Report on

Adult Gambling Behaviors in Indiana

2024

SCHOOL OF PUBLIC HEALTH
PREVENTION INSIGHTS
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Report on Adult Gambling Behaviors in Indiana - 2024

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Introduction

Gambling was legalized in Indiana in 1989 with the establishment of the State Lottery Commission that oversees the Hoosier Lottery. The Hoosier Lottery sells scratch-off tickets, fast play, and draw games such as the multi-state Powerball and Mega Millions lottery games. The Indiana Gaming Commission was created in 1993 to oversee the Riverboat Gambling Act. Indiana currently has twelve commercial casinos, one tribal-based casino (Pokagon Band of Potawatomi Indians), and two 'racinos' combining horse-race betting and gaming facilities. In 2019, the Indiana legislature approved sports gambling. Other forms of legal gambling in Indiana include pull-tabs, number boards, bingo, and charitable gaming.

This is the third year of the Adult Gambling Behaviors in Indiana survey. The *2024 Adult Gambling Behaviors in Indiana* survey is funded by the Indiana Division of Mental Health and Addiction and conducted by Prevention Insights at the Indiana University School of Public Health-Bloomington between October and December 2024. The purpose of the survey was to assess the scope of gambling activities, the prevalence of problem gambling behaviors, and awareness of available problem gambling resources among Indiana adults. The *2024 Adult Gambling Behaviors in Indiana* study received approval by the Indiana University Institutional Review Board (IRB), protocol #24668, as exempt. This report presents findings from the survey.

A random address-based sample of 5,400 households in Indiana was drawn by the Center for Survey Research at Indiana University to be proportional to the adult population within the ten planning regions used by the Indiana Division of Mental Health and Addiction at the time. A discussion of the sampling methodology can be found in Appendix B.

In October 2024, an invitation letter was mailed to sampled households, instructing the adult (at least 18 years old) with the most recent birthday to complete the questionnaire. The letter included a description of the study, along with a QR code and URL linking to the online survey hosted in Qualtrics XM. Two weeks later, a follow-up postcard reminder was sent to all sampled households. In November 2024, a subsample of 1,500 nonrespondents was randomly selected to receive additional outreach. A reminder letter, including a paper version of the survey and a return envelope, was mailed to these households. However, due to an administrative error, the initial mailing (1500) contained surveys from the previous survey cycle. A corrected batch of surveys was subsequently mailed to the same addresses. All respondents were offered a $10 gift card incentive upon completion of the survey.

The questionnaire was designed by Prevention Insights with input from the Indiana Division of Mental Health and Addiction and the 2018 Survey of Adult Iowans Toward Prevalence of Gambling.[1] The questionnaire included the 9-item Pathological Gambling Diagnostic Form (DSM-V),[2] the 17-item NORC

[1] Park, K., Losch, M., Muilenburg, R., & Zubrod, A. (2019). Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans Toward Prevalence of Gambling. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

[2] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596.

Diagnostic Screen for Gambling Problems (NODS),[3] and the 9-item Problem Gambling Severity Index (PGSI).[4] Additional questions were added to assess individuals' awareness of problem-gambling services and health-related experiences, and to collect demographic data.

Data were collected between October and December 2024. A total of 533 surveys were completed online, and 377 were completed via paper questionnaires. However, 105 duplicate cases were identified—some individuals completed both the online and paper surveys, or both the first and second batches of the paper survey. In the former cases, the online responses were retained; in the latter, the correct version of the paper survey was used. The final data analyses included 805 valid cases. A total of 191 invitation letters were returned as undeliverable, resulting in a total (paper and online survey) response rate of 15.5%. Table 22 in Appendix A presents the demographic data from the survey respondents. Data were weighted to ensure proportional representation to the overall Indiana adult population. Chi-Square tests of independence were conducted to determine if statistically significant differences between demographic categories were observed. The Bonferroni correction was applied when post hoc pairwise comparisons were needed. Significant differences were noted in the respective tables. A complete description of the data processing methodology can be found in Appendix B.

Summary of Findings

- Approximately 91.5% of Indiana adults reported participating in at least one gambling activity in the past year.
    - 68.2% of Indiana adults reported playing any lottery in the past year.
    - 52.8% of Indiana adults reported visiting casinos to gamble in the past year.
    - 35.0% of Indiana adults participated in online or video gaming in the past year.
    - 23.4% of Indiana adults took part in any sports gaming in the past year.
- Statistically significant differences in overall gambling participation were observed across demographic groups:
    - Males reported engaging more in any type of sports gambling compared to females.
    - Younger adults reported higher rates of participation in both any sports gaming and video game in app purchases compared to older adults.
    - Respondents with annual household incomes exceeding $100,000 reported greater involvement in "other" types of gambling activities than those with lower incomes.
- The prevalence of problem gambling among adults in Indiana was under 4%.
    - According to the DSM-V criteria, 3.4% of adults met the criteria for a gambling disorder.
    - Based on the NODS, 3.0% of adults were classified as pathological gamblers.
    - Using the PGSI, 2.5% of adults reported experiencing severe gambling problems.

[3] Gerstein, D., Volberg, R. A., Toce, M. T., Harwood, H., Johnson, R. A., Buie, T., & Sinclair, S. (1999). *Gambling impact and behavior study: Report to the national gambling impact study commission*. Chicago: National Opinion Research Center.

[4] Ferris, J. A., & Wynne, H. J. (2001). *The Canadian problem gambling index* (pp. 1-59). Ottawa, ON: Canadian Centre on Substance Abuse.

- Certain demographic patterns were observed within the non-problem gambling category:
    - Females were classified as no-risk on the NODS and non-problematic on the PGSI more so than males, suggesting that being female may be associated with a lower risk of problematic gambling behavior.
    - Adults aged 18 to 34 were less likely than older adults to be classified as no-risk on the NODS and non-problem gamblers on the PGSI, suggesting that younger age may be associated with a higher risk of problem gambling behavior.
- 46.4% of Indiana adults were aware of the gambling helpline 1-800-GAMBLER.
- 2.6% of Indiana adults had ever thought of having a problem with, being dependent on, and/or being addicted to gambling.
    - 64.8% of those identified with a gambling disorder based on the DSM-V, 66.1% of those classified as pathological gamblers according to the NODS, and 79.1% of those identified as problem gamblers using the PGSI reported that they had thoughts that they had a gambling problem.

Key Findings

Prevalence of Gambling Activities

Gambling is the wagering of money or something of value on an event with an uncertain outcome. Here, we present the percentage of Indiana adults estimated to participate in various gambling activities, as well as 95% Confidence Intervals (CI). Each 95% CI provides two percentages, a low and a high value; there is a 95% probability that the range of percentages includes the true population value. For example, this study found that approximately 91.5% of Indiana adults participated in at least one gambling activity in the 12 months prior to the survey. The 95% CI was 88.2 to 94.0, meaning that we are 95% certain that the true prevalence of gambling among Indiana adults is between 88.2% and 94.0%, with our current 'best estimate' being 91.5%. Because the following four activities are not legally considered gambling in Indiana, a separate 'any gambling' rate was calculated excluding these activities. The resulting rate is 88.6% (LL: 84.7, UL: 91.6). The excluded activities are: video game in app purchases (loot boxes, mystery boxes, skins, etc.); online video game play/esports; high-risk trading of stocks, commodities, or futures; and other game, activity, or event not listed.

The most common gambling activities that respondents participated in were lotteries [58.9%; 95% CI: 53.8, 63.9], scratch tickets [51.9%; 95% CI: 46.8, 57.0], and raffle tickets [51.4%; 95% CI: 46.3, 56.5]. There were some statistically significant differences in overall gambling participation associated with demographic characteristics. Compared to females, more males engaged in sports gambling. Younger adults reported higher rates of participation in both any type of sports gambling and video game in app purchases compared to older adults. Respondents with annual household incomes exceeding $100,000 reported greater involvement in "other" types of gambling activities compared to those with lower incomes.

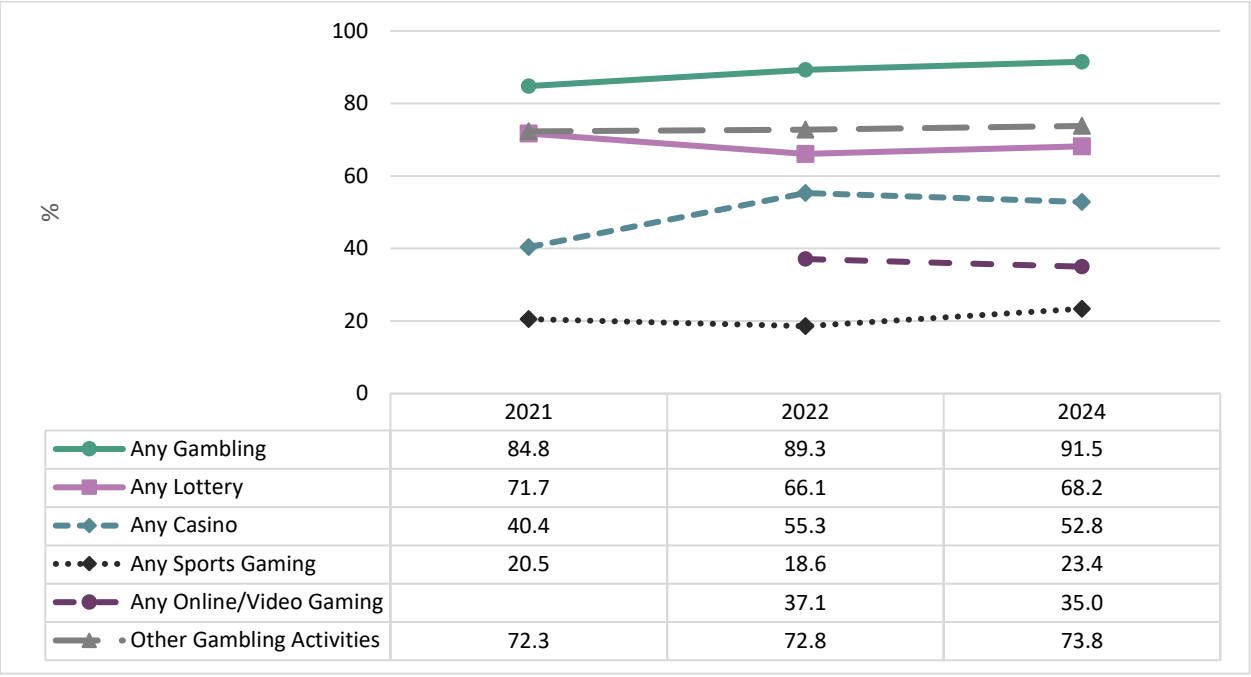
For individual gambling activities, compared to females, males more often reported online sports betting, fantasy sports leagues, online video games, dealer-based table games at casinos, racetracks, office pools, and high-risk trading. On the other hand, females more often reported participation in bingo compared to males. Compared to older adults, more younger individuals reported participating in online sports betting, online gambling, fantasy sports leagues, video game in app purchases, online/video gaming, card games not at casinos, and games of personal skills. Older adults reported participating in lotteries more than younger individuals. Compared to other races, white individuals participated more in fantasy sports leagues and office pools than others. Respondents with higher annual household income reported participating in lotteries, games of personal skills, office pools, raffle tickets, and high-risk trading than other income levels.

