

Brief Biosocial Gambling Screen (BBGS) Questionnaire

Name _____

Date _____

To screen for potential gambling-related problems, please complete the following questions.¹

- 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

¹ An online version of the BBGS is available at <http://divisiononaddiction.org/wp-content/plugins/bbgs-e-screener/index.php>