaki et al., 2014). It asks the frequency of drinking alcohol containing drinks, and how much does the responder drinks on one occasion. It is scored on a scale between 0 and 12. A score 4 and higher means positive for men, while for women a score of 3 and higher.

School satisfaction

A 10-item subscale of Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) scale was included to assess enjoyment and satisfaction experienced in School/Course Work in the past week by students (Endicott et al., 1993), with Cronbach’s alpha=.90 (Schechter et al., 2007). Questions: “How much of the time have you been pleased with your course/class work accomplishments?”, and “How much of the time have you communicated and interacted with ease with others at your course/class?”. It assessed frequency of all items on a 5-point Likert
scale, with a total score ranging from 0 to 40. The higher score corresponds to better school satisfaction.

*Family Cohesion*

A 9-item family cohesion scale by Moos (2009) is used to measure the support and commitment in the family, with Cronbach’s alpha 0.8. This scale administers two sets of statements which can be responded with either “mostly true” or “mostly false”. One set has statements like “Family members really help and support one another”, and “There is plenty of time and attention for everyone in our family.” Another set has statements like “We often seem to be killing time at home” and “We rarely volunteer when something has to be done at home.” One set is reversely coded and then responses are added together with total score of 9. A higher score implies a better family environment.

*Suicidal Ideation*

To assess the severity of suicidal thinking the Ultra Short Suicidal Ideation 4-item scale is used, with Cronbach alpha .90 (Nugent & Cummings, 2014). It consists of questions identifying frequency of suicidal thoughts like feeling of life is over, committing suicide, and different ways of killing oneself. It assesses all items on a 7-point Likert scale, with a total score ranging from 0 to 24, with a higher score indicating more severe suicidal ideation.

*Ethical considerations*

Institutional ethical approval was received from Nazarbayev University School of Medicine - Research Ethics Committee. Only students who verbally consented and were aged above 18 participated. Those who did not want were free to work with their class assignments.

*Data Analysis*

Prevalence of gambling participation and problem gambling in the last 12 months were determined. Unadjusted relationships between gambling and other variables were examined by bivariate analyses. For bivariate comparisons were done using Chi-square test or Fisher’s exact
test and student t-test among groups of non-gamblers/non-problem gamblers, gamblers having some-problem and pathological gamblers. Poisson regressions with robust variance were run for pairwise comparisons using Stata/IC 12 statistical software program. Poisson regression with robust variance was used to calculate the adjusted prevalence risk ratios. This regression provides more reliable estimates than logistic regression in cross-sectional studies with binary outcomes analysis (Barros & Hirakata, 2003; Zou, 2004). Variables included in the multiple regression as potential confounders was based on the significance level P<.15 in bivariate analyses.
CHAPTER 3

RESULTS

Questionnaires, where at least one scale was omitted, were excluded from the study. In total, 429 participants from 3 universities and 3 colleges in Astana city responded. Among these questionnaires 30 (6.99%) were discarded and 399 were considered viable for the analysis. Of these, 200 were men (50.1%) and 309 were aged 18-20 (77.4%).

From analysis 11.03% of participants were classified as having some-problem with gambling, and 5.76% as probable pathological gamblers. 12.8% of all participants reported having a relative, i.e. father, mother, brother, other relatives, and a friend/friends having a gambling problem.

Unadjusted bivariate comparisons

Chi-square test revealed a statistically significant relationship at 0.05 level between gender and gambling categories, with males being more likely to be classified as some-problem gamblers and probable pathological gamblers than females (Table 1). Pathological gamblers comparing to non-gamblers/non-problem gamblers were younger, had alcohol use disorder, had lower school satisfaction, and lower family cohesion. Some-problem gamblers compared to non-gamblers/non-problem gamblers were more likely to experience anxiety and have lower school satisfaction. Comparing pathological gamblers with some-problem gamblers, there is a borderline significantly higher alcohol use disorders in the pathological gamblers group.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pathological gamblers (n=23)</th>
<th>Some-problem gamblers (n=44)</th>
<th>Non-gamblers/non problem gamblers (n=332)</th>
<th>Group II vs 0 (P)</th>
<th>Group I vs 0 (P)</th>
<th>Group II vs I (P)</th>
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</thead>
<tbody>
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<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Male</td>
<td>22 (95.7%)</td>
<td>32 (72.7%)</td>
<td>147 (44.3%)</td>
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<td></td>
<td>Female</td>
<td>1 (4.3%)</td>
<td>12 (27.3%)</td>
<td>185 (55.7%)</td>
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<td></td>
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<td>Variable</td>
<td>Group II</td>
<td>Notes: p (s.d)</td>
<td>Group I</td>
<td>Notes: p (s.d)</td>
<td>Group 0</td>
<td>Notes: p (s.d)</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<td>----------------</td>
<td>---------</td>
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<tr>
<td>Age</td>
<td>18-20</td>
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<td>32 (72.7%)</td>
<td>264 (79.5%)</td>
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<td>2 (4.5%)</td>
<td>25 (7.5%)</td>
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<td></td>
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<td>Religion</td>
<td>Islam</td>
<td>18 (78.3%)</td>
<td>40 (90.9%)</td>
<td>265 (79.8%)</td>
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<td>0.484</td>
</tr>
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<td>1 (2.3%)</td>
<td>19 (5.7%)</td>
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</tr>
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<td>Other</td>
<td>2 (8.7%)</td>
<td>0 (0%)</td>
<td>5 (1.5%)</td>
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<td></td>
</tr>
<tr>
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<td>3 (6.8%)</td>
<td>43 (13.0%)</td>
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<td>GPA</td>
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<td>1 (4.3%)</td>
<td>2 (4.5%)</td>
<td>8 (2.4%)</td>
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<td>0.045</td>
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<td>16 (36.4%)</td>
<td>64 (19.3%)</td>
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<td></td>
<td>3-4</td>
<td>10 (43.5%)</td>
<td>19 (43.2%)</td>
<td>200 (60.2%)</td>
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</tr>
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<td></td>
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<td>0 (0%)</td>
<td>7 (15.9%)</td>
<td>60 (18.1%)</td>
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<tr>
<td>Work</td>
<td>Yes</td>
<td>8 (34.8%)</td>
<td>20 (45.5%)</td>
<td>84 (25.3%)</td>
<td>0.316</td>
<td>0.005</td>
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<td></td>
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<td>24 (54.5%)</td>
<td>248 (74.7%)</td>
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<td>House</td>
<td>Yes</td>
<td>22 (95.7%)</td>
<td>43 (97.7%)</td>
<td>319 (96.1%)</td>
<td>0.918</td>
<td>0.589</td>
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<td>1 (2.3%)</td>
<td>13 (3.9%)</td>
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<td>Siblings</td>
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<td>4 (9.1%)</td>
<td>23 (6.9%)</td>
<td>0.683</td>
<td>0.887</td>
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<td>1</td>
<td>6 (26.1%)</td>
<td>12 (27.3%)</td>
<td>80 (24.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>9 (39.1%)</td>
<td>11 (25.0%)</td>
<td>105 (31.6%)</td>
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</tr>
<tr>
<td></td>
<td>3</td>
<td>4 (17.4%)</td>
<td>8 (18.2%)</td>
<td>52 (15.7%)</td>
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</tr>
<tr>
<td></td>
<td>4 and more</td>
<td>2 (8.7%)</td>
<td>9 (20.4%)</td>
<td>72 (21.7%)</td>
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<tr>
<td>Father’s highest education</td>
<td>Higher education</td>
<td>17 (73.9%)</td>
<td>30 (68.2%)</td>
<td>204 (61.5%)</td>
<td>0.001</td>
<td>0.823</td>
</tr>
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<td></td>
<td>College education</td>
<td>0 (0%)</td>
<td>10 (22.7%)</td>
<td>93 (28.0%)</td>
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<td></td>
<td>School ed.</td>
<td>6 (26.1%)</td>
<td>4 (9.1%)</td>
<td>29 (8.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
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<td>0 (0%)</td>
<td>6 (1.8%)</td>
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<tr>
<td>Mother’s highest education</td>
<td>Higher education</td>
<td>15 (65.2%)</td>
<td>36 (81.8%)</td>
<td>229 (69.0%)</td>
<td>0.836</td>
<td>0.038</td>
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<td></td>
<td>College education</td>
<td>6 (26.1%)</td>
<td>7 (15.9%)</td>
<td>76 (22.9%)</td>
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<td></td>
<td>School ed.</td>
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<td>0 (0%)</td>
<td>26 (7.8%)</td>
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</tr>
<tr>
<td></td>
<td>Other</td>
<td>0 (0%)</td>
<td>1 (2.3%)</td>
<td>1 (0.3%)</td>
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<tr>
<td>Anxiety</td>
<td>6 (26.1%)</td>
<td>17 (38.6%)</td>
<td>80 (24.1%)</td>
<td>0.829</td>
<td>0.038</td>
<td>0.304</td>
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<tr>
<td>Depression</td>
<td>4 (17.4%)</td>
<td>15 (34.1%)</td>
<td>66 (19.9%)</td>
<td>0.772</td>
<td>0.031</td>
<td>0.150</td>
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<tr>
<td>Alcohol use disorder</td>
<td>10 (43.5%)</td>
<td>9 (20.4%)</td>
<td>45 (13.6%)</td>
<td>0.000</td>
<td>0.220</td>
<td>0.047</td>
</tr>
<tr>
<td>School satisfaction, mean (s.d)</td>
<td>31.4 (7.6)</td>
<td>32.8 (6.5)</td>
<td>35.7 (7.5)</td>
<td>0.014</td>
<td>0.015</td>
<td>0.415</td>
</tr>
<tr>
<td>Family cohesion, mean (s.d)</td>
<td>6.3 (2.1)</td>
<td>7.1 (1.5)</td>
<td>7.5 (1.5)</td>
<td>0.015</td>
<td>0.080</td>
<td>0.104</td>
</tr>
<tr>
<td>Suicide ideation, mean (s.d)</td>
<td>3.7 (5.0)</td>
<td>2.0 (3.9)</td>
<td>1.6 (3.8)</td>
<td>0.058</td>
<td>0.513</td>
<td>0.124</td>
</tr>
</tbody>
</table>

