

Cambridge Health Alliance Readiness for Gambling Expansion (CHARGE)



Host Data Reporting Form *Gambling Disorder Screening Day*

Thank you for hosting Gambling Disorder Screening Day! Screening Day is an international grassroots initiative made possible by people like you.

Please complete this optional form to let us know how Screening Day went. While not required, we strongly encourage event hosts to complete this form. Data collected are used to improve Screening Day and track its reach, outcomes, and other indicators of progress.

Please do not include any Patient Health Information, such as patient name, on this form.

Your email address: _____

Number of individuals invited to be screened: _____

Number of individuals screened: _____

Number of individuals with a positive screen (answered "yes" to at least one question): _____

Among those with a positive screen, please record the following information (if not collected, please leave this section blank):

Gender: _____ Males _____ Females _____ Other/Unknown

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

The Division on Addiction relies on your feedback to improve Screening Day. Can we contact you for a short follow-up conversation about how you implemented Screening Day?

_____ Yes _____ No

Please send completed forms to: klandauer@cha.harvard.edu.