Table 1. Population estimates and percentages of Indiana adults who reported gambling in selected categories in the past twelve months, 2024

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Any Gambling	4,606,524	91.5	88.2	94.0
Any Lottery	3,556,219	68.2	63.3	72.7
Any Casino	2,492,733	52.8	47.3	58.2
Any Sports Gaming	1,219,144	23.4	19.1	28.5
Any Online/Video Gaming	1,637,562	35.0	29.8	40.7
Other Gambling Activities	3,826,361	73.8	69.0	78.1

Note. "Any lottery" includes scratch tickets or pull tabs, lottery tickets (numbers), and lottery ticket vending machines. "Any casino" includes slot machines, dealer-based table games at casino, video-based table games at casinos, dice games, bingo, and racetracks (on horses or dogs). "Any sports gaming" includes online sport betting on professional, college or amateur events and fantasy sports leagues. "Any online/video gaming" includes online gambling (not sports betting), video game in app purchases, online video game play/esports, and electronic gambling machine (not casino). "Other gambling activities" include card games with friends, family, or others (not at casinos), personal skills such as pool, bowling, video games, or playing basketball, office pools (including tournament brackets), raffle tickets (including those supporting charities), high-risk trading of stocks, commodities, or futures, and betting or gambling using some other game, activity, or event.

Figure 1. Trend of percentages of Indiana adults who reported gambling in selected categories in the past twelve months



	2021	2022	2024
Any Gambling	84.8	89.3	91.5
Any Lottery	71.7	66.1	68.2
Any Casino	40.4	55.3	52.8
Any Sports Gaming	20.5	18.6	23.4
Any Online/Video Gaming		37.1	35.0
Other Gambling Activities	72.3	72.8	73.8

Note. Any online/video gaming category was added in 2022.

Figure 2. Percentages of Indiana adults who gambled on any activity in the past twelve months by gender, age, race/ethnicity, and household income, 2024

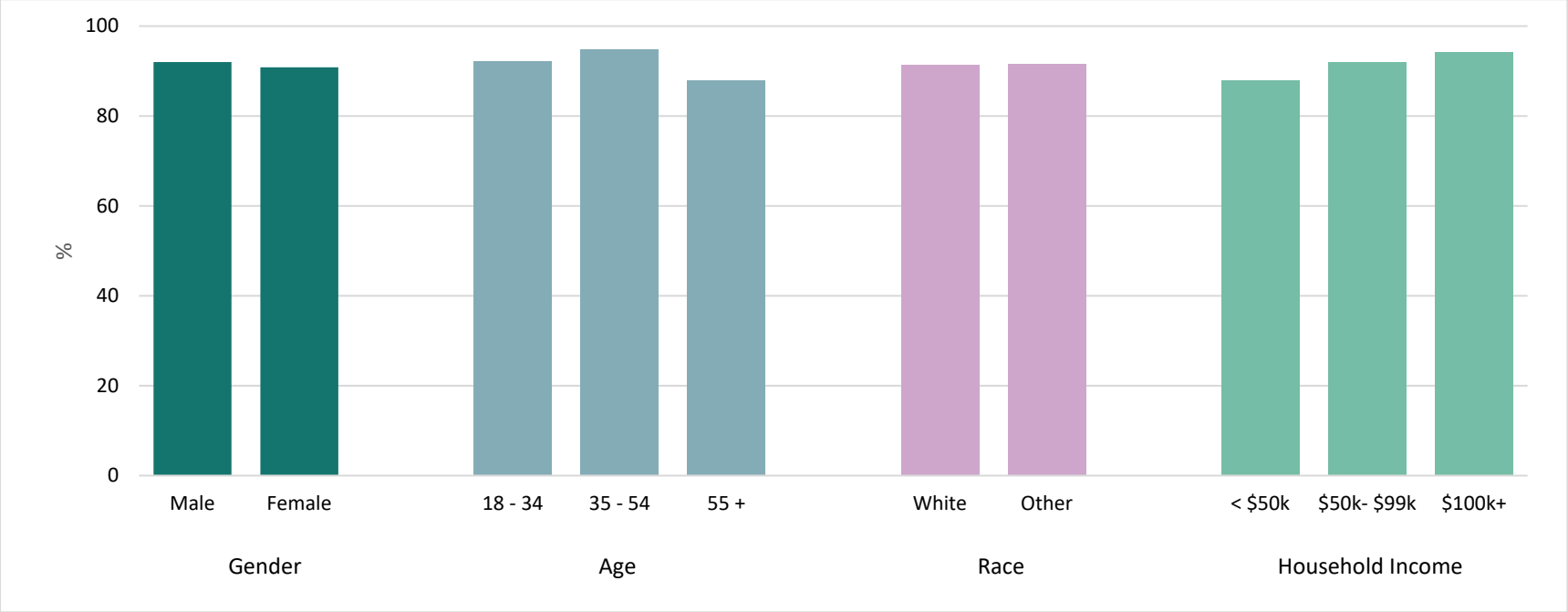


Figure 3. Trend of percentages of Indiana adults who gambled on any activity in the past twelve months by gender, age, race/ethnicity, and income

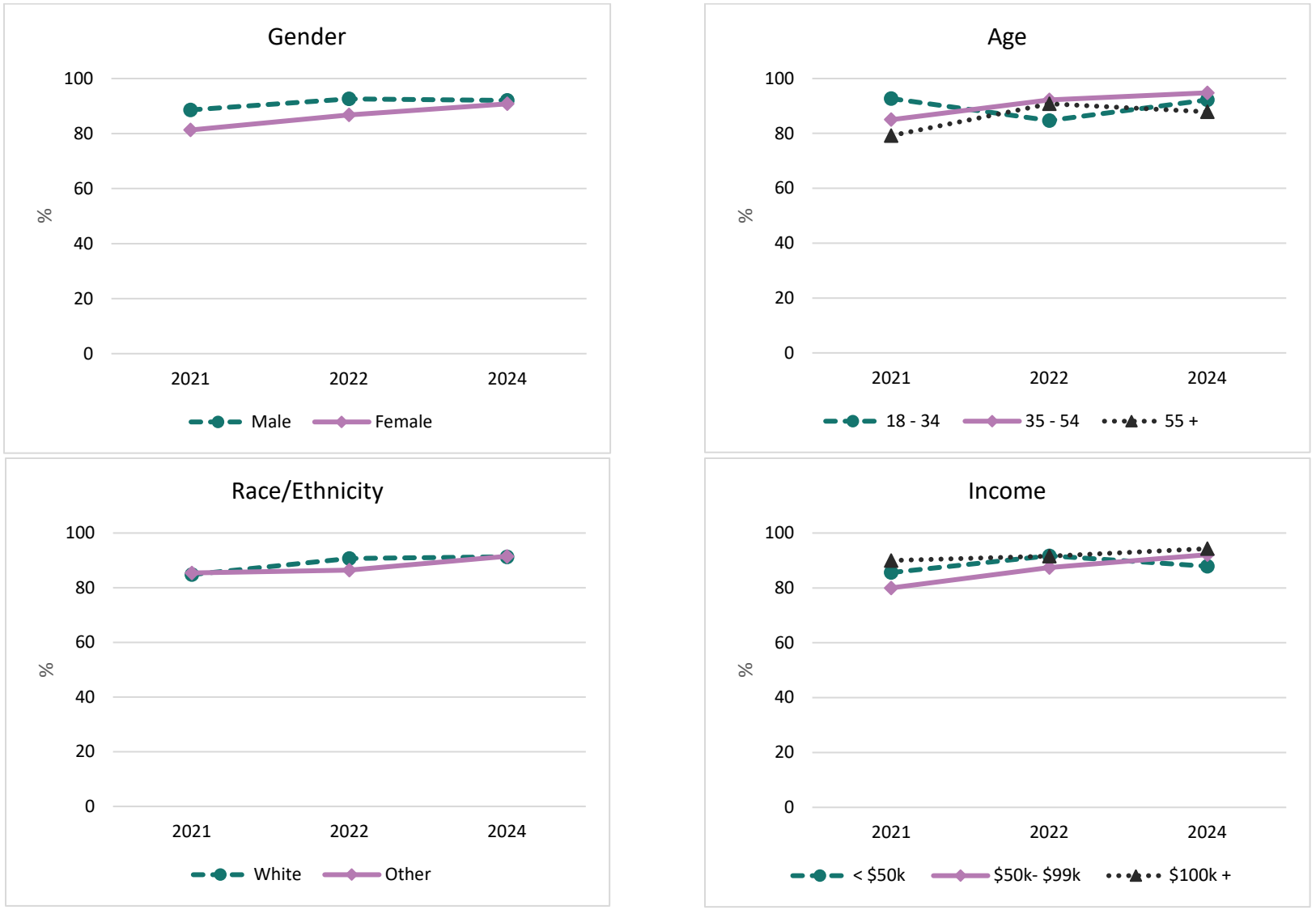


Table 2. Percentages and comparisons of Indiana adults who reported gambling in selected categories in the past twelve months by gender, age, and household income, 2024

	Gender			Age				Race			Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	White	Other	Sig.	< $50k	$50k-$99k	$100k +	Sig.
Any Gambling	92.0	90.8		92.2	94.8	87.9		91.3	91.5		87.9	92.1	94.3	
Any Lottery	68.5	67.9		58.1	75.6	69.1	*a	69.5	63.1		67.4	64.3	72.5	
Any Casino	48.6	55.7		50.0	57.3	49.6		53.2	48.7		49.6	49.3	57.5	
Any Sports Gaming	33.7	13.0	*	34.7	31.0	7.8	*b,c	24.6	17.1		23.9	17.0	27.1	
Any Online/Video Gaming	40.4	30.5		59.4	38.2	10.9	*a,b,c	35.4	36.0		39.0	32.4	34.3	
Other Gambling Activities	75.3	72.2		75.5	82.0	65.6	*c	74.3	72.2		66.2	71.8	82.8	*e

Note. "Any lottery" includes scratch tickets or pull tabs, lottery tickets (numbers), and lottery ticket vending machines. "Any casino" includes slot machines, dealer-based table games at casino, video-based table games at casino, dice games, bingo, and racetracks (on horses or dogs). "Any sports gaming" includes online sport betting on professional, college or amateur events and fantasy sports leagues. "Any online/video gaming" includes online gambling (not sports betting), video game in app purchases, online video game play/esports, and electronic gambling machine (not casino). "Other gambling activities" include card games with friends, family, or others (not at casinos), personal skills such as pool, bowling, video games, or playing basketball, office pools (including tournament brackets), raffle tickets (including those supporting charities), high-risk trading of stocks, commodities, or futures, and betting or gambling using some other game, activity, or event.

Sig. = Significance probability, * $p < .05$.
For age categories, statistically significant difference ($p < .017$) between rates of **(a)** 18-34 and 35-54; **(b)** 18–34 and 55+; **(c)** 35–54 and 55+.
For household income categories, statistically significant difference ($p < .017$) between rates of **(d)** < $50k and $50k-$99k; **(e)** < $50k and $100k+; **(f)** $50k-$99k and $100k+.

