



Host Data Reporting Form Gambling Disorder Screening Day March 12, 2019

Thank you for hosting Gambling Disorder Screening Day. Please complete this **optional** form about the individuals whom you or your organization invited to participate and screened today. This information will help us estimate progress in our outreach effects and need for additional efforts.

Total number of individuals invited to be screened:

Total number of individuals screened:

Age:

Total numbe	er of individuals	with a positive	e screen (i.e.,	, answered '	"yes" to at	least one
question):						

Among those with a positive screen, please record the following information:

Gender:	Males	Females	Other/Unknown
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_____18 - 25 _____26 - 40 _____41 - 55 _____56+

Please send completed forms to info@divisiononaddiction.org.

DIVISION ON ADDICTION • OUTPATIENT ADDICTION SERVICES CAMBRIDGE HEALTH ALLIANCE READINESS FOR GAMBLING EXPANSION (CHARGE)

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