

Gambling Harm Screening Tool

We are asking everyone in the community about gambling harm. This is because gambling harm is an issue in the local area and affects people's health and wellbeing and can be serious. Gambling problems are often hidden for many years but there is a lot of help for people who may be experiencing gambling harm or who may be affected by someone else's gambling.

Answers to these questions or what you say is kept confidential and used for health purposes only. Information about your gender, cultural background and screening result will be collected in a de-identified way for research purposes and will not be shared with any third party.

You don't have to answer the questions if you don't want to. If you answer these questions, your GP or a community worker will discuss these questions with you during your appointment.

1. Have you ever gambled?
☐ Yes – Go to question 2
☐ No – Go to question 5

To help us identify if this is affecting your own well-being could you answer the questions below to the best of your ability.

Thinking about the last 12 months,

2. Have you bet more than you could really afford to lose?
☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost Always
3. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost Always
4. Have you felt guilty about the way you gamble or what happens when you gamble?
☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost Always

Sometimes someone else's gambling can affect the health and well-being of others who may be concerned. The gambling behaviour is often hidden and unexpected, while its effects can be confusing, stressful and long-lasting. To help us identify if this is affecting your own well-being could you answer the questions below to the best of your ability.

5. Do you think you have ever been affected by someone else's gambling?
- ☐ No, never (*you need not continue further*)
 - ☐ I don't know for sure if their gambling affected me
 - ☐ Yes, in the past
 - ☐ Yes, that's happening to me now
6. How would you describe the effect of that person's gambling on you now? (*tick one or more if they apply to you*)
- ☐ I worry about it sometimes
 - ☐ It is affecting my health
 - ☐ It is hard to talk with anyone about it
 - ☐ I am concerned about my or my family's safety
 - ☐ I'm still paying for it financially
 - ☐ It doesn't affect me anymore
7. What would you like to happen? (*tick one or more*)
- ☐ I would like some information
 - ☐ I would like to talk about it in confidence with someone
 - ☐ I would like some support or help
 - ☐ Nothing at this stage

PATIENT/CLIENT INFORMATION

Please tick the appropriate box:

1. Your gender? ☐ Male ☐ Female ☐ Other
2. Your cultural background?

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Result:

3. Completed questionnaire? ☐ Yes ☐ No, specify reason: _____
4. Gambling harm identified? ☐ Yes – individual ☐ Yes – affected other ☐ No risk
5. Actions? ☐ No action ☐ Information provided
- ☐ Referral to gambling service (please specify): _____
- ☐ Other (please specify): _____

Comments (optional):