Table 3. Population estimates and percentages of Indiana adults who reported gambling in selected activities in the past twelve months, 2024

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Online sports betting	886,579	17.0	13.1	21.8
Online gambling (not sports betting)	427,158	8.2	5.6	12.0
Fantasy sports leagues	638,734	12.3	9.1	16.3
Video game in app purchases	1,238,858	23.8	19.4	28.8
Online video game (esports)	1,009,162	19.4	15.5	24.0
Slot machines	1,301,010	25.2	20.8	30.1
Dealer-based table games at a casino	843,701	16.2	12.6	20.6
Video-based table games at a casino	642,258	12.3	9.3	16.2
Scratch tickets	2,681,579	51.9	46.8	57.0
Lotteries	3,067,819	58.9	53.8	63.9
Lottery ticket vending machines	1,182,340	22.7	18.7	27.3
Electronic gambling machine (not at a casino)	251,497	5.4	3.0	9.6
Racetracks	411,200	8.9	5.9	13.1
Bingo	883,886	17.0	13.4	21.4
Card games (not at a casino)	2,412,028	46.3	41.3	51.5
Games of personal skill	1,812,802	35.0	30.1	40.2
Dice games	984,062	19.1	15.3	23.5
Office pools	1,210,333	23.2	19.3	27.7
Raffle tickets	2,676,417	51.4	46.3	56.5
High-risk trading	583,270	11.4	8.4	15.2
Other games	828,855	16.1	12.4	20.6

Table 4. Percentages of Indiana adults who reported gambling in selected activities in the past twelve months by gender, age, and household income, 2024

	Gender			Age				Race			Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	White	Other	Sig.	< $50k	$50k- $99k	$100k +	Sig.
Online sports betting	24.2	10.3	*	29.1	20.3	5.4	*b,c	17.4	15.7		20.0	13.3	17.2	
Online gambling (not sports betting)	8.6	7.1		14.8	7.3	3.1	*b	7.3	10.2		11.8	4.8	6.3	
Fantasy sports leagues	18.3	6.0	*	18.2	17.1	3.1	*b,c	13.5	5.9	*	12.0	7.4	15.5	
Video game in app purchases	28.2	19.9		47.0	28.0	3.8	*a,b,c	22.9	28.4		28.4	19.5	23.2	
Online video game (esports)	26.5	13.3	*	36.3	24.8	3.3	*b,c	19.2	21.8		24.2	17.4	17.4	
Slot machines	23.2	26.0		20.4	31.5	22.3		25.3	22.5		22.9	23.9	27.1	
Dealer-based table games at a casino	21.4	10.2	*	19.3	19.3	9.8		16.3	12.9		15.6	10.6	19.5	
Video-based table games at a casino	13.6	10.5		17.3	11.0	8.8		11.6	13.8		13.1	9.4	12.6	
Scratch tickets	48.6	55.5		53.4	60.3	44.6	*c	52.7	50.9		57.3	47.5	51.8	
Lotteries	61.0	56.5		44.9	65.7	62.5	*a,b	60.9	49.4		50.0	57.5	68.1	*e
Lottery ticket vending machines	20.6	22.0		23.1	23.0	18.5		21.8	19.0		20.8	25.2	19.5	
Electronic gambling machine (not at a casino)	7.4	3.1		12.5	1.6	2.0		5.4	4.5		7.8	6.4	1.9	
Racetracks	13.6	4.8	*	10.4	9.3	7.6		10.3	4.9		5.3	8.2	13.4	
Bingo	12.0	21.2	*	23.2	12.2	15.7		15.2	22.4		23.5	11.5	14.4	
Card games (not at a casino)	47.6	46.0		61.5	41.6	39.7	*a,b	46.8	48.0		49.9	40.4	48.0	
Games of personal skill	40.6	31.2		42.9	44.4	23.2	*b,c	33.7	44.4		35.4	27.3	43.4	*f
Dice games	17.8	20.8		21.1	20.5	17.1		19.7	18.6		20.6	17.6	19.7	
Office pools	31.2	14.4	*	19.3	31.0	17.7	*c	25.5	11.3	*	12.4	22.6	32.8	*e
Raffle tickets	55.4	47.4		44.2	54.8	53.8		52.5	47.1		38.1	57.2	60.3	*d,e
High-risk trading	16.0	7.6	*	10.9	17.3	7.4	*c	11.3	13.5		10.4	5.8	17.2	*f
Other games	18.7	14.4		23.2	17.2	10.6		14.7	23.4		20.4	16.3	12.5	

Note. Sig. = Significance probability, * $p < .05$.

For age categories, statistically significant difference ($p < .017$) between rates of **(a)** 18-34 and 35-54; **(b)** 18–34 and 55+; **(c)** 35–54 and 55+.

For household income categories, statistically significant difference ($p < .017$) between rates of **(d)** < $50k and $50k-$99k; **(e)** < $50k and $100k+; **(f)** $50k-$99k and $100k+.

Prevalence of At-Risk or Problem Gambling

Problem gambling is defined as behavior that results in harmful effects to the person who gambles, their family, friends, coworkers, or others. A gambling disorder is a behavioral addiction diagnosis characterized by a loss of control over gambling, a preoccupation with gambling, and a continuation of the behavior despite adverse consequences.[5]

In 1980, the American Psychiatric Association (APA) established diagnostic criteria for pathological gambling.[6] In 2014, the condition was reclassified as disordered gambling, shifting its categorization from an impulse control disorder to a behavioral addiction.[7,8] The most recent version of the tool (DSM-V[9]) consists of nine items and classifies the diagnosis as a behavioral addiction disorder instead of the earlier classification as an impulse control disorder. The APA screen assesses difficulties in controlling gambling behavior and adverse consequences of gambling. Both the National Opinion Research Center Diagnostic Screen for Gambling Problems (NODS) and the Problem Gambling Severity Index (PGSI), which were included in the Indiana study, were derived from the American Psychiatric Association's screening instrument. The DSM-V criteria are used in clinical settings to determine if a gambling disorder is present. Both the NODS and PGSI assess problem gambling across a continuum of risk, with thresholds for low, moderate, and high levels of severity. Item content on the NODS is closely aligned with the items on the DSM-V screen, while the PGSI includes several unique items to assess negative consequences. The PGSI includes four items that measure difficulties in controlling gambling and five items that assess adverse consequences of gambling. Research shows that PGSI is a brief and straightforward tool with high internal reliability and uni-dimensionality in identifying those at risk of developing gambling problems among the general population.[10,11]

Figure 4 presents the prevalence of gambling problems among Indiana adults as measured by two standardized screening instruments: the DSM-V and the NODS. While both tools identified similar levels of gambling disorder in the population, slight differences were observed in the estimates. According to the DSM-V criteria, 3.4% of adults [95% CI: 1.8, 6.6] met the threshold for a gambling disorder. Using the NODS, 3.0% of adults [95% CI: 1.5, 6.3] were classified as having pathological gambling. Analysis of

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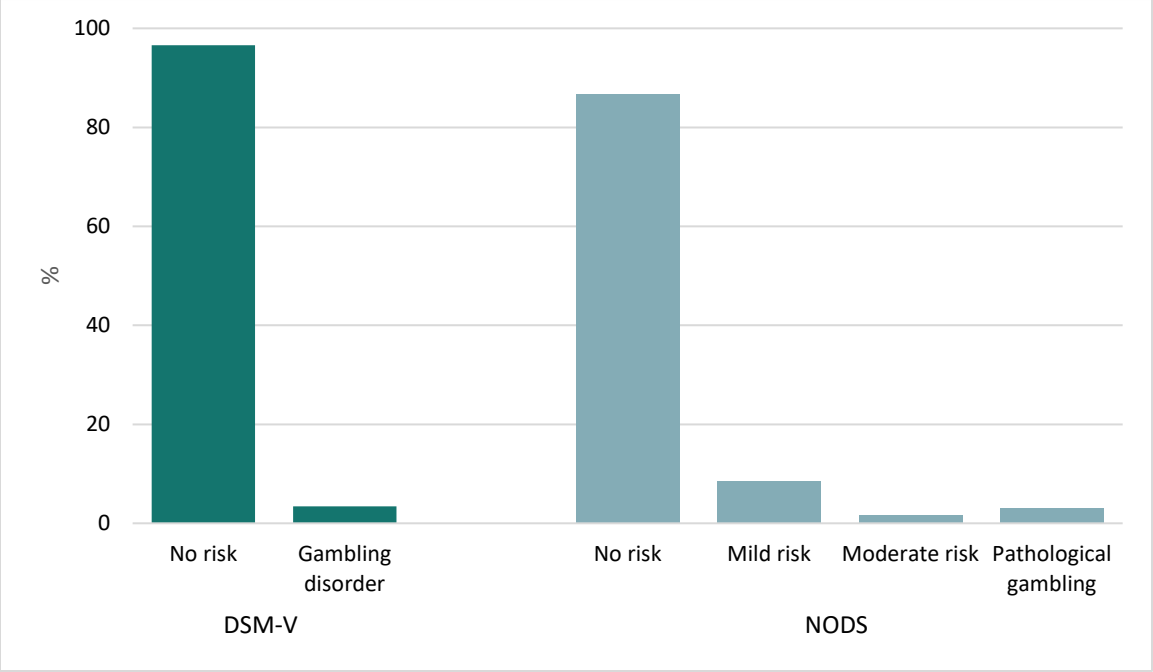
[11] Holtgraves T. (2008). Evaluating the Problem Gambling Severity Index. *Journal of Gambling Behavior, 25*(1), 105-120. DOI:10.1007/s10899-008-9107-7

demographic differences revealed no statistically significant variation in DSM-V-defined gambling disorder by gender, age group, race, or household income. However, findings from the NODS indicated that females were classified in the no-risk category more than males, while males met the criteria for pathological gambling more compared to females. Additionally, compared to older age groups, younger adults aged 18 to 34 were more often classified into the no-risk gambling category.

Figure 4. Visualization of percentages of Indiana adults by problem gambling using DSM-V and NODS, 2024



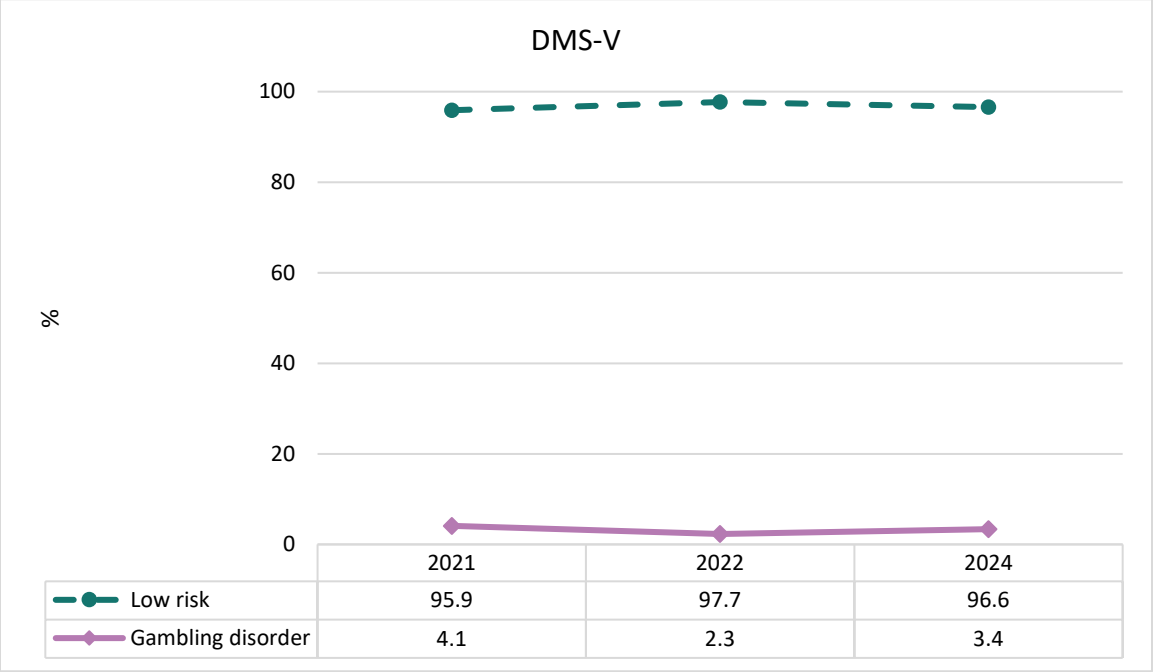
Note. On the DSM-V, a score of 4 or higher indicates gambling disorder. On the NODS, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk of problem gambling, and 5 or more indicates a likely diagnosis of pathological gambling.