Notes: p-values was based on Chi-square or Fisher’s exact test.
Group II – Pathological gamblers; Group I – Some-problem gamblers; Group 0 – Non-gamblers/non-problem gamblers
Gambling activities type

32.1% of participants reported as having gambled at least on one type of gambling in the last 12 months. Table 2 shows the participation of pathological and some-problem gamblers in different types of gambling in the last 12 months. Among pathological and some-problem gambler groups the most popular gambling type is betting on sports with bookmakers. This is followed by lotteries, slot machines, playing games of skill and card games for money.

Table 2. Participation in gambling activities in pathological gamblers (n=23) and some-problem gamblers (n=44)

<table>
<thead>
<tr>
<th>Activity type</th>
<th>Some-problem gamblers n (%)</th>
<th>Pathological gamblers n (%)</th>
<th>Chi-square P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Played cards for money</td>
<td>12 (27.3%)</td>
<td>7 (30.4%)</td>
<td>.785</td>
</tr>
<tr>
<td>b. Bet on horses, dogs, or other animals (at OTB, the track or with a bookie)</td>
<td>0 (0%)</td>
<td>4 (17.4%)</td>
<td>.030 (Fisher’s)</td>
</tr>
<tr>
<td>c. Bet on sport with bookie</td>
<td>30 (68.2%)</td>
<td>20 (87.0%)</td>
<td>.093</td>
</tr>
<tr>
<td>d. Played dice games, including craps, over and under or other dice games</td>
<td>2 (4.5%)</td>
<td>2 (8.7%)</td>
<td>.496</td>
</tr>
<tr>
<td>e. Went to casinos (legal or otherwise)</td>
<td>6 (13.6%)</td>
<td>7 (30.4%)</td>
<td>.099</td>
</tr>
<tr>
<td>f. Played the numbers or bet on lotteries</td>
<td>7 (15.9%)</td>
<td>11 (47.8%)</td>
<td>.005</td>
</tr>
<tr>
<td>g. Played bingo</td>
<td>7 (15.9%)</td>
<td>10 (43.5%)</td>
<td>.014</td>
</tr>
<tr>
<td>h. Played the stock and/or commodities market</td>
<td>2 (4.5%)</td>
<td>7 (30.4%)</td>
<td>.003</td>
</tr>
<tr>
<td>i. Played slot machines, poker machines, or other gambling machines</td>
<td>10 (22.7%)</td>
<td>8 (34.8%)</td>
<td>.291</td>
</tr>
<tr>
<td>j. Bowled, shot pool, played golf, or some other game of skill for money</td>
<td>13 (29.5%)</td>
<td>8 (34.8%)</td>
<td>.661</td>
</tr>
<tr>
<td>k. Some form of gambling not listed above</td>
<td>5 (11.4%)</td>
<td>5 (21.7%)</td>
<td>.258</td>
</tr>
</tbody>
</table>

Amount of money spent

Table 3 presents the largest amount of money pathological and some-problem gamblers spent for gambling in the last 12 months. 34.8% of pathological gamblers spent more than 100,000 tenge.

Table 3. The largest amount of money spent by gamblers

<table>
<thead>
<tr>
<th>Amount of money</th>
<th>Some-problem gamblers</th>
<th>Pathological gamblers</th>
<th>Chi-square (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;100,000 kzt</td>
<td>4 (9.1%)</td>
<td>8 (34.8%)</td>
<td>0.009</td>
</tr>
<tr>
<td>50-100,000 kzt</td>
<td>0 (0%)</td>
<td>2 (8.7%)</td>
<td>0.114</td>
</tr>
<tr>
<td>10-50,000 kzt</td>
<td>7 (15.9%)</td>
<td>4 (17.4%)</td>
<td>0.876</td>
</tr>
<tr>
<td>5-10,000 kzt</td>
<td>8 (18.2%)</td>
<td>5 (21.7%)</td>
<td>0.727</td>
</tr>
<tr>
<td>500-5,000 kzt</td>
<td>10 (22.7%)</td>
<td>2 (8.7%)</td>
<td>0.155</td>
</tr>
<tr>
<td>&lt;500 kzt</td>
<td>8 (18.2%)</td>
<td>0 (0%)</td>
<td>0.044 (Fisher’s)</td>
</tr>
<tr>
<td>Not reported</td>
<td>7 (15.9%)</td>
<td>2 (8.7%)</td>
<td>0.411</td>
</tr>
</tbody>
</table>
Poisson regressions with robust variance models

Model 1: Pathological versus Non-gamblers/Non-Problem Gamblers

Poisson regression with a robust error variance analysis was conducted to find associations of pathological gambling compared to non-gambling/non-problem gambling (non-gamblers plus non-problem gamblers) using independent variables with p<0.15 from Table 1. These were gender, age, religion, GPA, father’s education, alcohol, school satisfaction, family cohesion and suicide ideation. However, there were zero cells in religion, GPA, and father’s education variables. For religion variable I merged Christian with “other” religion group, and run bivariate analysis again, and got p=0.899. For GPA variable, I removed those with “N/A” because this group are probably first-year students, and they can later be in any GPA group. And running bivariate analysis gives p=0.08. Similarly, I deleted “N/A” group in father’s education group and combined College with High education group as having at least higher education than school one and got p-value equal to 0.07. The first Poisson regression model included gender, age, GPA, father’s education, alcohol, school satisfaction, family cohesion and suicide ideation.

Table 4. Poisson regression with robust variance: pathological gamblers vs. non-gamblers/non-problem gamblers

| Variables                          | PR  | Robust Std. Err. | z    | P>|z|  | 95% CI       |
|-----------------------------------|-----|------------------|------|-----|----------------|
| Gender: Male                      | 6.97| 5.24             | 2.58 | 0.010| 1.60-30.43     |
| Age: 21 and older                 | 2.50| .86              | 2.69 | 0.007| 1.28-4.89      |
| GPA                               |     |                  |      |      |                |
| • 2-2.99                          | .33 | .34              | -1.07| 0.285| .04-2.52       |
| • 3-4                             | .21 | .22              | -1.48| 0.138| .03-1.65       |
| Father’s education:               |     |                  |      |      |                |
| Higher than school                | .53 | .20              | -1.68| 0.093| .25-1.11       |
| Alcohol                           | 2.86| .96              | 3.13 | 0.002| 1.48-5.51      |
| School satisfaction               | .97 | .02              | -1.17| 0.244| .93-1.03       |
| Family cohesion                   | .86 | .07              | -1.77| 0.077| .74-1.02       |
| Suicide ideation                  | 1.09| .03              | 3.32 | 0.001| 1.04-1.15      |

Reference groups: Gender: female; Age: 18-20; GPA: <2; Father’s education: school education; Alcohol: no alcohol use disorder; School satisfaction, Family cohesion and Suicide ideation are continuous variables.

