

# Brief Problem Gambling Screen<sup>1</sup>

Client number:

Date:

Name:

Sex:

Date of birth:

*If a person responds “yes” to any of the following five questions, further assessment for problem gambling is recommended.*

In the past 12 months, would you say you have been preoccupied with gambling?

Yes

No

In the past 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

Yes

No

In the past 12 months, have you often gambled longer, with more money or more frequently than you intended to?

Yes

No

In the past 12 months, have you made attempts to either cut down, control or stop gambling?

Yes

No

In the past 12 months, have you borrowed money or sold anything to get money to gamble?

Yes

No