

The following page contains the gambling screener and follow-up questions to be used to identify gambling problems outside a treatment setting. The word “gambling” is intentionally omitted because it tends to lower response rate among those who find it stigmatizing. All high frequency gamblers (once a week or more) and/or those who have one plus symptom on the BBGS screener at the end should receive a full evaluation for problem gambling using the DSM-5 criteria or a validated screening instrument like the PGSI (Ferris & Wynne, 2001), which follows the screen.

The following are a list of leisure activities. Please indicate how often *in the past year* you have done each of the activities...

	Not at all	Less than once/month	Once a month	2-3 times a month	Once a week	2-3 times a week	4 or more times a week
Purchased a lottery, Powerball or Mega Millions ticket							
Purchased an instant scratch ticket							
Bought a ticket for raffle or drawing							
Played Bingo							
Wagered on sports							
Bet at a horse race track/off-track betting parlor							
Played live or tournament poker ( <b>excluding</b> video poker)							
Played live casino table games excluding poker (e.g. blackjack, roulette, craps, baccarat)							
Played daily fantasy sports							
Played games of skill for money							

such as backgammon, mah-jong, puzzles, word games, trivia, board games, strategy games, bridge							
Traded cryptocurrencies (e.g., digital currency such as Bitcoin, Ethereum, Ripple)							
Played a slot machine							
Trade high-risk stocks (e.g. options, margins, futures)							
Played a video poker or other card game machine							

You indicated you have participated in [insert activities] in the past year.

Did you do this (please check all that apply):

- In a land-based casino or facility
- Online on computer or tablet
- Online on mobile phone

Have you ever become restless or irritable or anxious when trying to stop/cut down on any of those activities? • Yes • No.

Have you tried to keep your family or friends from knowing how much you spent on any of the activities above? Yes • No.

Had you had such financial trouble as a result of any of the above listed activities that you had to get help with living expenses from family, friends or welfare? Yes. No

**End of initial Screener... if Yes to any of the last three questions, give the following**

We would now like to learn a little be more about your perceptions of your wagering and betting behavior, which is also referred to as gambling...

*Thinking about the last 12 months, how often...*

	Never	Sometimes	Most of the time	Always
1. Have you bet more than you could really afford to lose?				
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?				
3. Have you gone back another day to try to win back the money you lost?				
4. Have you borrowed money or sold anything to get money to gamble?				
5. Have you felt that you might have a problem with gambling?				
6. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?				
7. Have you felt guilty about the way you gamble, or what happens when you gamble?				
8. Has your gambling caused you any health problems, including stress or anxiety?				
9. Has your gambling caused any financial problems for you or your household?				

**TOTAL SCORE**

Total your score. The higher the score, the greater the risk that your gambling is a problem.

Score of 0 = Non-problem gambling.

Score of 1 or 2 = Low level of problems with few or no identified negative consequences.

Score of 3 to 7 = Moderate level of problems leading to some negative consequences.

Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.