Removing insignificant variables stepwise, comparing AIC and BIC values, and changes in standard errors, the final model is given in Table 4.1.
According to Poisson regression with robust variance in Table 4.1., gender, age, alcohol use disorder, family cohesion and suicide ideation are significant at the 0.05 level, and they are significantly associated with pathological gambling. Pathological gambling is on average seven and half times prevalent in men than women, and more than twice in those aged older than 21 compared to 18-20. In contrast, father’s education higher than school education (PR=.48) and better family cohesion (PR=.83) were shown to have protective association with pathological gambling. Also, pathological gamblers had 2.7 times increased prevalence risk of having alcohol use disorders. One unit increase in suicide ideation score is associated with increased risk of being pathological gambler by more than nine percent, adjusting for all variables in Table 4.1.

Model 2: Some-Problem versus Non-gamblers/Non-Problem Gamblers

From Table 1 variables with P<.15 were gender, GPA, work, mother’s education, anxiety and depression, school satisfaction and family cohesion. Considering zero cells in mother’s education variable, I deleted “school education” and the “other” group, and chi-square p-value equals for this variable with two left categories is 0.213. A modified Poisson regression analysis was conducted to find associations of pathological gambling compared to non-gamblers/non-problem gambling, using gender, GPA, work, alcohol, school satisfaction, family cohesion, anxiety, and depression as predictor variables. All independent variables were entered.
Table 5. Poisson regression with robust variance: some-problem versus non-gamblers/non-problem gamblers

| Variables          | PR   | Robust Std. Err. | Z    | P>|z| | 95% CI      |
|--------------------|------|------------------|------|------|-------------|
| Gender: Male       | 2.71 | .91              | 2.95 | 0.003 | 1.40 - 5.24 |
| GPA                |      |                  |      |       |             |
| • 2-2.99           | .72  | .42              | -0.56| 0.575 | .23 - 2.28  |
| • 3-4              | .51  | .29              | -1.21| 0.227 | .17 - 1.53  |
| • NA               | .59  | .37              | -0.83| 0.404 | .17 - 2.02  |
| Work               | .51  | .14              | -2.40| 0.016 | .29 - .88   |
| Anxiety            | 1.55 | .55              | 1.24 | 0.215 | .77 - 3.11  |
| Depression         | 1.52 | .54              | 1.17 | 0.241 | .76 - 3.04  |
| School satisfaction| .97  | .02              | -2.07| 0.039 | .94 - .99   |
| Family cohesion    | .97  | .08              | -0.33| 0.740 | .84 - 1.14  |

Notes: Gender: female. GPA <2. Work: no job. School satisfaction and Family cohesion are continuous variables.

Using similar procedures to the first model, the final model for comparing the two groups (some-problem gamblers versus non-gamblers/non-problem gamblers) is given in Table 5.1.

Table 5.1 Poisson regression with robust variance: some-problem versus non-gamblers/non-problem gamblers

| Variables          | PR   | Robust Std. Err. | Z    | P>|z| | 95% CI      |
|--------------------|------|------------------|------|------|-------------|
| Gender: Male       | 2.82 | .91              | 3.22 | 0.001 | 1.50 - 5.30 |
| Work               | .49  | .14              | -2.58| 0.010 | .29 - .84   |
| Depression         | 2.11 | .57              | 2.75 | 0.006 | 1.24 - 3.58 |
| School satisfaction| .96  | .02              | -2.28| 0.022 | .94 - .99   |

Notes: Gender: female. Work: no job. School satisfaction is continuous variable.

According to the model given in Table 5.1. some-problem gambling is more prevalent among men (PR=2.82) compared to women. Some-problem gamblers had an increased prevalence risk of being depressed by a factor 2.1 compared to non-gamblers/non-problem gamblers. In contrast, being employed along with university studies (PR=.49) and the higher school satisfaction (PR=.96) were shown to have a protective association to some-problem gambling.

**Model 3: Some-Problem versus Pathological Gamblers**

For Poisson regression building variables with p<0.15 were used: gender, religion, father’s and mother’s education, alcohol, family cohesion, suicide ideation, and depression. However,
considering zero cells, I added the “other” group and Christians to one category. Then bivariate test gave p=0.251. In father’s education, college and higher education were added together as “having higher than school education” (p=0.268). For the mother’s education I would need to remove the “other” group and the school group (p=0.258).

So, the model includes gender, alcohol, family cohesion, suicide ideation, and depression variables.

Table 6. Poisson regression with robust variance: pathological versus some-problem gamblers

| Variables                  | PR    | Robust Std. Err. | Z     | P>|z|  | 95% CI        |
|----------------------------|-------|------------------|-------|------|---------------|
| Gender: Male               | 1.92  | 1.36             | 0.93  | 0.353| .48-7.65      |
| Depression                 | .45   | .23              | -1.58 | 0.114| .16-1.21      |
| Alcohol use disorder       | 1.64  | .54              | 1.48  | 0.138| .85-3.14      |
| Family cohesion            | .90   | .07              | -1.47 | 0.141| .78-1.04      |
| Suicide ideation           | 1.05  | .03              | 2.02  | 0.044| 1.00-1.11     |

Notes: Family cohesion and Suicide ideation are continuous variables

The final model is in Table 6.1.

Table 6.1. Poisson regression with robust variance: pathological versus some-problem gamblers

| Variables                  | PR    | Robust Std. Err. | Z     | P>|z|  | 95% CI        |
|----------------------------|-------|------------------|-------|------|---------------|
| Depression                 | .42   | .22              | -1.66 | 0.096| .15-1.17      |
| Alcohol use disorder       | 1.82  | .56              | 1.95  | 0.051| .998-3.32     |
| Family cohesion            | .88   | .07              | -1.71 | 0.087| .76-1.02      |
| Suicide ideation           | 1.05  | .03              | 1.86  | 0.063| .997-1.11     |

Notes: Family cohesion and Suicide ideation are continuous variables

All the variables in the model are significant at 0.1 level. Those with alcohol use disorders have 1.82 times increased prevalence risk of being pathological gamblers versus some-problem gamblers. Whereas, depression and better family cohesion is more prevalent among some-problem gamblers compared to pathological gamblers.

Betting at bookmakers

53.03% reported having a friend currently gambling through bookmakers. (201/379). 12.4% reported that they are gambling through bookmakers currently, where 91.5% are males. That is
every fourth male in the sample bet through bookmakers (22.4%). And among of these who gamble at bookmakers, 46.8% are classified as having some-problem with gambling, and 36.1% as pathological gamblers. Among currently gambling in bookmakers 66.0% are aged 18-20. Most frequently reported payment method is through electronic payment machines in the city (56.8%). The second most frequent was using a debit card (24.3%). Lastly, payment with cash in bookmaker offices consist 18.9%. Also, 17 was the average age of the first experience gambling in bookmakers among reported.
CHAPTER 4

DISCUSSION, IMPLICATIONS, AND CONCLUSION

The current study on students gambling is likely to be first in Kazakhstan as no such reports were seen prior in the literature. It revealed that among the sample size of 399 students, 11% have some gambling problems and 5.76% are probable pathological gamblers. This result fits reasonably within the range of other country-specific rates of probable pathological gamblers. As cited through meta-analysis, United States has rate of 3 to 32%, Singapore and Canada – 8.7%, China – 6.4%, Japan – 4.2%, Nigeria – 4.2% and Scotland – 3.9% (Nowak&Aloe, 2014).

The current study found that more than one third of all participants gambled at least once during the last 12 months. That is twice more than presented in Indian study (George et al., 2016). The most popular activity among pathological and some-problem gamblers is placing bets in bookmaker offices on sport events. More than twelve percent of all participants currently gamble at bookmakers and more than one-third were classified as probable pathological gamblers and more than half as some-problem gamblers by SOGS scale. Most notably, more than ninety percent of those who gamble at bookmakers are males, and two-third are below age of 21, which is the legal age for gambling. These numbers are highly concerning, because more than eighty percent those who gamble at bookmakers currently were shown to have some or pathological gambling problem.

