

Patient Screening Page

How best to screen my patient or client.

The following screening options present different approaches to understanding whether a person is experiencing a gambling problem or diagnosis of disordered gambling might be warranted.

- a. The briefest form of screening gambling is the 3-item Brief Biosocial Gambling Screen. If the person responds with a yes to any item, then a referral for a clear level problem or diagnosis is appropriate.

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

- b. The following is the most widely used measure for assessing a person's experience of gambling harms. While not diagnostic, a score about eight reflects a likely diagnosis and the higher the score the greater the harms experienced.

Over the last 12 months . . .

1. Have you bet more than you could really afford to lose?

never some of the time most of the time almost always

2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?

never some of the time most of the time almost always

3. When you gambled, did you go back another day to try to win back the money you lost?
 never **some of the time** **most of the time** **almost always**
4. Have you borrowed money or sold anything to get money to gamble?
 never **some of the time** **most of the time** **almost always**
5. Have you felt that you might have a problem with gambling?
 never **some of the time** **most of the time** **almost always**
6. Has gambling caused you any health problems, including stress or anxiety?
 never **some of the time** **most of the time** **almost always**
7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
 never **some of the time** **most of the time** **almost always**
8. Has your gambling caused any financial problems for you or your household?
 never **some of the time** **most of the time** **almost always**
9. Have you felt guilty about the way you gamble or what happens when you gamble?
 never **some of the time** **most of the time** **almost always**

Scoring instructions:

- never = zero*
- sometimes = one*
- most of the time = two*
- almost always = three*

Use table to determine the result of the total or summed score:

0 Gamblers who gamble with no negative consequences

1-2	Gamblers who experience a low level of problems with few or no identified negative consequences
3-7	Gamblers who experience a moderate level of problems leading to some negative consequences
>8	Gambling with negative consequences and a possible loss of control
