

Brief Biosocial Gambling Screen (BBS) Questionnaire

Name _____

Date _____

To screen for potential gambling-related problems, please complete 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 BBS is available at: www.divisiononaddiction.org/wp-content/plugins/bbgs-e-screener/index.php