Poisson regression with robust variance analyses was used to estimate adjusted prevalence ratios. The results show significant association of pathological gambling with gender, age, parent’s education, alcohol use, family cohesion and suicidal thoughts when comparing with non-gamblers/non-problem gamblers. The factors associated with pathological gambling found in this study were identical to those conducted in other countries. In this study similar to other studies, university and college students who are pathological gamblers are mainly males (Volberg et al., 2001), are likely to have alcohol use disorders (Hodgins et al., 2011), lower family cohesion
(Black et al., 2006; Ladouceur et al., 2007), and frequent suicide ideation (George at al., 2016) compared with non-gamblers/non-problem gamblers. Also, fathers receiving education after school was found to have protective association with pathological gambling (LaBrie et al., 2003).

Those categorized as some-problem gamblers problems also show significant association with gender, employment, depression, and school satisfaction when comparing with non-gambler/non-problem gamblers. Some-problem gamblers are mainly males, more likely to be depressed (Hodgins et al., 2011), and have lower school satisfaction. However, having a part time job had a protective association with some-problem gambling as opposed to other studies (George et al., 2016). This could be true as those working along with university studies are more independent and feel the responsibility for sustaining themselves and will not waste their money for gambling.

Lastly, pathological gamblers and some-problem gamblers had associations that do not differ significantly at 0.05 level. This may be due to small sample size, or this may indicate that some-problem gamblers may quickly move to pathological gamblers. For adolescents’ change from social to problem gamblers quickly (Blinn-Pike et al., 2010).

The current study is important for two reasons: as the first study on prevalence of gambling in Kazakhstan and for using structured instruments for screening gambling and related issues.

On limitations, despite being translated into Kazakh and Russian and pilot tested, most of the scales were not validated before in local languages in this specific population. In addition, the present study used only self-report data and it is not excluded that participants may have answered dishonestly on some questions about involvement in certain questions. Taking into consideration that students at greatest risk are likely to be truant, absent or dropped-out from the school on the day of administration of questionnaire, there is a high chance that this method can
underestimate the prevalence of problem gamblers (MacMahon & Trichopoulos, 1996 as cited in Dickson et al., 2008).

Given the lack of research on gambling in Kazakhstan, clearly more efforts are needed to address this issue now. College administrations should be aware of these problems and pass special training to identify and treat this condition. In conclusion, results of this study show that college students in Kazakhstan gamble at alarming rate. The easy access, increased availability and wide options to choose from further aggravates the problem, leading to growing number of gamblers each year and worsening their addiction. The researcher of this study makes a call to increase awareness of gambling and its potential consequences among the public, college students, educators, healthcare professionals and policymakers.
REFERENCES

APPENDIX A - The Questionnaire in all three languages

Survey

1. Gender
   □ Female
   □ Male

2. Your age
   □ 18 – 20
   □ 21 and older

3. Your ethnicity
   □ Kazakh
   □ Russian
   □ Mixed (please specify) ______________________________
   □ Other (please specify) ______________________________

4. Which religion do you associate yourself with?
   □ Muslim
   □ Christian
   □ Buddhist
   □ None
   □ Other (please specify) ______________________________

5. What is your current GPA?
   □ Less than 1
   □ 1-1.99
   □ 2-2.99
   □ 3-4
   □ NA (freshman)

6. Are you working for money along with university studies?
   □ Yes
   □ No

7. Does your family own a house?
   □ Yes
   □ No

8. How many siblings do you have?
   □ 0
   □ 1
   □ 2
   □ 3
   □ 4 and/or more

9. What is the highest educational degree your father has obtained?
   □ School education
   □ College education
   □ High education

10. What is the highest educational degree your mother has obtained?
    □ School education
    □ College education
    □ High education
A1. During the past week how much of the time have you enjoyed the course/class work?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A2. During the past week how much of the time have you looked forward to getting to work on the course/class work?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A3. During the past week how much of the time have you dealt with the course/class work without undue stress?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A4. During the past week how much of the time have you thought clearly about the course/class work?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A5. During the past week how much of the time have you been decisive about the course/class work when needed?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A6. During the past week how much of the time have you been pleased with your course/class work accomplishments?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A7. During the past week how much of the time have you been interested in your course/class work?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A8. During the past week how much of the time have you concentrated on your course/class work?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A9. During the past week how much of the time have you felt good while doing your course/class work?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time

A10. During the past week how much of the time have you communicated and interacted with ease with others at your course/class?

- [ ] Not at all or never
- [ ] Rarely
- [ ] Sometimes
- [ ] Often or most of the time
- [ ] Frequently or all the time
B1. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?

- Not at all  
- Several days  
- More than half the days  
- Nearly every day

B2. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

- Not at all  
- Several days  
- More than half the days  
- Nearly every day

B3. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all  
- Several days  
- More than half the days  
- Nearly every day

B4. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all  
- Several days  
- More than half the days  
- Nearly every day

C1. My family members really help and support one another.

- Mostly True  
- Mostly False

C2. We, my family members, often seem to be killing time at home.

- Mostly True  
- Mostly False

C3. We put a lot of energy into what we do at home.

- Mostly True  
- Mostly False

C4. There is a feeling of togetherness in our family.

- Mostly True  
- Mostly False

C5. We rarely volunteer when something has to be done at home.

- Mostly True  
- Mostly False

C6. Family members really back each other up.

- Mostly True  
- Mostly False

C7. There is very little group spirit in our family.

- Mostly True  
- Mostly False

C8. We really get along well with each other.

- Mostly True  
- Mostly False

C9. There is plenty of time and attention for everyone in our family.

- Mostly True  
- Mostly False

D1. How often do you have a drink containing alcohol?

- 4 or more times a week  
- 2-3 times a week  
- 2-4 times a month  
- Monthly or less  
- Never

D2. How many standard drinks containing alcohol do you have on a typical day?

- 10 or more  
- 0 to 4  
- 5 to 6  
- 3 or 4  
- 1 or 2  
- 0

D3. How often do you have six or more drinks on one occasion?

- Daily or almost daily  
- Weekly  
- Monthly  
- Less than monthly  
- Never

E1. How often do you feel that your life is over and you may as well end it?

- All of the time  
- Most of the time  
- A good part of the time  
- Some of the time  
- A little of the time  
- Very rarely  
- None of the time

E2. How often do you think about committing suicide?

- All of the time  
- Most of the time  
- A good part of the time  
- Some of the time  
- A little of the time  
- Very rarely  
- None of the time
E3. How often do you actually think about different ways that you could kill yourself?

- [ ] All of the time
- [ ] Most of the time
- [ ] A good part of the time
- [ ] Some of the time
- [ ] A little of the time
- [ ] Very rarely
- [ ] None of the time

E4. How often have you actually decided that you are going to take your own life and now you think about final plans to doing that?

- [ ] All of the time
- [ ] Most of the time
- [ ] A good part of the time
- [ ] Some of the time
- [ ] A little of the time
- [ ] Very rarely
- [ ] None of the time

F1. Please indicate which of the following types of gambling you have done in the last 12 months. For each type, mark one answer: "Not at all," "Less than once a week," or "Once a week or more."

<table>
<thead>
<tr>
<th>PLEASE &quot;✓&quot; ONE ANSWER FOR EACH STATEMENT</th>
<th>NOT AT ALL</th>
<th>LESS THAN ONCE A WEEK</th>
<th>ONCE A WEEK OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Played cards for money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Bet on horses, dogs, or other animals (at OTB, the track or with a bookie)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Bet on sport (parlay cards, with bookie, at Jai Alai)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Played dice games, including craps, over and under or other dice games</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. Went to casinos (legal or otherwise)</td>
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<tr>
<td>f. Played the numbers or bet on lotteries</td>
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<tr>
<td>g. Played bingo</td>
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<tr>
<td>h. Played the stock and/or commodities market</td>
<td></td>
<td></td>
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<tr>
<td>i. Played slot machines, poker machines, or other gambling machines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Bowled, shot pool, played golf, or some other game of skill for money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Played pull tabs or &quot;paper&quot; games other than lotteries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Some form of gambling not listed above (please specify):</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

F2. What is the largest amount of money you have ever gambled with on any one-day in the past 12 months?

- [ ] More than 100,000 kzt
- [ ] More than 50,000 kzt up to 100,000
- [ ] More than 10,000 kzt up to 50,000
- [ ] More than 5,000 kzt up to 10,000 kzt
- [ ] More than 500 kzt up to 5,000 kzt
- [ ] 500 kzt or less
- [ ] Never gambled

F3. Check which of the following people in your life has (or had) a gambling problem.

- [ ] Father
- [ ] Mother
- [ ] Brother/Sister
- [ ] My spouse/Partner
- [ ] My Child (ren)
- [ ] Another Relative
- [ ] A Friend or Someone Important in My Life
- [ ] No one
F4. When you gamble, how often do you go back another day to win back money you have lost in the past 12 months?
- Every Time I Lose
- Most of the Times I Lose
- Some of the Time (less than half the time I lose)
- Never

F5. Have you ever claimed to be winning money gambling, but weren’t really? In fact, you lost in the past 12 months?
- Yes, less than half the time I lost
- Never

F6. Do you feel you have ever had a problem with betting or money gambling in the past 12 months?

F7. Did you ever gamble more than you intended to in the past 12 months?

F8. Have people criticized your betting or told you that you had a problem, regardless of whether or not you thought it was true in the past 12 months?

F9. Have you ever felt guilty about the way you gamble, or what happens when you gamble in the past 12 months?

F10. Have you ever felt like you would like to stop betting money on gambling, but didn’t think you could in the past 12 months?

F11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs, or other signs of betting or gambling from your parents, spouse or other important people in your life in the past 12 months?

F12. Have you ever argued with people you live with over how you spend money on gambling in the past 12 months?

F13. Have you ever borrowed from someone and not paid them back as a result of your gambling in the past 12 months?

F14. Have you ever lost time from school (or work) due to betting money or gambling in the past 12 months?

F15. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from (check “Yes” or “No” for each):
1. From household money
2. From your spouse
3. From other relatives or in-laws
4. From banks, loan companies, or credit unions
5. From credit cards
6. From loan sharks
7. You cashed in stocks, bonds or other securities
8. You sold personal or family property
9. You borrowed on your checking accounts (passed bad checks)
10. You have (had) a credit line with a bookie
11. You have (had) a credit line with a casino

F16. Do you have friends who place a bet on sport events through bookmakers?
- Yes
- No
F17. Do you currently place a bet on sport events through bookmakers?
   □ Yes
   □ No
   If yes,

F18. How do you place a bet?
   □ Terminals (e.g. QiWI, etc.)
   □ Debit card
   □ With cash in offices

F19. From what age did you start betting? _____

F20. In which websites you place a bet? (olimp.iz, etc.)

F21. How many accounts do you have for gambling?
   □ 3 or/and more than 3
   □ 2
   □ 1

Thank you for participation!
Опросник

1. Укажите Ваш пол
   □ Женский
   □ Мужской

2. Ваш возраст
   □ 18 - 20
   □ 21 и старше

3. Национальность
   □ Казах/Казашка
   □ Русский/Русская
   □ Метис (укажите) __________________________
   □ Другое (укажите) __________________________

4. С какой религией Вы себя ассоциируете?
   □ Ислам
   □ Христианство
   □ Буддизм
   □ Ни с какой
   □ Другое (укажите) __________________________

5. Ваш текущий GPA?
   □ Меньше 1
   □ 1-1.99
   □ 2-2.99
   □ 3-4
   □ Пока нет GPA (1 курс)

6. Вы работаете помимо учебы для заработка?
   □ Да
   □ Нет

7. Ваша семья имеет собственное жилье?
   □ Да
   □ Нет

8. Сколько у Вас родных братьев и сестер?
   □ 0
   □ 1
   □ 2
   □ 3
   □ 4 или больше

9. Какую наивысшую степень образования получил Ваш отец?
   □ Школьное образование
   □ Среднее специальное образование
   □ Высшее образование

10. Какую наивысшую степень образования получила Ваша мать?
    □ Школьное образование
    □ Среднее специальное образование
    □ Высшее образование
A1. Как часто за прошедшую неделю Вам нравилось проводить время слушая лекцию/заниматься классной работой?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A2. Как часто за прошедшую неделю Вы с нетерпением ожидали лекции/классную работу?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A3. Как часто за прошедшую неделю Вы сидели на лекции/занимались классной работой без излишнего стресса?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A4. Как часто за прошедшую неделю Вы могли четко воспринимать лекцию/классную работу?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A5. Как часто за прошедшую неделю вы были решительными на лекции/классной работе, когда это было необходимо?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A6. Как часто за прошедшую неделю вы были довольны своими достижениями в лекции/классной работе?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A7. Как часто за прошедшую неделю вы были заинтересованы лекциями/классной работой?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A8. Как часто за прошедшую неделю вы могли сконцентрироваться на лекции/классной работе?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A9. Как часто за прошедшую неделю вы чувствовали себя хорошо выполняющих классную работу?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

A10. Как часто за прошедшую неделю вы свободно общались и взаимодействовали с другими на лекции?

☐ Никогда (очень редко) ☐ Редко ☐ Иногда ☐ Часто ☐ Постоянно

B1. Как часто за последние 2 недели Вас беспокоили чувства нервозности, беспокойства или что Вы на грани?

☐ Никогда ☐ Несколько дней ☐ Больше недели ☐ Почти каждый день

B2. Как часто за последние 2 недели Вас беспокоило то, что Вы не в состоянии остановить или контролировать свое волнение/тревогу?

☐ Никогда ☐ Несколько дней ☐ Больше недели ☐ Почти каждый день

B3. Как часто за последние 2 недели Вас беспокоило то, что у Вас пропал интерес ко всему или не получаете удовольствия?

☐ Никогда ☐ Несколько дней ☐ Больше недели ☐ Почти каждый день
B4. Как часто за последние 2 недели Вы беспокоились, чувствовали себя подавленным или безнадежным?
☐ Никогда ☐ Несколько дней ☐ Больше недели ☐ Почти каждый день

C1. Члены нашей семьи оказывают реальную помощь и поддержку друг другу.  ☐ Верно ☐ Неверно
C2. Мы часто дома «кубаем» время.  ☐ Верно ☐ Неверно
C3. Мы вкладываем много энергии в домашние дела.  ☐ Верно ☐ Неверно
C4. В нашей семье существует чувство единства.  ☐ Верно ☐ Неверно
C5. Мы редко вызываемся добровольно, когда что-то нужно сделать дома.  ☐ Верно ☐ Неверно
C6. Мы стараемся делать все во имя сплоченности нашей семьи.  ☐ Верно ☐ Неверно
C7. В нашей семье очень слабо развит дух коллективизма.  ☐ Верно ☐ Неверно
C8. Мы по-настоящему любим друг другом.  ☐ Верно ☐ Неверно
C9. В нашей семье всем уделяется достаточно много времени и внимания.  ☐ Верно ☐ Неверно

D1. Как часто Вы употребляете алкогольные напитки?
☐ 4 и более раз в неделю ☐ 2-3 раза в неделю ☐ 2-4 раза в месяц ☐ 1 раз в месяц или реже ☐ Никогда

D2. Сколько доз алкогольных напитков Вы выпиваете в день выпивки? (обычная доза это: 250 мл пива, 30 мл водки, 75 мл вина)
☐ 10 или более ☐ 7-9 ☐ 5-6 ☐ 3-4 ☐ 1-2 ☐ 0

D3. Как часто Вы выпиваете более 180 мл водки (1,5 л пива, 450 мл вина) в течение одной выпивки?
☐ Каждый день ☐ Каждую неделю ☐ Каждый месяц ☐ Реже чем каждый месяц ☐ Никогда

E1. Как часто Вас посещают мысли, что жизнь зашёл процесс и Вы можете уже прервать её?
☐ Постоянно ☐ Очень часто ☐ Часто ☐ Иногда ☐ Редко ☐ Очень редко ☐ Никогда

E2. Как часто Вас посещают мысли о желании понимать собой?
☐ Постоянно ☐ Очень часто ☐ Часто ☐ Иногда ☐ Редко ☐ Очень редко ☐ Никогда

E3. Как часто Вы размышляете о различных способах самоубийства?
☐ Постоянно ☐ Очень часто ☐ Часто ☐ Иногда ☐ Редко ☐ Очень редко ☐ Никогда