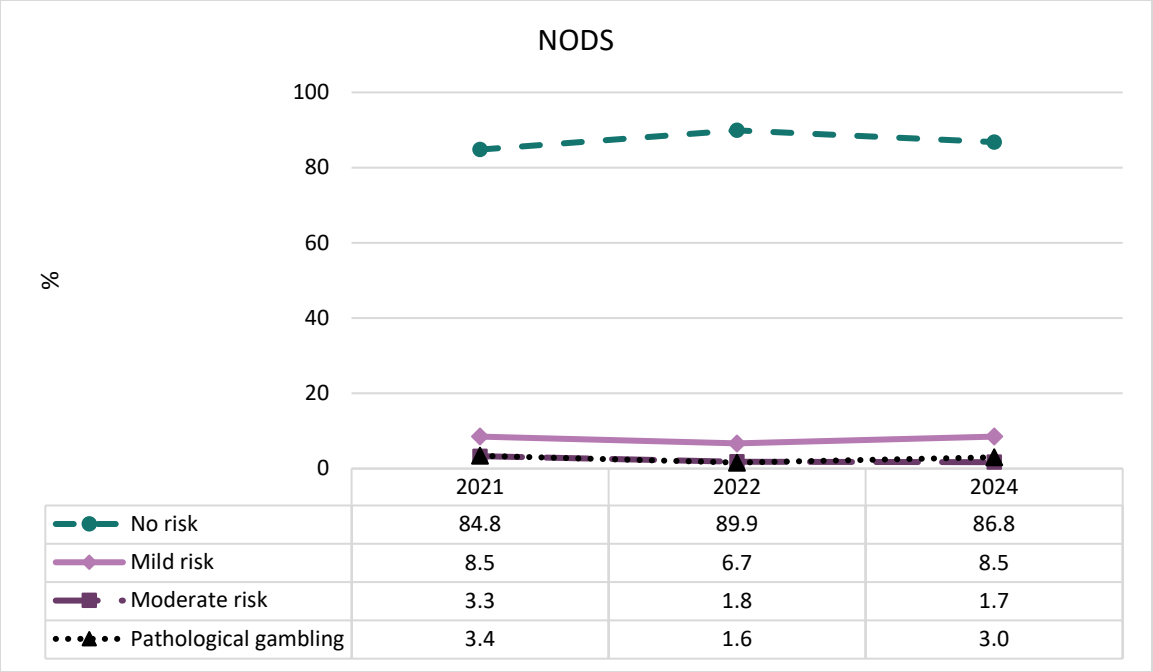
Table 5. Population estimates and percentages of Indiana adults that indicate problem gambling using DSM-V and NODS, 2024

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
DSM-V				
Low risk	5,036,510	96.6	93.4	98.2
Gambling disorder	179,171	3.4	1.8	6.6
NODS				
No risk	4,525,114	86.8	82.6	90.0
Mild risk	443,687	8.5	6.0	12.0
Moderate risk	86,522	1.7	0.9	3.1
Pathological gambling	160,358	3.0	1.5	6.3

Note. On the DSM-V, a score of 4 or higher indicates gambling disorder. On the NODS, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk of problem gambling, and 5 or more indicates a likely diagnosis of pathological gambling.

Figure 5. Trend of percentages of Indiana adults by problem gambling using DSM-V and NODS





	2021	2022	2024
No risk	84.8	89.9	86.8
Mild risk	8.5	6.7	8.5
Moderate risk	3.3	1.8	1.7
Pathological gambling	3.4	1.6	3.0

Note. On the DSM-V, a score of 4 or higher indicates a gambling disorder. On the NODS, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk of problem gambling, and 5 or more indicates a likely diagnosis of pathological gambling.

Table 6. Percentages of Indiana adults whose responses indicate problem gambling using DSM-V and NODS by gender, age, and household income, 2024

	Gender			Age				Race			Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	White	Other	Sig.	< $50k	$50k- $99k	$100k +	Sig.
DSM-V														
Low risk	94.0	98.8		93.3	98.6	97.2		97.1	94.3		93.4	98.9	97.7	
Gambling disorder	6.0	1.2		6.7	1.4	2.8		2.9	5.7		6.6	1.1	2.3	
NODS														
No risk	80.1	91.9	*	75.3	90.6	90.7	*a,b	87.4	81.5		81.3	89.4	88.3	
Mild risk	11.4	6.6		14.0	8.1	5.8		8.4	10.8		10.4	6.7	9.5	
Moderate risk	2.5	1.0		4.7	0.5	0.5		1.8	1.4		2.5	2.4	0.6	
Pathological gambling	6.0	0.5	*	6.0	0.7	2.9		2.3	6.3		5.9	1.5	1.7	

Notes. On the DSM-V, a score or 4 of higher indicates gambling disorder. On the NODS, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk of problem gambling, and 5 or more indicates a likely diagnosis of pathological gambling.

Sig. = Significance probability, * $p < .05$.
For age categories, statistically significant difference ($p < .017$) between rates of **(a)** 18-34 and 35-54; **(b)** 18–34 and 55+; **(c)** 35–54 and 55+.
For household income categories, statistically significant difference ($p < .017$) between rates of **(d)** < $50k and $50k-$99k; **(e)** < $50k and $100k+; **(f)** $50k-$99k and $100k+.
Column totals may not sum to 100.0% due to rounding.

Using the PGSI, approximately 2.5% of respondents [95% CI: 1.1, 5.8] were classified in the problem gambling category. Some demographic patterns emerged within the non-problem gambling category. Specifically, females were classified as non-problem gamblers compared to males. Additionally, compared to older adults, younger adults aged 18 to 34 were more often classified in the non -problem category, suggesting a potential age-related risk in gambling behavior.

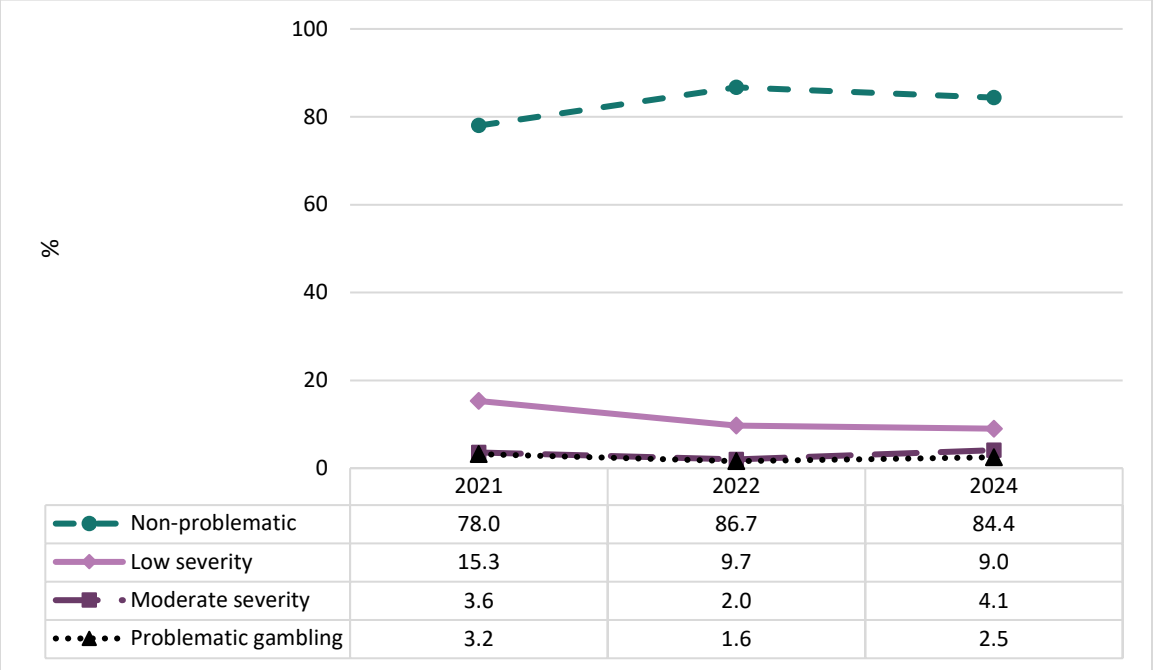
The respondents who reported gambling disorders on the DSM-V were more often classified in the problem gambling category on the PGSI (81.9%). Also, the respondents who reported pathological gambling on the NODS were more often classified in the problem gambling category on the PGSI (79.1%).

Table 7. Population estimates and percentages of Indiana adults falling in problem gambling severity categories using the Problem Gambling Severity Index (PGSI), 2024

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
PGSI				
Non-problem	4,402,970	84.4	80.0	88.0
Low severity	469,188	9.0	6.3	12.7
Moderate severity	212,929	4.1	2.6	6.5
Problem gambling	130,595	2.5	1.1	5.8

Note. On the PGSI screen, a total score of 1 or 2 indicates a low level of problems, 3 to 7 indicates a moderate level of problems, and a score of 8 or more indicates results consistent with a likely diagnosis of a gambling disorder.

Figure 6. Trend of percentages of Indiana adults falling in problem gambling severity categories using the Problem Gambling Severity Index (PGSI)



	2021	2022	2024
Non-problematic	78.0	86.7	84.4
Low severity	15.3	9.7	9.0
Moderate severity	3.6	2.0	4.1
Problematic gambling	3.2	1.6	2.5

Note. Column totals may not sum to 100.0% due to rounding.

Table 8. Percentages of Indiana adults falling in problem gambling severity categories using the Problem Gambling Severity Index (PGSI) by gender, age, and household income, 2024

	Gender			Age				Race			Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	White	Other	Sig.	< $50k	$50k- $99k	$100k +	Sig.
PGSI														
Non-problematic	79.4	88.8	*	72.3	88.9	89.3	*a,b	84.0	84.9		77.1	86.6	89.1	
Low severity	10.0	7.9		14.4	8.2	5.5		10.7	2.5	*	12.5	8.6	6.0	
Moderate severity	5.9	2.8		7.4	2.1	3.8		3.2	8.3		4.3	3.5	5.0	
Problematic gambling	4.8	0.4		6.0	0.8	1.4		2.1	4.2		6.1	1.2	0.0	

Notes. On the PGSI screen, a score of 1 or 2 indicates a low level of problems, 3 to 7 indicates a moderate level of problems, and a score of 8 or more indicates results consistent with a likely diagnosis of a gambling disorder.

