**GAMBLE AWARE SCREENING TOOL**

**(GAST-S)**

# PGSI short form

Date Completed: Service:

Total score:

Decisions on action: GP Details:

is the person engaging as: A problem gambler □

 An affected other □

# Section 1: Demographic characteristics

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| Name |

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| Date |

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## 1.1. Gender

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| [ ]  Male |  |
|  |  |
| [ ]  Female |  |

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| --- | --- | --- |
| Age |

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| Ethnicity |

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| First 3 digits of your Post Code: |

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| 1.2 HOUSING 1.2.1 At any point in the last three month have you been

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| [ ]  At risk of eviction |
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| [ ]  Had acute housing problems[ ]  Been homeless  |

1.2.2 Who did you live with?[ ]  Alone[ ]  With Parents [ ]  With Spouse/partner [ ]  Friends [ ]  People in recovery [ ]  Other[ ]  With children (ages: \_\_\_\_\_\_\_\_\_\_\_) |  |

## Section 2: Quality of life and satisfaction

For each of the questions below, please give a rating on the scale for how you are feeling today, where higher scores mean you are feeling better and lower scores that you are not so satisfied with this part of your life. Indicate your score by marking on the 'rulers' (the box at the end of each line is for the research team).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** |
| 2.1. How good is your psychological health? | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º |
| 2.2. How good is your physical health? | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º |
| 2.3. How would you rate your overall quality of life? | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º |
| 2.4. How would you rate the quality of your accommodation? | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º |
| 2.5. How would you rate your support network? | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º | º |
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**3 Gambling**

***Important:*** *When you think about gambling* include lottery tickets, instant scratch tickets or raffles, and other types of gambling *such as poker machines, card games, racing, sports betting, day trading, bingo and casino games.*

***Respondents answering ‘0’ to Q1 skip to the next page.***

**3.1 In the 28 days [prior to starting treatment] how much money have you spent gambling?** *. In calculating your spend, do not subtract your winnings.*

***TOTAL monthly spend £*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**In the last 12 months,**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never**  | **Sometimes**  | **Most of the time**  | **Almost always**  |
| Have you bet more than you could really afford to lose? |  |  |  |  |
| Have you needed to gamble with larger amounts of money to get the same feeling of excitement? |  |  |  |  |
| When you gambled, did you go back another day to try to win back the money you lost? |  |  |  |  |
| Have you borrowed money or sold anything to get money to gamble? |  |  |  |  |
| Have you felt that you might have a problem with gambling? |  |  |  |  |
| Has gambling caused you any health problems, including stress or anxiety? |  |  |  |  |
| Have people criticised your betting or told you that you had a gambling problem, regardless of whether you thought it was true? |  |  |  |  |
| Has your gambling caused any financial problems for you or your household? |  |  |  |  |
| Have you felt guilty about the way you gamble or what happens when you gamble?  |  |  |  |  |

**In the last 12 months, when you have been gambling, how often have you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never**  | **Rarely**  | **Sometimes**  | **On most or all occasions**  |
| **Chased losses** |  |  |  |  |
| **Experienced financial problems** |  |  |  |  |
| **Had conflict at home**  |  |  |  |  |
| **Concealed your gambling from others** |  |  |  |  |

**4. FINANCES**

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|  | Yes | No |
| Do you usually go up to or over the limit on your cards or overdraft? |  |  |
| Have you borrowed more money to cover your debt payments? |  |  |
| Do you owe money to a loan shark? |  |  |
| Are you having issues paying your household bills? |  |  |
| Have you borrowed money following loss from gamboling? |  |  |

**5. SUBSTANCE USE**

**5.1 Alcohol**

**This is one unit of alcohol…**

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**…and each of these is more than one unit**

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| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ |  |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**5.2 Drugs**

**5.2.1 Have you used an illicit drug in the last 12 months? Yes / No**

If no, please skip to Section 6

**5.2.2 If you have used an illicit drug, on how many days in the last month? 0-30 days**

## 6: Involvement with the criminal justice system

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|  | **Yes** | **No** |
| Are you currently involved in offending? |

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| Are you currently involved with the police? |

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| Are you currently on a community order? |

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| Are you currently on licence? |

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| Have you any other form of involvement with the criminal justice system (please specify) |

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| **7. Work, training, volunteering**  | **Yes** | **No** |
| Are you currently working full- time? |

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| Are you currently working part- time? |

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| Are you currently at college or university? |

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| Are you currently volunteering |

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| How many days of paid work (not including voluntary work) have you had in the past four weeks? |  |
| How many days of school, tertiary education, vocational training have you had in the past four weeks? |  |

# 8: Service involvement and needs

**The following table assesses what services you are engaged with and whether your current level of service involvement is meeting your support needs?**

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| --- | --- | --- | --- |
|  | **Are you currently engaged with this kind of services (Yes / No)** | **If you are, are you satisfied with the service you are getting? (Yes / No)** | **Do you need (additional) help in this area? (Yes / No)** |
| Drug treatment services |

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| Alcohol treatment services |

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| Mental health services |

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| Housing support |

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| Employment services |

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| Primary healthcare services (GP, medical services) |

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| Family relationships |

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| Other specialist or health support  |

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**9. RECOVERY CAPITAL**

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|  | 1Not at all | 2 | 3 | 4 | 5 | 6 | 7Completely Agree |
| There are more important things to me in life than gambling |  |  |  |  |  |  |  |
| In general I am happy with my life |  |  |  |  |  |  |  |
| I feel motivated enough to complete the tasks I set for myself |  |  |  |  |  |  |  |
| I get lots of support from friends |  |  |  |  |  |  |  |
| I regard my life as challenging and fulfilling without the need for gambling |  |  |  |  |  |  |  |
| I take full responsibility for my actions |  |  |  |  |  |  |  |
| I am happy dealing with a range of professionals  |  |  |  |  |  |  |  |

## 10. How much support do you get from other people?

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1****Not at all** | **2** | **3** | **4** | **5** | **6** | **7****completely** |
| Do you get the emotional support you need from other people? | º | º | º | º | º | º |  |
| Do you get the help you need from other people? | º | º | º | º | º | º |  |
| Do you get the resources you need from other people? | º | º | º | º | º | º |  |
| Do you get the advice you need from other people? | º | º | º | º | º | º | º |

# 11. What do you see as your needs?

11.1 What problems if any do you derive from gambling?

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11.2 What are your current life goals?

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11.3 What do you need to help you get to the next goal in your life journey?

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11.4 Who do you rely on to help you with your recovery?

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Thank you for completing this form.

Please e-mail your completed form to info@addictionrecovery.org.uk