Brief Biosocial Gambling Screen (BBGS) Questionnaire

Name __________________________  Date _______  Age _______

To screen for potential gambling-related problems, please ask the first three questions below.

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

Additional Questions:

   Would you like more information about problem gambling?
   Yes
   No

   Would you like to be connected to support services for problem gambling?
   Yes
   No

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2 An online version of the BBGS is available at: https://www.divisiononaddiction.org/resources1/bbgs-e-screener-2

*The electronic version of the screening tool is available in 22 different languages*