Sig. = Significance probability, * $p < .05$.
For age categories, statistically significant difference ($p < .017$) between rates of **(a)** 18-34 and 35-54; **(b)** 18–34 and 55+; **(c)** 35–54 and 55+.
Column totals may not sum to 100.0% due to rounding.

Table 9. Percentages of Indiana adults with problem gambling using DSM-V and NODS by problem gambling severity category (PGSI), 2024

	PGSI				
	Non-problematic	Low severity	Moderate severity	Problematic gambling	Sig.
DSM-V					
Low risk	100.0	95.1	77.0	18.1	*c,e,f
Gambling disorder	0.0	4.9	23.0	81.9	*c,e,f
NODS					
No risk	96.7	52.2	0.0	18.1	*a,b,c,d
Mild risk	3.1	42.7	50.0	0.0	*a,b,c,e,f
Moderate risk	0.1	2.6	30.5	2.8	*b
Pathological gambling	0.1	2.5	19.3	79.1	*c,e,f

Notes. On the DSM-V, a score of 4 or higher indicates gambling disorder. On the NODS, a score of 1 or 2 indicates mild risk for problem gambling, 3 or 4 indicates moderate risk of problem gambling, and 5 or more indicates a likely diagnosis of pathological gambling. The Problem Gambling Severity Index (PGSI) screening tool was used to determine problem gambling severity category.

Sig. = Significance probability.
* For PGSI categories, statistically significant difference ($p < .008$) between rates of **(a)** non-problematic and low severity; **(b)** non-problematic and moderate severity; **(c)** non-problematic and problematic gambling; **(d)** low severity and moderate severity; **(e)** low severity and problematic gambling; **(f)** moderate severity and problematic gambling.
Column totals may not sum to 100.0% due to rounding.

Other Health-Risk Behaviors

Table 10 shows the percentages of respondents who used selected psychoactive substances during the past month. Approximately 70.4% [95% CI: 64.9, 75.4] of the respondents reported consuming alcohol during the past month. About 27.4% [95% CI: 21.5, 34.4] of the respondents reported using tobacco cigarettes, 23.4% [95% CI: 17.4, 30.7] reported vaping nicotine, and 24.2% [95% CI: 18.7, 30.8] reported using marijuana. About 13.4% [95% CI: 8.9, 19.7] of respondents reported misusing prescription or over the counter drugs. Males reported statistically higher rates of using alcohol within the past month than females. Younger adults (18 – 34 years) reported statistically higher rates of using alcohol, tobacco cigarettes, marijuana, and vaping nicotine in the past month than older adults. Compared to households with a lower income, households with over $100,000 of annual income more often used alcohol.

Respondents classified as having severe problem gambling consistently reported substance use within the past month at a significantly higher rate. For example, 94.9% of those identified with a gambling disorder based on the DSM-V, 97.3% of those classified as pathological gamblers according to the NODS, and 78.2% of those identified as problematic gamblers using the PGSI reported alcohol use in the past month.

Table 10. Population estimates and percentages of Indiana adults who used selected substances in the past month, 2024

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Alcohol	2,745,659	70.4	64.9	75.4
Tobacco Cigarettes	840,166	27.4	21.5	34.4
Vaping Nicotine	688,271	23.4	17.4	30.7
Marijuana	727,994	24.2	18.7	30.8
Misuse of Prescription or Over the Counter Drugs	352,492	13.4	8.9	19.7

Table 11. Percentages of Indiana adults who used selected substances in the past month by gender, age, and household income, 2024

	Gender			Age				Race			Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	White	Other	Sig.	< $50k	$50k- $99k	$100k +	Sig.
Alcohol	78.6	63.0	*	92.6	75.8	58.5	*a,b,c	70.1	76.1		62.8	69.3	81.3	*e
Tobacco Cigarettes	29.2	26.6		48.9	34.2	17.3	*b	26.1	32.4		36.5	22.6	22.6	
Vaping Nicotine	30.7	17.5		65.9	20.7	9.5	*a,b	20.2	35.7		33.9	23.0	12.6	*e
Marijuana	24.8	24.3		58.8	29.1	10.0	*a,b,c	23.8	26.7		35.1	17.0	19.0	*d
Misuse of Prescription or Over the Counter Drugs	15.9	11.0		32.6	21.9	5.2	*c	11.6	18.7		20.9	8.6	9.3	

Note. Sig. = Significance probability, * $p < .05$.

For age categories, statistically significant difference ($p < .017$) between rates of **(a)** 18-34 and 35-54; **(b)** 18–34 and 55+; **(c)** 35–54 and 55+.

For household income categories, statistically significant difference ($p < .017$) between rates of **(d)** < $50k and $50k-$99k; **(e)** < $50k and $100k+; **(f)** $50k-$99k and $100k+.

Table 12. Percentages of Indiana adults who used selected substances in the past month by category of problem gambling, 2024

	Alcohol	Sig.	Cigarettes	Sig.	Vaping Devices	Sig.	Marijuana	Sig.	Misuse of Prescription or Over the Counter Drugs	Sig.
DSM-V		*		*		*				*
Low risk	69.3		25.2		21.0		23.1		11.6	
Gambling disorder	94.9		69.0		70.5		46.1		56.2	
NODS		*a,c		*b				*a		
No risk	67.3		23.8		20.5		19.6		10.1	
Mild risk	88.2		44.7		39.1		58.3		38.4	
Moderate risk	84.7		85.0		27.6		67.6		65.3	
Pathological gambling	97.3		56.1		58.7		30.8		43.3	
PGSI		*g,h		*g		*i				
Non-problem	67.5		21.9		19.9		19.6		10.3	
Low severity	87.9		55.1		27.3		43.3		27.7	
Moderate severity	91.0		38.1		48.1		61.1		25.4	
Problem gambling	78.2		68.9		74.2		37.0		61.6	

Note. Sig. = Significance probability, * $p < .05$.

For NODS categories, statistically significant difference ($p < .008$) between rates of **(a)** no risk and mild risk; **(b)** no risk and moderate risk; **(c)** no risk and pathological gambling; **(d)** mild risk and moderate risk; **(e)** mild risk and pathological gambling; **(f)** moderate risk and pathological gambling.

For PGSI categories, statistically significant difference ($p < .008$) between rates of **(g)** non-problem and low severity; **(h)** non-problem and moderate severity; **(i)** non-problem and problem gambling; **(j)** low severity and moderate severity; **(k)** low severity and problem gambling; **(l)** moderate severity and problem gambling.

Mental Health

An item from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System Survey questionnaire was used to assess mental health.[12] The question asked participants how many days in the past month their mental health was not good, including stress, depression, and problems with emotions. The mean number of mentally unhealthy days was 6.0 days [95% CI: 5.1, 6.9]. Younger adults reported higher mean numbers of mentally unhealthy days during the past month than older adults. Also, respondents who were categorized into severe problem gambling more often reported higher mean numbers of mentally unhealthy days during the past month. For instance, the mean number of mentally unhealthy days was 5.9 days for people who were classified into the low-risk category and 8.8 days for people who were in the DSM-V gambling disorder category.

Table 13. Mean number of mentally unhealthy days reported in past month (0 – 30 days), 2024

	Point Estimate (Day)	Lower 95%	Upper 95%
Mean	6.0	5.1	6.9
Standard Deviation	7.6		

[12] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019

Table 14. Mean number of mentally unhealthy days reported in past month by gender, age, and household income (0 – 30 days), 2024

	Gender			Age				Race			Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	White	Other	Sig.	< $50k	$50k- $99k	$100k +	Sig.
Mean	5.6	6.4		10.4	6.1	2.8	*a,b,c	5.6	7.6		7.5	5.6	4.9	
Standard Deviation	6.8	8.1		6.5	7.3	6.3		8.0	5.5		7.3	7.3	7.7	

Note. Sig. = Significance probability, * $p < .05$.

For age categories, statistically significant difference ($p < .017$) between rates of **(a)** 18-34 and 35-54; **(b)** 18–34 and 55+; **(c)** 35–54 and 55+.

Table 15. Mean number of mentally unhealthy days reported in past month by problem gambling (0 – 30 days), 2024

	Mean	Standard Deviation	Sig.
DSM-V			*
Low risk	5.9	7.7	
Gambling disorder	8.8	3.3	
NODS			*a,c
No risk	5.1	7.3	
Mild risk	11.8	7.7	
Moderate risk	12.1	9.5	
Pathological gambling	9.3	2.5	
PGSI			*h
Non-problem	5.3	7.3	
Low severity	9.0	8.6	
Moderate severity	11.7	7.8	
Problem gambling	8.6	3.1	

Note. Sig. = Significance probability, * $p < .05$.

For NODS categories, statistically significant difference ($p < .008$) between rates of **(a)** no risk and mild risk; **(b)** no risk and moderate risk; **(c)** no risk and pathological gambling; **(d)** mild risk and moderate risk; **(e)** mild risk and pathological gambling; **(f)** moderate risk and pathological gambling.

For PGSI categories, statistically significant difference ($p < .008$) between rates of **(g)** non-problem and low severity; **(h)** non-problem and moderate severity; **(i)** non-problem and problem gambling; **(j)** low severity and moderate severity; **(k)** low severity and problem gambling; **(l)** moderate severity and problem gambling.

Awareness and Use of Gambling Related Services

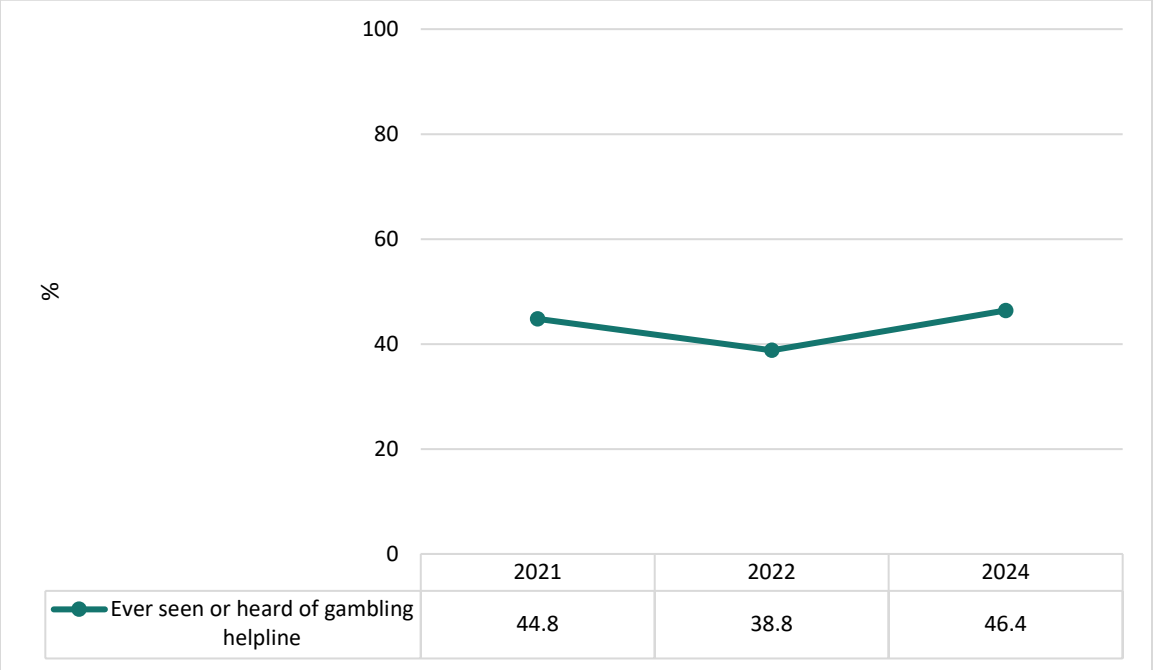
The respondents were asked whether they had ever seen or heard of the gambling helpline (1-800-GAMBLER). Approximately 46.4% [95% CI: 41.3, 51.6] of the respondents had seen or heard of the service. Table 19 shows where they have seen or heard about it. About 28.3% [95% CI: 22.0, 35.6] had seen it on television and 12.6% [95% CI: 7.7, 19.8] had heard of it on the radio.

