Brief Biosocial Gambling Screen (BBGS) Questionnaire

Name ___________________________ Date ___________________________

To screen for potential gambling-related problems, please ask the following questions.¹

1. During the past 12 months, have you become restless irritable or anxious when trying to stop/cut down on gambling?
   - □ Yes
   - □ No

2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
   - □ Yes
   - □ No

3. During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?
   - □ Yes
   - □ No

¹ An online version of the BBGS is available at http://divisiononaddiction.org/wp-content/plugins/bbgs-e-screener/index.php

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