

# Brief Biosocial Gambling Screen

**(BBGS)** *A “yes” answer to any of the questions means the person is at risk for developing a gambling problem.*

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?   | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?   | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |



NATIONAL CENTER FOR RESPONSIBLE GAMING

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