Among the respondents, 2.6% [95% CI: 1.2, 5.8] reported that they had thought of having a problem with, being dependent on, or being addicted to gambling, and 0.4% [95% CI: 0.1, 1.3] reported that they had ever sought treatment for a gambling problem. Compared to females, males more often reported that they had thought of having gambling problems. Also, respondents who were categorized into severe gambling problems were more likely to report that they had thoughts that they had a gambling problem. For instance, 64.8% of those identified with a gambling disorder based on the DSM-V, 66.1% of those classified as pathological gamblers according to the NODS, and 79.1% of those identified as problematic gamblers using the PGSI reported that they had thoughts that they had a gambling problem.

Table 16. Population estimates and percentages of Indiana adults who had ever seen or heard of gambling hotline or sought treatment for gambling problem, 2024

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Ever seen or heard of gambling helpline	2,387,716	46.4	41.3	51.6
Have thought of having a problem with, being dependent on, or being addicted to gambling	135,097	2.6	1.2	5.8
Ever sought treatment for a gambling problem	20,875	0.4	0.1	1.3

Figure 7. Trend of percentages of Indiana adults who had ever seen or heard of gambling hotline



	2021	2022	2024
Ever seen or heard of gambling helpline	44.8	38.8	46.4

Table 17. Percentages of Indiana adults who had ever seen or heard of gambling hotline or sought treatment for gambling problem by gender, age, and household income, 2024

	Gender			Age				Race			Household Income			
	Male	Female	Sig.	18 - 34	35 - 54	55 +	Sig.	White	Other	Sig.	< $50k	$50k- $99k	$100k +	Sig.
Ever seen or heard of gambling helpline	54.1	41.0	*	46.3	43.1	51.1		47.8	44.9		43.7	43.1	54.7	
Have thought of having a problem with, being dependent on, or being addicted to gambling	5.1	0.3	*	7.0	0.9	0.8		1.6	6.3		5.9	0.7	0.9	
Ever sought treatment for a gambling problem	0.6	0.3		0.8	0.4	0.2		0.2	1.1		0.6	0.0	0.3	

Note. Sig. = Significance probability, * $p < .05$.

Table 18. Percentages of Indiana adults who had seen or heard of the gambling hotline or sought treatment for gambling problem by problem gambling severity categories, 2024

	Ever seen or heard of the gambling helpline	Sig.	Have thought of having a problem with, being dependent on, or being addicted to gambling	Sig.	Ever sought treatment for a gambling problem	Sig.
DSM-V		*		*		
Low risk	45.1		0.4		0.4	
Gambling disorder	81.9		64.8		1.4	
NODS		*c		*c,e		
No risk	43.3		0.1		0.2	
Mild risk	62.8		2.3		0.0	
Moderate risk	50.4		16.6		13.2	
Pathological gambling	85.1		66.1		1.7	
PGSI				*i,k,l		
Non-problem	42.7		0.1		0.2	
Low severity	65.8		0.0		0.0	
Moderate severity	65.4		12.7		6.6	
Problem gambling	69.8		79.1		0.0	

Note. Sig. = Significance probability, * $p < .05$.

For NODS categories, statistically significant difference ($p < .008$) between rates of **(a)** no risk and mild risk; **(b)** no risk and moderate risk; **(c)** no risk and pathological gambling; **(d)** mild risk and moderate risk; **(e)** mild risk and pathological gambling; **(f)** moderate risk and pathological gambling.

For PGSI categories, statistically significant difference ($p < .008$) between rates of **(g)** non-problem and low severity; **(h)** non-problem and moderate severity; **(i)** non-problem and problem gambling; **(j)** low severity and moderate severity; **(k)** low severity and problem gambling; **(l)** moderate severity and problem gambling.

Table 19. Population estimates and percentages of Indiana adults who had ever seen or heard of gambling hotline, who saw or heard ad in select locations, 2024

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
Billboards	181,696	8.1	5.1	12.9
Radio	280,591	12.6	7.7	19.8
Casinos	131,656	5.9	3.7	9.2
Problem gambling hotline website	52,244	2.3	0.5	9.5
Lottery tickets	240,131	10.7	6.3	17.8
YouTube	90,757	4.1	1.6	9.8
Social media (Facebook, Twitter, Instagram, etc.)	221,670	9.9	5.0	18.6
Newspaper	2,979	0.1	0.0	1.0
TV	632,423	28.3	22.0	35.6
Internet	195,209	8.7	5.2	14.3
Other	204,593	9.2	5.3	15.2

Table 20. Population estimates and percentages of Indiana adults whose close friends and family members are regular gamblers

	Population Estimate	Point Estimate (Percent)	Lower 95%	Upper 95%
None of them	1,959,851	50.9	45.3	56.5
Some of them	1,801,248	46.8	41.3	52.4
Most of them	45,552	1.2	0.4	3.2
All of them	41,574	1.1	0.2	6.0

Appendix A. Demographic Characteristics of Respondents

Table 21. Unweighted demographic characteristics of respondents (*n* = 805)

	Frequency	Percent (Valid)
Gender (at birth)		
Male	306	39.5
Female	469	60.5
Age Group		
18-24	41	5.3
25-34	110	14.2
35-44	123	15.9
45-54	117	15.1
55-64	132	17.0
65-74	154	19.8
75+	99	12.8
Race		
White	687	89.2
Black or African American	37	4.8
Asian	14	1.8
Native Hawaiian/Other Pacific Islander	0	0.0
American Indian or Alaska Native	3	0.4
Other	11	1.4
More than one race	18	2.3
Hispanic/Latino/Spanish origin		
Yes	29	3.8
No	731	96.2
Employment Status		
Employed 35 or more hours a week	353	45.7
Employed fewer than 35 hours a week	82	10.6
Not employed, and looking for work	25	3.2
Not employed, but not looking for work	63	8.2
Retired	250	32.3
Educational Attainment		
Less than high school (no diploma, GED, or alternative credential)	16	2.1
High school graduate (diploma, GED, or alternative credential)	142	18.3
Some college credit, but no degree	168	21.7
Associate's degree	81	10.5
Bachelor's degree	219	28.3
Master's, doctoral, or professional degree	149	19.2
Marital Status		
Married	437	56.5
A member of an unmarried couple	48	6.2
Divorced	91	11.8
Separated	9	1.2
Widowed	66	8.5
Never been married	123	15.9

Table 21 (continued)

	Frequency	Percent (Valid)
Location of Household		
On a farm	47	6.1
In a rural setting, not on a farm	110	14.2
In a rural subdivision outside of city limits	117	15.2
In a small town of less than 5,000 people	48	6.2
In a larger town of 5,000 to less than 25,000 people	106	13.7
In a city of 25,000 to less than 50,000 people	95	12.3
In a city of 50,000 to less than 150,000 people	125	16.2
In a larger city of 150,000 or more people	124	16.1
Total Household Income in 2020		
Less than $15,000	57	7.6
$15,000 to $34,999	83	11.0
$35,000 to $49,999	94	12.5
$50,000 to $74,999	136	18.1
$75,000 to $99,999	101	13.4
$100,000 to $149,999	155	20.6
$150,000 or more	126	16.8

Note. Data in this table are not weighted.

Appendix B. Survey Methodology

Validity and Reliability

Household-based surveys do not include homeless, hospitalized, or incarcerated individuals which might have resulted in an underestimate of the extent of gambling, problem gambling, and other health-risk behaviors.

The data were measured via self-report, which may raise concerns about bias such as social desirability and recall bias.

Internal reliabilities (Cronbach' alpha) were as follows: .804 for gambling activities in the past year, .802 for the DSM-V, .866 for the NODS, and .933 for the PGSI.

Sampling

1. Target population & sampling frame

The target population was the non-institutionalized, civilian adult household population 18+ years of age in Indiana. The sampling frame was the address-based sampling (ABS) frame that was built using the United States Postal Service (USPS) Computerized Delivery Sequence File (CDSF). The CDSF is licensed to vendors including Marketing Systems Group (MSG). MSG provided the sample for this study. The ABS frame contains over 158 million residential addresses covering nearly 100% of all households in the US and is continually updated.

Prior to sample selection, the following types of addresses were excluded from the frame to increase efficiency of the sample:

- **Seasonal** – An address receiving mail only during a specific season (i.e., summer only residence)
- **Vacant** – An address that has been unoccupied for 90 days or longer
- **Drop –** Single delivery point or receptacle that services multiple residences. Examples: boarding houses, fraternities, single door slots shared by two residences. These are more prevalent in cities such as Chicago or New York City.
- **PO Boxes that are *not* the Only Way to Get Mail (OWTGM) –** These are PO Boxes for households who *do* have another physical address where they receive mail. These are typically excluded to avoid double counting and because we would prefer to use their physical address for contact (to have access to more detailed geography information).

The decrease in sample frame coverage due to the exclusion of these address types is minimal. We kept throwback (i.e., address is a street address, but actual delivery is made to a customer's PO Box) and Only

Way to Get Mail (OWTGM) (i.e., household does not receive their mail at a physical address, so the only way to reach them is a PO Box) listings. *Since this study had previously been conducted in 2021 and 2022, the sampling vendor removed addresses that were selected in the previous samples prior to sample selection.*

2. Sample size

A total sample of 5,400 addresses were selected to meet the study's analytic objectives.

3. Selection of addresses

Addresses were selected using proportionate stratified random sampling with region as the stratification variable. Region was defined according to the following 10-category classification from the Indiana Family and Social Services Administration Division of Mental Health and Addiction (last updated: August 3, 2020).

Region 1 - La Porte, Lake, Porter
Region 2 - Cass, Elkhart, Fulton, Howard, Kosciusko, Marshall, Miami, Pulaski, St. Joseph, Starke, Wabash
Region 3 - Adams, Allen, De Kalb, Huntington, Lagrange, Noble, Steuben, Wells, Whitley
Region 4 - Benton, Boone, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White
Region 5 - Blackford, Delaware, Grant, Hamilton, Hancock, Henry, Jay, Madison, Randolph, Tipton, Wayne
Region 6 - Clay, Hendricks, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
Region 7 - Marion
Region 8 - Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
Region 9 - Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Lawrence, Orange, Scott, Switzerland, Washington
Region 10 - Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, Shelby, Union

This design helped ensure that the distribution of addresses by region in the *sample* mirrored the distribution of addresses in the *population*. For example, since 11% of the Indiana population (as defined by the USPS CDSF) lives in Region 1, 11% of the sampled addresses came from Region 1. Within each stratum or region, addresses were randomly selected.

