Brief Biosocial Gambling Screen (BBGS) 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 BBGS is available at: www.divisiononaddiction.org/wp-content/plugins/bbgs-e-screener/index.php