E4. Как часто Вы намеревались совершить самоубийство и подробно планировали чтобы осуществить это?
☐ Постоянно ☐ Очень часто ☐ Часто ☐ Иногда ☐ Редко ☐ Очень редко ☐ Никогда
F1. Укажите, в какие из следующих видов азартных игр Вы играли в последние 12 месяцев:

<table>
<thead>
<tr>
<th>Вид азартной игры</th>
<th>Никогда</th>
<th>Реже чем один раз в неделю</th>
<th>Один раз в неделю и чаще</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Делал (-a) ставки на спортивные мероприятия (через букмекера)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Играл (-a) в карты на деньги</td>
<td></td>
<td></td>
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<tr>
<td>c. Делал (-a) ставки на мероприятиях, связанных с животными (через азартный тотализатор, или через букмекера)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d. Играл (-a) в кости на деньги</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Играл (-a) в казино (=легально или нелегально)</td>
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<tr>
<td>f. Играл (-a) в лотереё</td>
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<tr>
<td>g. Играл (-a) в Винго или лото</td>
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<tr>
<td>h. Играл (-a) на фондовом или товарном рынке</td>
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<tr>
<td>i. Играл (-a) на игровых автоматах</td>
<td></td>
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<tr>
<td>j. Играл (-a) на деньги в боулинг, бильярд, гольф или в другие виды спорта, требующие особые умения</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>k. Другое (укажите)</td>
<td></td>
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</tbody>
</table>

F2. Назовите самую крупную сумму денег, за последние 12 месяцев, потраченных Вами на игру?

- Больше 1.000.000 тенге
- 500.000 - 1.000.000 тенге
- 100.000 - 500.000 тенге
- 5.000 - 10.000 тенге
- 500 - 5.000 тенге
- 50 тенге или меньше
- Никогда не играл (-a)

F3. Есть (были) ли у Ваших близких проблемы, связанные с азартными играми?

- Отец
- Мать
- Брат
- Сестра
- Супруг (-а)/Партнер
- Другой родственник
- Друг или другой важный для меня человек
- Никто

F4. Часто ли Вы возвращаетесь на другой день, чтобы сыграть?

- Всегда
- Почти всегда, когда проигрыша
- Иногда (в меньше чем половине случаев проигрыша)
- Никогда

F5. За последние 12 месяцев, говорили ли Вы, что выиграли, когда на самом деле проиграли?

- Да, всегда
- Да, в меньше чем половине случаев проигрыша
- Никогда (или никогда не играли/а)

F6. Эксплуатировали ли Вы азартными играми в последние 12 месяцев?

- Да __ Нет __

F7. За последние 12 месяцев, случалось ли Вам играть на большие суммы или дольше, чем Вы запланировали?

- Да __ Нет __
F8. За последние 12 месяцев, были ли люди, которые не одобряют Ваше увлечение азартными играми?   __Да __Нет

F9. За последние 12 месяцев, испытывали ли Вы чувство вины за свои поступки и мысли во время игры?   __Да __Нет

F10. За последние 12 месяцев, были ли случаи того, что Вам хотелось бросить азартные игры, но Вы чувствовали, что не способны это сделать?   __Да __Нет

F11. За последние 12 месяцев, приходили ли вы к ваментам по ставкам, лотерейные билеты, деньги, предназначенные для игры, или другие доказательства вашего увлечения азартными играми от ваших родителей, супруги (супруга), или других близких людей?   __Да __Нет

F12. За последние 12 месяцев, были ли у Вас споры со своими друзьями и близкими, о том, как Вы тратите деньги на азартные игры?   __Да __Нет

F13. За последние 12 месяцев, Вы брали деньги в долг и не отдавали их из-за ваших проигрышей?   __Да __Нет

F14. За последние 12 месяцев, пропускали ли Вы учебу или работу, чтобы поиграть в азартные игры?   __Да __Нет

F15. Ответьте, если брали, брали деньги на игру или на то, чтобы расплатиться с долгами по игре? (ответьте «Да» или «Нет» на каждый пункт):
1. Из семейного бюджета   __Да __Нет
2. У супруга   __Да __Нет
3. У других родственников   __Да __Нет
4. Продавали личные вещи или имущество   __Да __Нет
5. У ростовщиков (деньги в долг под проценты, ломбарды)   __Да __Нет
6. Брали в долг у бухмекера   __Да __Нет
7. Брали в долг у касина   __Да __Нет
8. В банках, кредитных организациях   __Да __Нет
9. Обналичивали (продавали) акции, облигации, другие ценные бумаги   __Да __Нет

F16. Есть ли у Вас друзья, кто делает ставки на спортивные события через бухмекера?
☐ Да
☐ Нет

F17. Делаете ли Вы сейчас ставки на спортивные мероприятия через бухмекера?
☐ Да
☐ Нет

Если «Да»,
F18. Какой вид оплаты Вы используете при оплате ставки?
☐ Терминалы (QIWI, итд.)
☐ Банковскую карту
☐ Наличными в офисах

F19. С какого возраста Вы делаете ставки на спортивные мероприятия через бухмекера? ______

F20. На каких сайтах вы предпочитаете делать ставки? (olimp.kz, итд.)
________________________________________________________________________
________________________________________________________________________

F21. Сколько у Вас всего логинов для ставок?
☐ 3 или больше
☐ 2
☐ 1

Спасибо за участие!
1. ការបង្កើត
☐ ឈុត
☐ ប្រ

2. ការស្លាប់ ដូចជា
☐ 18-20
☐ 21 ដល់ 21-ដែល អាចការពារ

3. កុំព្យូទ័រ របស់អ្នកគឺតែងភាសាឪែល
☐ ខ្មែរ
☐ ចិន
☐ អង់គ្លេស (ការស្លាប់តែងភាសាឪែល)
☐ ប្រព័ន្ធផ្នែកការស្លាប់តែងភាសាឪែល

4. ប្តុងដែលត្រូវបានស្គាល់
☐ អាហារ
☐ អង្ករសម្ព័ន្ធកុម្ភ៌
☐ បុរសការពារ
☐ ប្រព័ន្ធផ្នែកការស្លាប់តែងភាសាឪែល

5. ក្រុម GPA របស់អ្នកប្រសើរក្រុមភាសាឪែល
☐ 3-4 មេត្ត់
☐ 1-1.99
☐ 2-2.99
☐ 3-4
☐ ក្រោយពីធំ (1 ឆ្នាំ)

6. ការសម្របសម្រង់ តើមានព័ត៌មានថ្មីសំរាប់អ្នកទេ?
☐ ឈុត
☐ ប្រ

7. តើកុំព្យូទ័រកម្មសិទ្ធិមានជាមួយការប្រកួតប្រជែងបានមុន?
☐ ឈុត
☐ ប្រ

8. កុំព្យូទ័រការថ្មីរឿងតែងអក្សរភាសាឪែលបានមុន?
☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 ដល់ 4-ទី ការៀង

9. កុំព្យូទ័រប្រកួតប្រជែងប្រកួតប្រជែងបង្កើតភាសាឪែល?
☐ មេមេឈុត
☐ មេឈុត
☐ យុទ្ធសាស្រ្តញ្ចូ.payload

10. កុំព្យូទ័រប្រកួតប្រជែងប្រកួតប្រជែងបង្កើតភាសាឪែល?
☐ មេមេឈុត
☐ មេឈុត
☐ យុទ្ធសាស្រ្តញ្ចូ.payload
<table>
<thead>
<tr>
<th>A1.</th>
<th>бирок алатта Қос қарын және қарым-қатынас жасай көмек қалай қызмет еткен?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A2.</td>
<td>бирок алатта Қарын және қарым-қатынас қызмет көрсету үшін қандай жұмысқа жатады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A3.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
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<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A4.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A5.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A6.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A7.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A8.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A9.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
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<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>A10.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай (өте сиыр)</td>
</tr>
<tr>
<td>B1.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
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<tr>
<td></td>
<td>Ешкандай</td>
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<tr>
<td>B2.</td>
<td>Қарын көмек қалай қызмет етсеңіз қою үшін қандай аталады?</td>
</tr>
<tr>
<td></td>
<td>Ешкандай</td>
</tr>
</tbody>
</table>

42
B3. Этенин эл атпалаата эшнинг таалакча болбосо, эшнинг аралык атпа аялдык үчүн кандай жерде жазылды?

☐ Эшкешан
☐ Бирнеше күн
☐ Бир атпадан көп
☐ Күн саяйым

B4. Этенин эл атпалаата өзүндө көчкөн таалакча жүгүрөт көп жетүүсүнү белгендөгү сезиндигиз?

