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This form is for health and care professionals making referrals into the NHS Northern Gambling Service on behalf of people with gambling addiction problems.

Once completed, please email securely to referral.ngs@nhs.net

Alternatively, you can post it to us at: NHS Northern Gambling Service, Merrion House, Merrion Way, Leeds LS2 8PD

If you are a member of the public looking for support, please visit our website for more information at [www.leedsandyorkpft.nhs.uk/our-services/northern-gambling-service](http://www.leedsandyorkpft.nhs.uk/our-services/northern-gambling-service)

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**Referral Form for Professionals**



 **Problem Gambling Severity Index**

This self-assessment is based on the Canadian Problem Gambling Index. It will give you a good idea of whether you need to take corrective action.

**Thinking about the last 12 months…**

Have you bet more than you could really afford to lose?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

When you gambled, did you go back another day to try to win back the money you lost?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

Have you borrowed money or sold anything to get money to gamble?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

Have you felt that you might have a problem with gambling?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

Has gambling caused you any health problems, including stress or anxiety?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

Has your gambling caused any financial problems for you or your household?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

Have you felt guilty about the way you gamble or what happens when you gamble?

|  |  |  |
| --- | --- | --- |
|  |  | Your Score |
| 0 | Never |  |
| 1 | Sometimes |  |
| 2 | Most of the time |  |
| 3 | Almost always |  |

**TOTAL SCORE**

|  |
| --- |
|  |

Total your score. The higher your score, the greater the risk that your gambling is a problem.

Score of 0 = Non-problem gambling.

Score of 1 or 2 = Low level of problems with few or no identified negative consequences.

Score of 3 to 7 = Moderate level of problems leading to some negative consequences.

Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.

Thank you for completing this form.

Please email it from a secure account to referral.ngs@nhs.net

If you are having problems with this form or you would like to discuss the referral with us in more detail, please contact the NHS Northern Gambling Service on referral.ngs@nhs.net or phone 0300 300 1490.