Brief Biosocial Gambling Screen

1. During the past year (12 months) have you become restless, irritable or anxious when trying to cut down or stop gambling?  
   ___YES    ___NO

2. During the past year (12 months) have you tried to keep your family or friends from knowing how much you gambled?  
   ___YES    ___NO

3. During the past year (12 months) did you have such financial trouble that you had to get help from family or friends?  
   ___YES    ___NO

If “Yes” to one or more questions, further assessment is advised.