4. Selection of respondents at a sampled address

At each sampled address, the household was instructed to have the adult 18+ years of age with the most recent birthday complete the survey. Information on the number of adults in the household was collected as part of the survey and a weighting adjustment was applied to account for differential probabilities of selection due to variability in the number of adults across households (see Data Processing section below).

5. Subsampling of nonrespondents

In November 2024, a subsample of 1,500 nonrespondents was randomly selected to receive additional outreach. The subsample was selected from originally sampled addresses that had not yielded a completed survey as of October 30, 2024 (n = 5,061). The subsample was selected using stratified sampling by region (as defined in Section 3) to align the distribution of addresses by region in the subsample to the distribution by region in the original sample of n = 5,400 addresses. Within each region, addresses were randomly selected using systematic sampling after sorting by zip code. This sorting provides additional implicit stratification by geography.

DATA PROCESSING

1. Dataset preparation

Three dataset preparation activities were completed prior to weighting. First, we determined the set of respondents to remain in the final dataset. Given that nearly all respondents answered most of the initial battery of questions and with a desire to maximize sample size for analysis, it was determined that all 805 cases from the raw dataset would be retained for weighting.

Next, we imputed missing or implausible values[13] for the weighting variables. The weighting variables were as follows:

- Number of adults in the household
- Gender
- Age
- Education
- Hispanic origin
- Race
- Household income
- Rural/urban place of residence (no imputation needed)

[13] Implausible values included responses such as "0" adults in the household when the age of the respondent was reported to be 18 or older.

Missing data rates for these variables were generally low (5% or lower), except for number of adults in the household (10%), household income (7%), and Hispanic origin (6%). As an initial step, we used logical imputations to fill in missing data. This involved using other information provided in the survey to impute the missing value. For example, if a respondent reported that they were retired but did not answer the age question, we imputed their age as 65+, noting that there could be some errors introduced due to early retirement.

If we were unable to assign a value using logical imputation, data were imputed using hot deck imputation. In hot deck imputation, a respondent who has available data (called the donor) is randomly selected to provide the data for a respondent with missing data (called the recipient). Please note that imputed values were produced solely for weighting purposes and were not used in the analysis.

Once the data for the weighting variables were complete, the third set of data preparation activities involved creation of new variables with collapsed response categories for weighting purposes. We then calculated the two raw weighting adjustments (base weight and calibration) as described in the next two sections.

2. Base weight adjustment

The first part of the weight calculation was the base weight adjustment. This adjustment accounted for unequal probabilities of selection due to the number of adults in the household.

In November 2024, a subsample of 1,500 nonrespondents was randomly selected to receive additional outreach in order to meet the target number of respondents in the most cost-efficient manner. The subsample was selected from the originally sampled addresses that had not yielded a completed survey as of October 30, 2024 (n = 5,061).

The weight to account for subsampling of nonrespondents was defined as follows:

$$wt_{nrsubsample} = \frac{1}{probability\ of\ selection\ for\ nonresponse\ subsample} \qquad (1)$$

For this study, one adult in each household was randomly selected to complete the survey. Therefore, adults in one-adult households had a probability of selection of 1, while adults in multi-adult households had a probability of selection defined as the following:

$$\frac{1}{number\ of\ adults\ in\ the\ household} \qquad (2)$$

To correct for this unequal probability of selection at the person level, a weight that was the inverse of the probability of selection in (2) was defined as follows:

$$wt_{adults} = \frac{1}{\frac{1}{number\ of\ adults\ in\ the\ household}} = number\ of\ adults\ in\ the\ household \qquad (3)$$

The final base weight was calculated as the product of $wt_{nrsubsample}$ and wt_{adults}. This base weight was then applied to each respondent.

3. Calibration adjustment

The next step in creating the raw weight was calibration. Surveys may over-represent specific subgroups. For example, it is common for younger people to be less likely to participate in surveys than older people. To correct this bias, we adjusted the respondent counts to population estimates using calibration.

The first step in the calibration process was to identify a source for population estimates and to select potential variables for weighting. For the 2024 Indiana Gambling Survey, the US Census Bureau 2019-2023 American Community Survey (ACS) 5-Year Estimates (see https://data.census.gov/cedsci/) was used for the source for the population counts. ACS data are widely used in survey weighting adjustments since they provide the most accurate, up-to-date counts of the US population.

Next, we identified variables that were available in *both* the respondent dataset and the ACS *and* that were likely to be correlated (even weakly) with survey outcome variables. We selected these variables by reviewing published literature on the demographic correlates of gambling behavior and by gathering feedback from substantive experts. These potential weighting variables were as follows: sex, age, education, Hispanic origin, race, household income, and rural/urban place of residence. All variables were collected as part of the survey, except for rural/urban places of residence. Assignment to rural/urban categories was based on the county of the sampled address and the Purdue Extension classification of Indiana counties was used (see https://www.extension.purdue.edu/extmedia/ec/ec-766-w.pdf). There were some slight wording differences between the survey and the ACS in order to meet the survey's needs, but overall, there were no major issues in matching category classifications between the two.

We then assessed whether there were differences between respondent and ACS estimates. In Table 22, respondent distributions prior to calibration are shown in the first column, and distributions from the ACS are shown in the third column. The pre-calibration respondent counts incorporate the base weight adjustment (see Section 2 above). As seen in the table, there were differences between the survey respondents (pre-calibration) and ACS on several demographic characteristics. Specifically, male, young, less educated, Hispanic, and Black adults and lower-income households were underrepresented. These differences are common in surveys.

Next, respondent distributions to population estimates were calibrated on gender, age, education, race/ethnicity, and rural/urban place of residence[14]. Prior to calibration, we conducted additional analysis and found that the size of the gender imbalance differed by age category. Therefore, we calibrated to cross-classified gender by age totals.

[14] A calibration adjustment on household income was explored but the estimates performed better without using this adjustment. Calibrating on the individual-level demographics improved the distribution on income, although there is still some underrepresentation of lower-income households.

Table 22. Demographic characteristics of Indiana adult population: *2024 Adult Gambling Behaviors in Indiana* and ACS Estimates

	Pre-Calibration[a] %	Post-Calibration %	ACS Estimate[b] %
Gender:			
Male	40.7	48.2	49.0
Female	59.3	51.8	51.0
Age:			
18-34	18.7	28.0	29.7
35-54	31.8	32.6	32.3
55-64	17.3	16.8	16.7
65+	32.1	22.5	21.4
Education:			
High school graduate or less	20.9	41.4	43.7
Some college/associate degree	32.0	30.6	29.7
Bachelor's degree	27.8	18.3	17.3
Master's, doctoral, or professional degree	19.4	9.8	9.3
Race/Ethnicity			
White only, non-Hispanic	85.8	81.0	78.8
Black only, non-Hispanic	4.5	7.3	8.8
Hispanic	4.4	6.7	7.0
Another race or more than one race, non-Hispanic	5.3	5.0	5.4
Rural/urban place of residence[c]			
Rural	13.7	13.1	13.0
Rural/mixed	24.1	24.0	23.9
Urban	62.2	62.9	63.1
Household income:			
Less than $35,000	16.4	21.2	23.3
$35,000-$49,999	11.6	14.6	12.2
$50,000-$74,999	18.6	15.3	17.9
$75,000-$99,999	13.4	13.2	13.9
$100,000-$149,999	21.6	21.4	17.2
$150,000 or more	18.4	14.5	15.5
UNWEIGHTED RESPONDENT COUNT:	805	805	

[a] The pre-calibration respondent counts incorporate the base weight adjustment.
[b] US Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.
[c] Purdue University, Center for Rural Development, https://www.extension.purdue.edu/extmedia/ec/ec-766-w.pdf.

The calibration process iteratively adjusted the weights for respondents until they achieved alignment with the population on the weighting variables. For example, the pre-calibration weights (in this case, the base weights) were first adjusted to achieve the desired gender by age distribution. Next, the weights were adjusted so that the education distribution aligned to the population values (e.g., 44% High school graduate or less, 30% Some college/Associate, etc.). If the education adjustment altered the gender by age distribution so that it no longer matched the population, then the weights were adjusted again to align to the population values for that variable. This process, sometimes referred to as "raking", continued until the respondent distribution matched the population distribution on all of the weighting variables. Calibration (raking) was carried out using the *ipfraking* module in Stata 18. The outcome of the calibration to population distributions was a raw weight assigned to each respondent in the dataset.

4. Weight trimming and scaling

The distribution of the raw weights was examined to identify any outliers that could substantially increase the standard error of survey estimates. A commonly used criterion for identifying outliers is a threshold of the median weight plus six times the interquartile range (IQR). For this study, this threshold was 35,205 and it was exceeded by approximately 1.6% of the weights. These weights were trimmed to the threshold value.

The trimmed weight (*wgt_trim)* was then multiplied by the reciprocal of the mean weight to produce weights that summed to the number of respondents in the dataset (*n* = 805). The scaling factor (denominator) was 6153.87396.

$$wgt = \frac{wgt_trim}{mean(wgt_trim)} \qquad (4)$$

The range of weights was 0.08 to 5.72.

As seen in Table 22, when we compare the respondent distribution after applying the calibration (second column) to the population values (third column), the underrepresentation of male, young, less educated, Hispanic, and Black adults was substantially reduced. Survey estimates now generally align to the population values. There was also increased representation of lower-income households that more accurately reflects the Indiana adult population.

Dataset preparation and weighting activities were conducted using SPSS 29, SAS 9.4, Stata 18, and Excel. The 2019-2023 American Community Survey data were obtained from the US Census Bureau website (https://data.census.gov/cedsci/).

DATA ANALYSIS

Analysis of data was carried out using Stata 18. Weighted data were used in the analysis. The calculations of standard errors reflected weighting and stratification on the region variable. Chi-square

(χ^2) tests of independence were conducted to determine statistically significant differences among groups. Bivariate analyses were used to explore the relationship between gambling behaviors, health-risk behaviors, and mental wellbeing and sociodemographic characteristics. The Bonferroni correction was applied when post hoc pairwise comparisons were needed.

For the estimation of grand population totals, an expansion weight (*wgt_t*) that summed to the Indiana adult population was used. This weight was calculated as follows:

$$wgt_t = wgt \times \frac{5{,}215{,}681}{805} \qquad (5)$$

Appendix C. Survey Instrument

THE FOLLOWING QUESTIONS ASK ABOUT VARIOUS GAMBLING ACTIVITIES.

Please fill in the bubbles or use √ or X marks.

