Host Data Reporting Form
Gambling Disorder Screening Day
March 12, 2019

Thank you for hosting Gambling Disorder Screening Day. Please complete this optional form about the individuals whom you or your organization invited to participate and screened today. This information will help us estimate progress in our outreach efforts and need for additional efforts.

Total number of individuals invited to be screened: ______

Total number of individuals screened: ______

Total number of individuals with a positive screen (i.e., answered “yes” to at least one question): ______

Among those with a positive screen, please record the following information:

Gender: _____ Males _____ Females _____ Other/Unknown

Age: _____ 18 – 25 _____ 26 – 40 _____ 41 – 55 _____ 56+

Please send completed forms to info@divisiononaddiction.org.

DIVISION ON ADDICTION • OUTPATIENT ADDICTION SERVICES
CAMBRIDGE HEALTH ALLIANCE READINESS FOR GAMBLING EXPANSION (CHARGE)

www.divisiononaddiction.org • www.basisonline.org • www.expressionsofaddiction.com • www.thetransparencyproject.org