☐ Эшкешан
☐ Бирнеше күн
☐ Бир атпалаата көп
☐ Күн саяйым

C1. Бөйүктү өтүүчү мүөлөлөр бир-биринен шиңүү жүк унем көз берүү боюнча керүүлөгө дайындоо. ☐ Келсемин
☐ Келип сейдем

C2. Бул айда жаныкты көбүрөө пайда болгон бөлөмүгө өтөнө. ☐ Келсемин
☐ Келип сейдем

C3. Бул айда жаныкты өзүндө ычыктуу көп күн көп көшөк жатат. ☐ Келсемин
☐ Келип сейдем

C4. Бөйүктү өтүүчү мүөлөлөр бир-биринен сезимдөгү бөлөмүгө дайындоо. ☐ Келсемин
☐ Келип сейдем

C5. Бул айда өзүндө оңдоо жекет көрүү жарык артык көп. ☐ Келсемин
☐ Келип сейдем

C6. Бөйүктү өтүүчү мүөлөлөр бир-биринен сезимдөгү бөлөмүгө дайындоо. ☐ Келсемин
☐ Келип сейдем

C7. Бөйүктү өтүүчү мүөлөлөр бир-биринен сезимдөгү бөлөмүгө дайындоо. ☐ Келсемин
☐ Келип сейдем

C8. Бөйүктү өтүүчү мүөлөлөр бир-биринен сезимдөгү бөлөмүгө дайындоо. ☐ Келсемин
☐ Келип сейдем

C9. Бөйүктү өтүүчү мүөлөлөр бир-биринен сезимдөгү бөлөмүгө дайындоо. ☐ Келсемин
☐ Келип сейдем

D1. Сиз алкоголдуу жолдуу жана көңүлүк жана өткөрүү?

☐ 4 рет
☐ 2-3 рет
☐ 2-4 рет
☐ 1 рет
☐ Эшкешан

D2. Жолдуу жолдуу жана көңүлүк жана өткөрүү, стандартты көлемдин аса келишүүне өткөрүү?

☐ 250 мл, вино 30 мл, вино 50 мл

10 күнөө өздөө көп 7-9 5-6 3-4 1-2 0

D3. Бир айда 180 кг-дын артык артык (1.5л сыра, 450мл вино) көңүлүктууну жана өткөрүү?

☐ Күн саяйым
☐ Бир атпалаата көп
☐ Айына бир реттен аз
☐ Эшкешан

E1. Ымдөөчү менен көп, сиз дүйнөндө жана көңүлүк жана өткөрүү?

☐ Эркөө
☐ Оте жыл
☐ Жыл
☐ Көйөт
☐ Сирен
☐ Эшкешан

E2. Ымдөөчү кол жумушу туралы Сиз өзүңүзүңүздү жана жазылды?

☐ Эркөө
☐ Оте жыл
☐ Жыл
☐ Көйөт
☐ Сирен
☐ Эшкешан

E3. Ымдөөчү кол жумушу туралы Сиз өзүңүзүңүздү жана жазылды?

☐ Эркөө
☐ Оте жыл
☐ Жыл
☐ Көйөт
☐ Сирен
☐ Эшкешан

E4. Ымдөөчү кол жумушу туралы Сиз өзүңүзүңүздү жана жазылды?

☐ Эркөө
☐ Оте жыл
☐ Жыл
☐ Көйөт
☐ Сирен
☐ Эшкешан

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**F1. Сону 12 айда ойнаган ойнан турлərin kəsətəni az:**

<table>
<thead>
<tr>
<th>Ойнаның вр турнине &quot;Аттасына бир рет нөмөсө одан да кеп&quot;, &quot;Аттасына бир реттен аз&quot; нөмөсө &quot;Ешкәшән&quot; деген нүктəлəрдəн, бирәүн таңдаңыз.</th>
<th>ЕШКӘШАН</th>
<th>АПТАСЫНА БИР РЕТТЕН АЗ</th>
<th>АПТАСЫНА БИР РЕТ НӨМӨСӨ ОДАН ДА КЕП</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Спорттын ойнанында утс төктөм (букмекер аркылы)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Карта ойнанына аやすく төктөм.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Жануарларга байланысты қабылдарда утс төктөм (ипподром нөмөсө реәли тотализатор, нөмөсө буғәңер аркылы)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ойнан тәстәр (күбик) асцала ойнаңыз</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Казынога бардым (заңды нөмөсө заңсыз түрдеги)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Лотерея ойнаңыз</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Бинго нөмөсө ло гө ойнаңыз</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Фонд нөмөсө тауар нәрәнән дөйөнө ойнаңыз</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ойнан автоматтарында ойнаңыз</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Волинг, бильярд, ғылын нөмөсө басқа арнасы дүйнөлдөрдө қажет ететин ойнанын вр асцала ойнаңыз</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Басқа (күресенүү)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**F2. Сону 12 айда қүмәр ойнанында жүмсаган ең улгүн сооманы көрсөтәни?**

- 100,000 төөнөндөн өлкө
- 50,000 - 100,000 төөнө
- 10,000 - 50,000 төөнө
- 5,000 - 10,000 төөнө
- 500 - 5,000 төөнө
- 500 төөнө немесе одан аз
- Ешкәшән ойнаңыз жөмөлөөн

**F3. Сәдәк жакындарыңыңдага ойнага қүмәрлөгү проблемалары бәлдө ма?**

- әкөм
- Алан
- Алым
- алыңым
- Жуабыйым/Партнер
- Басқа түшкәнөм
- Дөңүм нөмөсө маган ете манызды өдөм
- Ешкәшән төнөлөө

