

OPTIONAL MODULE 6: GAMBLING (PGSI)

FOR STAFF ONLY

UR Number:
Surname:
Given name:
Date of birth:
(Please fill in if no label available)

PURPOSE OF MODULE

To obtain a better understanding of the client's possible gambling issues.

WHO CAN ADMINISTER THIS MODULE?

This module can be self-administered by the client or administered by a clinician.

INTRODUCTION FOR CLIENT

"Now I'm going to ask you a series of questions in order to get a detailed picture of your gambling, and how it affects your life."

INSTRUCTIONS

1. Circle appropriate responses.
2. Tally up scores.
3. Consider intervention or referral to a gambling service if there is a moderate risk or screen indicates that the client is a problem gambler.

IN THE LAST 12 MONTHS HOW OFTEN HAVE YOU...?	NEVER	SOMETIMES	MOST OF THE TIME	ALMOST ALWAYS
Bet more than you could afford to lose?	0	1	2	3
Needed to gamble with larger amounts of money to get the same feeling of excitement?	0	1	2	3
Gone back another day to try and win back the money you lost?	0	1	2	3
Borrowed money or sold anything to get money to gamble?	0	1	2	3
Felt that you might have a problem with gambling?	0	1	2	3
Felt that gambling has caused you health problems, including stress and anxiety?	0	1	2	3
People criticized your betting or told you that you have a gambling problem, whether or not you thought it was true?	0	1	2	3
Felt your gambling has caused financial problems for you or your household?	0	1	2	3
Felt guilty about the way you gamble or what happens when you gamble?	0	1	2	3

TOTAL SCORE:

- 1-2 Low risk
3-7 Moderate risk
8-27 Problem gambler

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Clinician name:

Position:

Signature:

Date: