

Please take a moment to answer this brief questionnaire and return it to your therapist.

**Brief Bio-social Gambling Screen (BBGS)**  
**(Please put your initials next to the answer)**

- 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 that you had to get help from family or friends?  
Yes\_\_\_ No\_\_\_