**F4. Сону 12 айда үткәлгән эңлөкдөрдө қайтта үтүү өлкөсү күнә қайта баратьн кездәрдән өзүн түшүндөрү же бәлдө ма?**

- өркөшән
- Жүйә
- Кейде
- Ешкәшән

**F5. Сону 12 айда үткәлгән кездәрдән үзүмдөө дөңүм қайткан кездәрдән бәлдө ма?**

- Ие, өркөшән
- Жүйә
- Ешкәшән

**F6. Сону 12 айда қүмәр ойнанынмен шөнкөн нөгө ойнаңыз бә?**

_Ие_ __Жооқ
45

F7. សង្ឃឹabouts 2 ឈីណា ខ្ញុំនូវសាមញ្ចា នៅលើបេក្ខជនធាតុ៖ 

☐ ឈី ☐ ចេញ។

F8. សង្ឃឹabouts 2 ឈីណា សិធន័យចូលរួមមករាលួយការណ៍ 

☐ ឈី ☐ ចេញ។

F9. សង្ឃឹabouts 2 ឈីណា ប្រឈីស្រួលជាមួយនឹងការធាតុឈីណា 

☐ ឈី ☐ ចេញ។

F10. សង្ឃឹabouts 2 ឈីណាដែលប្រឈីស្រួលធាតុបេក្ខជនធាតុ៖ 

☐ ឈី ☐ ចេញ។

F11. សង្ឃឹabouts 2 ឈីណាខ្ញុំមករាលួយការណ៍ 

☐ ឈី ☐ ចេញ។

F12. សង្ឃឹabouts 2 ឈីណាកុមារប្រឈីស្រួលមកចេញរួមមករាលួយការណ៍ 

☐ ឈី ☐ ចេញ។

F13. សង្ឃឹabouts 2 ឈីណាកុមារកុមារប្រឈីស្រួលមកចេញរួមមករាលួយការណ៍ 

☐ ឈី ☐ ចេញ។

F14. សង្ឃឹabouts 2 ឈីណាកុមារប្រឈីស្រួលមកចេញរួមមករាលួយការណ៍ 

☐ ឈី ☐ ចេញ។

F15. សង្ឃឹabouts 2 ឈីណាកុមារប្រឈីស្រួលមកចេញរួមមករាលួយការណ៍ 

☐ ឈី ☐ ចេញ។

F16. បេក្ខជនធាតុកុមារសុភាពសច្ចានីអាហារសាល់មកចេញជាប្រឈីស្រួលដែលមាន 

☐ ឈី ☐ ចេញ។

F17. ការសិក្សាលេខដ្ឋីកុមារសុភាពសច្ចានីអាហារ អាហារសាល់ 

☐ ឈី ☐ ចេញ។

Egger “ឈី” បំបែក, 

F18. ការសិក្សាលេខដ្ឋីកុមារសុភាពសច្ចានីអាហារ អាហារសាល់ 

☐ ទិន្នន័យ (QW) ☐ បណ្តាលី ☐ ឈី ☐ ចេញ។

F19. ការសិក្សាលេខដ្ឋីកុមារសុភាពសច្ចានីអាហារ អាហារសាល់ 

☐ ទិន្នន័យ (QW) ☐ បណ្តាលី ☐ ឈី ☐ ចេញ។

F20. ការសិក្សាលេខដ្ឋីកុមារសុភាពសច្ចានីអាហារ អាហារសាល់ 

☐ ទិន្នន័យ (QW) ☐ បណ្តាលី ☐ ឈី ☐ ចេញ។

F21. សិក្សាលេខដ្ឋីកុមារសុភាពសច្ចានីអាហារ អាហារសាល់ 

☐ 3 នៅលើបេក្ខជនធាតុ 

☐ 2 

☐ 1 

ការសិក្សាលេខដ្ឋីកុមារសុភាពសច្ចានីអាហារ អាហារសាល់
APPENDIX B - The Cover Letter given to participants in three languages

Consent form

The project aims to look on Psychosocial Characteristics of College and University Students in Astana. The questionnaire consists of demographic questions, such as age, gender, ethnicity, and family size; questions related to overall school satisfaction, feeling of anxiety, family cohesion, alcohol use, suicidal ideation, and gambling involvement. The questionnaire will take approximately 20 minutes to complete. Please complete the questionnaire individually and not to discuss questions or answers with anybody. After completion the questionnaire, please put the questionnaire in the envelope. Your participation is voluntary and you can withdraw from participation at any time without any consequences.

Your identification will not be identified in any way by your answers and all information is anonymous. You will not be asked to write your name or sign anything. The questionnaire will be randomly assigned a unique identification number for further analysis. Once the questionnaires are transferred to database, written questionnaires will be destroyed later. The database will be saved in the researcher’s computer, that is password secured. The study is anonymous, and there will be no way to link back identification number with your identity, since none of the forms will have any identifying information.

There will be minimal risk in the study and that you may discontinue my participation or skip any questions that make you uncomfortable at any time without penalty. If you feel strong negative reaction to the content of the questions, there are free contacts of free and 24-hour psychological help hotline at 150 or 8(7172) 51 88 44, 8(7172) 54 76 03, 8(7172) 54 70 53 to get assistance with any psychological discomfort you incur because of participation in the study.

Responsible person for the project is Gulzira Janabel, gkhamidullieva@nu.edu.kz, tel. 8 707 418 44 41
Project is supervised by:
Dr. Byron Crape at byron.crape@nu.edu.kz
Dr. Raushan Alibekova raushan.alibekova@nu.edu.kz
Dr. Valentina Stolyarova valentina.stolyarova@nu.edu.kz

Once you start to fill out the questionnaire, you confirm, you have understood the information, and you give your consent to participate in the study, and you are not younger than 18, and you are a student, and you are aware that you can stop your participation at any time without any consequences.
Форма Согласия

Проект изучает психосоциальное здоровье студентов колледжей и университетов в г. Астана.

Ваше участие является добровольным, и Вы имеете право прекратить участие в любой момент, что не повлечет за собой никаких последствий. Анкета состоит из демографических вопросов, таких как возраст, пол, этническая принадлежность и размер семьи, вопросов, связанных с общей удовлетворенностью школой, чувством беспокойства, сплоченности семьи, употреблением алкоголя, суицидальными идеями и участием в азартных играх.

Вопросник в основном состоит из вопросов с множественным выбором, где нужно будет выбрать один из заданных вариантов ответа. Он содержит несколько открытых вопросов, где нужно будет записать ответ. Участие в исследовании займет приблизительно 20 минут. После заполнения вопросника помещите его в конверт. Прощу также заполнить анкету самостоятельно и не с кем не обсуждая вопросы и ответы.

Ваша идентификация никаким образом не будет определяться Вашими ответами, и вся информация анонимна. Вас не попросят написать свое имя или подписать что-либо. Каждому вопроснику будет присвоен уникальный идентификационный номер для дальнейшего анализа. После того, как вопросники будут переведены в базу данных, письменные анкеты будут уничтожены. База данных будет храниться на компьютере исследователя, который защищен паролем. Исследование анонимно, и исключается любая возможность связать Вашу личную информацию с Вашей анкетой, поскольку ни одна из форм не будет иметь идентифицирующую информацию.

Потенциальные риски от данного исследования минимальны, и Вы можете беспрепятственно прекратить участие в любой момент и без каких-либо последствий, а также пропустить любые вопросы, вызывающие дискомфорт. Если содержание вопросов вызывает негативную реакцию, Вы можете позвонить на бесплатную и круглосуточную горячую линию Психологической Помощи 150 или 8 (7172) 51 88 44, 8 (7172) 54 76 03, 8 (7172) 54 70 53 для получения психологической помощи.

Ответственным за этот проект является Гулшара Жанаубаева, gkhamidulliyeva@nu.edu.kz, номер телефона 8 707 418 44 41
Проект контролируется:
Др. Байрона Крэйп byron.crape@nu.edu.kz
Др. Рушан Алибекова pushan.alibekova@nu.edu.kz
Др. Валентина Столыгова valentina.stolyanova@nu.edu.kz

Начав заполнение данного опроса, Вы подтверждаете, что Вы поняли информацию, даёте свое согласие участвовать в исследовании, Вам не менее 18 лет, Вы являетесь студентом университета/колледжа в г. Астана.
Хабарды етілген келісім

Бұл жоба Астана қаласының қолдағы ең жоғары оқу орындарындағы студенттердің психологиялық-әлеуметтік депсаулығы зерттеді.

Бұл сауалнамаға еркін болған табылатыны, және кез-келген ұақытта сауалнамаға қатысушы төкпіргө құқылысы бар, бұл ашықтай әлдеп ақылмайды.

Сізге аты-жөніңіз анықталаіды және барлық акпарат қасиет. Сізден атыңызға жәзушіңіз немесе құжатқа қөп көңілдір сұралмайды.

Сауалнаманы толтыруға шамамен 15 минут келеді. Сауалнаманы оқыңыз және толтыруға қуіпіздеді.

Бұл жоба сізге мінімалды тәуесісін тұтысады. Егер, қандай да бір сурауқа жауап беру мүмкінсіздің тұтылыса, сурауқі атап немесе сауалнамаға қатысушың өз тарқау болады. Психологиялық комек үшін тегін және тәуел болып жақындай алар - 150, 8 (7172) 51 88 44, 8 (7172) 54 76 03, 8 (7172) 54 70 53.

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Сіз осы сауалнамаға қатысушыңыз, бәрілген мәліметті түсініңіз, көпеміңізді бергеніңіз, жақсыңыз 18-ден ашықданы, және Астана қаласының ұніверситет/коледже студенттері екенінің қайтарысыз.
APPENDIX C – Ethics committee decision

NUSOM-REC

Decision:
Prevalence of problem gambling and associated risk factors among young adults in Astana city of Kazakhstan

The above-mentioned student driven classroom project was evaluated by the NUSOM-REC (Nazarbayev University School of Medicine - Research Ethics Committee) and classified as expedited.

The decision is based on the facts that the study employs participants from non-vulnerable groups (Young adults of 18 years of age and above), is fully anonymous, bears minimal/no risk and meets ethical standards (informed consent [oral], explanation of study, possibility of withdrawal, no coercion).

This is to inform you that the research “Prevalence of problem gambling and associated risk factors among young adults in Astana city of Kazakhstan” that is being performed by the MPH student Gulzira Janabel and Dr. Byron Crape has been granted "expedited" status and was approved by the Nazarbayev University School of Medicine Research Ethics Committee (NUSOM-REC). This decision was based on the fact that the study does not involve vulnerable groups, the researchers will not be storing identifiable private information from any of the study’s participants and the participants will be elucidated about the research project and participate voluntarily.

Prof. Dieter Riethmacher
Chair NUSOM-REC