**GAMBLE AWARE SCREENING TOOL (GAST-G)**

**GAST ENTRY SCREEN FOR NON-SPECIALIST SERVICES**

**Date:**

**Location: Completed by:**

In the last 12 months, have you gambled in a casino, bookmaker, online, at a sports venue, by buying scratchcards, visiting arcades or bingo halls, or other similar activities? **Yes / No**

If yes, please complete the following three questions:

**Problem Gambling Severity Index (PGSI) Short Form**

1. Thinking about the last 12 months, have you bet more than you could really afford to lose?

|  |  |  |  |
| --- | --- | --- | --- |
| **Never (0)** | **Sometimes (1)** | **Most of the time (2)** | **Almost always (3)** |
|  |  |  |  |

2. Thinking about the last 12 months, 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 (0)** | **Sometimes (1)** | **Most of the time (2)** | **Almost always (3)** |
|  |  |  |  |

3. Thinking about the last 12 months, have you felt guilty about the way you gamble or what happens when you gamble?

|  |  |  |  |
| --- | --- | --- | --- |
| **Never (0)**  | **Sometimes (1)** | **Most of the time (2)** | **Almost always (3)** |
|  |  |  |  |

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4. In the last 12 months, have you been affected by another person as a result of their gambling in a casino, bookmaker, online, at a sports venue, by buying scratchcards, visiting arcades or bingo halls, or other similar activities?

**Yes / No**
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**Total score /9**

**Scoring the PGSI Short Form**

In the above instrument:

Never = 0

Sometimes = 1

Most of the time = 2

Almost always = 3

**Thus, by summing the scores on the three questions you will generate a score of between 0 and 9.**

**All of those who score 3 or more out of 9 should complete the GAST-full screen (Beacon Counselling can work through this after referral).**

All of those who score 1 or 2 should be offered referral to gambling support through self-help materials as this is an at risk group. This group should also be offered the option of full screening and should be encouraged to do so, ideally through specialist gambling providers such as **Beacon Counselling Trust.**

**No further action is needed for respondents who score 0.**

**I agree to a referral being made for a full screening with BEACON COUNSELLING TRUST**

**Signed**

**Name**

**Telephone number**

**Email address**

**For further information ring 0151 226 0696 or 07506 762949**

**Email or fax this referral form to:**

* **admin@beaconcounsellingtrust.co.uk** **(secure email)**
* **Fax number: 0151 226 6784**

**For Out of Hours support please contact the national gambling helpline on 0808 8020 133**

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