• *IN THE PAST 12 MONTHS, HOW OFTEN DID YOU BET OR SPEND MONEY ON…*

	Never	Between 1 – 5 times /year	Between 6 – 10 times /year	About once /month	2 -3 times /month	About once /week	2 to 6 times /week	Daily
Online sports betting on professional, college, and amateur games or events (Fan Duel, Bet MGM)	◯	◯	◯	◯	◯	◯	◯	◯
Online gambling (not sports betting)	◯	◯	◯	◯	◯	◯	◯	◯
Fantasy sports leagues or games	◯	◯	◯	◯	◯	◯	◯	◯
Video game in app purchases (loot boxes, mystery boxes, skins, etc.)	◯	◯	◯	◯	◯	◯	◯	◯
Online video game play/esports	◯	◯	◯	◯	◯	◯	◯	◯
Slot machines	◯	◯	◯	◯	◯	◯	◯	◯
Dealer based table games at a casino such as poker, keno, roulette, craps, and blackjack	◯	◯	◯	◯	◯	◯	◯	◯
Video based table games at a casino such as poker, keno, roulette, craps, and blackjack	◯	◯	◯	◯	◯	◯	◯	◯

Scratch tickets or pull tabs	◯	◯	◯	◯	◯	◯	◯	◯
Lotteries such as Powerball, Hot Lotto, Mega Millions, and daily numbers	◯	◯	◯	◯	◯	◯	◯	◯
Lottery ticket vending machines	◯	◯	◯	◯	◯	◯	◯	◯
Electronic gambling machine (not casino)	◯	◯	◯	◯	◯	◯	◯	◯
Racetracks either horses or dogs	◯	◯	◯	◯	◯	◯	◯	◯
Bingo	◯	◯	◯	◯	◯	◯	◯	◯
Card games with friends, family, or others, but not at a casino	◯	◯	◯	◯	◯	◯	◯	◯
Games of personal skill (pool, bowling, or basketball, etc.)	◯	◯	◯	◯	◯	◯	◯	◯
Dice games	◯	◯	◯	◯	◯	◯	◯	◯
Office pools such as college basketball tournaments or delivery dates for babies	◯	◯	◯	◯	◯	◯	◯	◯
Raffle tickets, including those in support of charitable causes	◯	◯	◯	◯	◯	◯	◯	◯
High-risk trading of stocks, commodities, or futures	◯	◯	◯	◯	◯	◯	◯	◯
Other game, activity, or event not listed	◯	◯	◯	◯	◯	◯	◯	◯

THE FOLLOWING QUESTIONS ASK ABOUT GAMBLING RELATED EXPERIENCES.
SOME OF THE QUESTIONS MAY NOT APPLY TO YOU BUT PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

	Yes	No
Have you often found yourself thinking about gambling (e.g., reliving past gambling experiences, planning the next time you will play or thinking of ways to get money to gamble)?	◯	◯
Have you needed to gamble with more and more money to get the amount of excitement you are looking for?	◯	◯
Have you become restless or irritable when trying to cut down or stop gambling?	◯	◯
Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	◯	◯
After losing money gambling, have you returned another day in order to get even?	◯	◯
Have you lied to your family or others to hide the extent of your gambling?	◯	◯
Have you made repeated unsuccessful attempts to control, cut back or stop gambling?	◯	◯
Have you risked or lost a significant relationship, job, educational or career opportunity because of gambling?	◯	◯
Have you sought help from others to provide the money to relieve a desperate financial situation caused by gambling?	◯	◯

		Yes	No
1	Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets? ➔ ***if "Yes," skip to Q.3***	◯	◯
2	Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with?	◯	◯
3	Have there ever been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?	◯	◯
4	Have you ever tried to stop, cut down, or control your gambling?	◯	◯

	➔ ***if "No," skip to Q.8***		
5	On one or more of the times when you tried to stop, cut down, or control your gambling, were you restless or irritable?	◯	◯
6	Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling? ➔ ***if "No," skip to Q.8***	◯	◯
7	Has this happened three or more times?	◯	◯
8	Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression? ➔ ***if "Yes," skip to Q.10***	◯	◯
9	Have you ever gambled as a way to escape from personal problems?	◯	◯
10	Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?	◯	◯
11	Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling? ➔ ***if "No," skip to Q.13***	◯	◯
12	Has this happened three or more times?	◯	◯
13	Have you ever written a bad check or taken money that didn't belong to you from family members or anyone else in order to pay for your gambling?	◯	◯
14	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends? ➔ ***if "Yes," skip to Q.17***	◯	◯
15	Has your gambling ever caused you any problems in school, such as missing classes or days of school or your grades dropping? ➔ ***if "Yes," skip to Q.17***	◯	◯
16	Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?	◯	◯
17	Have you ever needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?	◯	◯

THE FOLLOWING QUESTIONS ASK ABOUT GAMBLING RELATED CONSEQUENCES. SOME OF THE QUESTIONS MAY NOT APPLY TO YOU BUT PLEASE TRY TO BE AS ACCURATE AS POSSIBLE.

BELOW ARE A NUMBER OF STATEMENTS THAT DESCRIBE THE CONSEQUENCES OF GAMBLING. PLEASE INDICATE HOW OFTEN YOU HAVE EXPERIENCED THE FOLLOWING CONSEQUENCES IN THE PAST 12 MONTHS:

	Never	Sometimes	Most of the Time	Almost Always
Have you bet more than you could really afford to lose?	◯	◯	◯	◯
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	◯	◯	◯	◯
Have you gone back on another day to try to win back the money you lost?	◯	◯	◯	◯
Have you borrowed money or sold anything to gamble?	◯	◯	◯	◯
Have you felt that you might have a problem with gambling?	◯	◯	◯	◯
Have people criticized your betting or told you that you had a gambling problem, whether or not you thought it was true?	◯	◯	◯	◯
Have you felt guilty about the way you gamble or what happens when you gamble?	◯	◯	◯	◯
Has gambling caused you any health problems, including stress or anxiety?	◯	◯	◯	◯
Has your gambling caused any financial problems for you or your household?	◯	◯	◯	◯

THE FOLLOWING QUESTIONS ASK ABOUT GAMBLING RELATED SERVICES.

• *HAVE YOU EVER SEEN OR HEARD OF THE GAMBLING HELPLINE 1-800-GAMBLER?*

◯ Yes ◯ No

• *IF YES, WHERE DID YOU LAST SEE OR HEAR ABOUT 1-800-GAMBLER?*

◯ Billboards
◯ Casinos
◯ Lottery tickets
◯ Social Media (Facebook, Twitter, Instagram, etc.)
◯ TV
◯ Other _____
◯ Radio
◯ Problem gambling hotline website
◯ YouTube
◯ Newspaper
◯ Internet

• *DURING THE PAST 12 MONTHS, HAVE YOU THOUGHT YOU MIGHT HAVE A PROBLEM WITH, BEEN DEPENDENT ON, OR ADDICTED TO GAMBLING?*

◯ Yes ◯ No

• *HAVE YOU EVER SOUGHT TREATMENT FOR A GAMBLING PROBLEM?*

◯ Yes ◯ No

THE FOLLOWING QUESTIONS ASK ABOUT HEALTH-RELATED EXPERIENCES.

• NOW THINKING ABOUT YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, FOR HOW MANY DAYS DURING THE PAST 30 DAYS WAS YOUR MENTAL HEALTH NOT GOOD?

_____ days

• DURING THE PAST 30 DAYS, HOW MANY DAYS PER MONTH DID YOU HAVE AT LEAST ONE DRINK OF ANY ALCOHOLIC BEVERAGE SUCH AS BEER, WINE, A MALT BEVERAGE OR LIQUOR? (ONE DRINK IS EQUIVALENT TO A 12-OUNCE BEER, A 5-OUNCE GLASS OF WINE, OR A DRINK WITH ONE SHOT OF LIQUOR.)

_____ days

• DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE TOBACCO CIGARETTES?

_____ days

• DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE ELECTRONIC NICOTINE PRODUCTS?

_____ days

• DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU USE MARIJUANA OR CANNABIS? (NON-MEDICAL USE)

_____ days

• DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE YOU USED ANY PRESCRIPTION DRUG OR ANY OVER THE COUNTER MEDICATION IN WAYS OTHER THAN DIRECTED?

_____ days

THE FOLLOWING QUESTIONS ASK ABOUT PERSONAL INFORMATION.

• *INCLUDING YOURSELF, HOW MANY ADULTS AGE 18 AND OVER LIVE IN YOUR HOUSEHOLD?*

(Include adults who are living or staying in your household for more than 2 months. Do not include adults who are living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.)

_____ Adults (including you)

• *WHICH OF THE FOLLOWING PLACE BEST DESCRIBES WHERE YOU LIVE?*

◯ On a farm
◯ In a rural setting, not on a farm
◯ In a rural subdivision outside of city limits
◯ In a small town of less than 5,000 people
◯ In a larger town of 5,000 to less than 25,000 people
◯ In a city of 25,000 to less than 50,000 people
◯ In a city of 50,000 to less than 150,000 people
◯ In a larger city of 150,000 or more people

• *WHICH CATEGORY BELOW INCLUDES YOUR AGE?*

◯ 18 – 24
◯ 25 – 34
◯ 35 – 44
◯ 45 – 54
◯ 55 – 64
◯ 65 – 74
◯ 75+

• *WHAT IS YOUR MARITAL STATUS?*

◯ Married
◯ A member of an unmarried couple
◯ Divorced
◯ Separated
◯ Widowed
◯ Never been married

• *WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU COMPLETED?*

◯ Less than high school – no diploma, no GED, or alternative credential

◯ High school graduate – with diploma, GED, or alternative credential

◯ Some college credit, but no degree

◯ Associate's degree (for example: AA, AS)

◯ College graduate with a Bachelor's degree (for example: BA, BS)

◯ Master's, doctoral, or professional degree (for example: MA, MS, PhD, JD, MD)

• *ARE YOU CURRENTLY:*

◯ Employed full-time (35 or more hours a week)

◯ Employed part-time (fewer than 35 hours a week)

◯ Not employed, and looking for work

◯ Not employed, but not looking for work (taking care of family, full-time student, unable to work)

◯ Retired

• *PLEASE SELECT THE CATEGORY THAT INCLUDES THE TOTAL COMBINED INCOME, BEFORE TAXES, FOR ALL MEMBERS OF YOUR HOUSEHOLD FOR 2023.*

(Total household income includes money from jobs, net income from a business, a farm, or a rental property, government assistance, and any other money income received by members of your household who are 15 year of age or older.)

IN 2023, HOW MUCH WAS YOUR TOTAL HOUSEHOLD INCOME BEFORE TAXES? YOUR BEST ESTIMATE IS FINE.

◯ Less than $15,000

◯ $15,000 to $34,999

◯ $35,000 to $49,999

◯ $50,000 to $74,999

◯ $75,000 to $99,999

◯ $100,000 to $149,999

◯ $150,000 or more

• *WHAT SEX WERE YOU ASSIGNED AT BIRTH, ON YOUR ORIGINAL BIRTH CERTIFICATE?*

◯ Male

◯ Female

- *HOW WOULD YOU DESCRIBE YOUR GENDER? (MARK ALL THAT APPLY.)*

◯ Man ◯ Woman ◯ Trans man

◯ Tans woman ◯ Non-binary/Gender fluid ◯ Not sure/Questioning

◯ Prefer to self-describe: _____

- *ARE YOU HISPANIC, LATINO, OR SPANISH ORIGIN?*

◯ Yes ◯ No

- *WHAT IS YOUR RACE? (MARK ALL THAT APPLY.)*

◯ White ◯ Black or African American

◯ Asian ◯ Native Hawaiian or Other Pacific Islander

◯ American Indian or Alaska Native ◯ Other, please specify _____

- *WHAT PORTION OF YOUR CLOSE FRIENDS OR FAMILY MEMBERS ARE REGULAR GAMBLERS? WOULD YOU SAY…*

◯ None of them

◯ Some of them

◯ Most of them

◯ All of them