

Client Full SBIRT ID #:		Worker Initials:		Date:	
<b>Disordered Gambling-SBIRT Pre-screen and Screen*</b>					
For the purpose of these questions, “gambling” means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo or keno.					
During the past 12 months how many times have you gambled?				# of times ____	
<i>If the answer is 5 or more, then proceed to the following questions:</i>					
<b><u>DURING THE PAST 12 MONTHS:</u></b>					
1	Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No		
2	Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?	Yes	No		
3	Have you tried to hide how much you have gambled from your family or friends?	Yes	No		
4	Have you tried to cut down or stop your gambling?	Yes	No		
5	Have you increased your bet or how much you would spend, in order to feel the same kind of excitement as before?	Yes	No		
6	Did you think about gambling even when you were not doing it? (Remembering past gambling experiences, or planning future gambling?)	Yes	No		
7	Did you go to gamble when you were feeling down, stressed, angry or bored?	Yes	No		
8	Did you ever try to win back the money that you had recently lost?	Yes	No		
9	Has your gambling caused problems in your relationships or with work?	Yes	No		
Total “Yes” Responses					

**Interventions:**

- Pre Screener
  - 5 or more– move on to full screen
- Full Screen = # Yes
  - 1-3 = Screening and Feedback
  - 4-6 = Gambling Brief Intervention
  - 7 or more = Gambling Brief Intervention and Referral to Gambling Treatment

\*Adapted by Iowa, based on the Illinois DG-SPS (Disordered Gambling-SBIRT Pre-Screen and Screen), DSM5, BBGS, and Elizabeth Hartney, Ph.D.