



RESEARCH SYNOPSIS

Thompson, A., Walker, M., Milton, S., & Djukic, E. (2005). Explaining the high false positive rate of the South Oaks Gambling Screen. *International Gambling Studies*, 5(1), 45-56.
doi:10.1080/14459790500097970

RESEARCH QUESTIONS

Is item misunderstanding on the South Oaks Gambling Screen (SOGS) responsible for the high rate of false positive classifications (i.e., the categorization of non-problem gamblers as problem gamblers) of this assessment tool?

PURPOSE

In the majority of studies on problem gambling prevalence, the SOGS is used to measure the rate of problem gambling in the population. However, the accuracy of the SOGS has been called into question; the SOGS tends to overestimate the prevalence of problem gambling. It has been proposed that some items on the SOGS may be misunderstood by respondents, although there is weak evidence to support this claim. The purpose of this study was to determine whether clarifying SOGS items would affect scores.

HYPOTHESIS

Using clinical and nonclinical gamblers, clarification of the SOGS items would have a significant effect on SOGS scores and the effect would be the same for both samples.

PROCEDURE

Participants from both samples were randomly assigned to one of five conditions. Condition 1 was a control group: participants completed the SOGS, either the Sensation Seeking Scale (SSS; for nonclinical participants) or a clinical interview (for clinical participants), and the SOGS again. In conditions 2 and 3, participants completed the SOGS, then another SOGS with either verbal or written clarification. In conditions 4 and 5, participants completed only one SOGS with verbal or written clarification provided before administration.

MAIN OUTCOME MEASURES

The SOGS was used to assess the presence of pathological gambling in the past year. It is a 20-item, self-administered questionnaire. Respondents who score five or higher are classified as problem gamblers. The SSS was used as a distracting filler task to separate first and second administrations of the SOGS in the nonclinical sample. It also a self-administered scale.

KEY RESULTS

Nonclinical sample. Verbal clarification before administration of the SOGS resulted in a higher average SOGS score. Written clarification decreased SOGS scores and verbal clarification increased SOGS scores when clarification was provided before a single or second administration of the SOGS.

Clinical sample. Unlike the nonclinical sample, there were no significant effects of clarification across the testing conditions, however, clarification did produce more frequent change in responses than repeated testing alone (i.e., 18 of the 25 participants in clarification conditions changed responses between first and second SOGS administration compared to only 3 in the control condition).

LIMITATIONS

SOGS questions were verbally presented to participants in the verbal clarification conditions but not in the written clarification conditions; the differential effects of verbal and written clarification could be a result of procedural differences rather than the means of clarification.

CONCLUSIONS

Experiment 2 was designed to confirm the finding of Experiment 1 that verbal clarification increases SOGS scores.

KEYWORDS: gambling, prevalence, substance use, psychological disorder, mental health, comorbidity

URL: <http://dx.doi.org/10.1111/j.1360-0443.2008.02338.x>