RESEARCH QUESTIONS
Can a brief measure of problem gambling be used as a screening instrument for research and clinical purposes?

PURPOSE
One barrier to identifying problem and pathological gamblers for research and treatment purposes is the time required to complete many current screening measures. There is a need for a brief assessment tool that is easy to use and that works well at correctly distinguishing problem and non-problem gamblers. This paper is the first published report on the development of an efficient screening procedure for identifying problem and pathological gambling for epidemiological research and in clinical settings.

HYPOTHESIS
None stated.

PARTICIPANTS
Participants were 8867 current gambling adults. Demographic characteristics of the overall sample were not reported.

PROCEDURE
Participants were previously recruited at the national and state level for participation in gambling research surveys. Participant recruitment and data collection methods varied across surveys; however, all participants completed measures of gambling-related behaviour.

MAIN OUTCOME MEASURES
The NORC DSM-IV Screen for Gambling Problems (NODS) is a 17-item self-report screening instrument. The 17 NODS items yield a score ranging from 0 to 10, corresponding to the number of discrete DSM-IV criteria for pathological gambling. A NODS score of 5 or more qualifies as pathological gambling, whereas scores of 3 or 4 indicate problem gambling. NODS data were statistically analyzed to identify the subset of items that captured most or all pathological and problem gamblers, as classified by the full NODS scale.

KEY RESULTS
One combination of three NODS questions identified almost all pathological gamblers and more than 90% of problem gamblers, the best overall performance of any set of questions. These were the screening questions for Loss of Control and Lying, and one of the two Pre-occupation items. The resulting brief screening instrument is therefore referred to as CLiP. The specificity of the CLiP, or percentage of true negatives over all those with negative results, was 88% for NODS non-pathological gamblers only and 90% for NODS non-problem/non-pathological gamblers. Thus, the CLiP slightly overestimates problem and pathological gambling rates as compared to the full NODS measure.

LIMITATIONS
The order of questions presentation may have impacted responses to the overall NODS, biasing the current results. The current results are only a first examination of a possible brief screening tool. Further research is needed to verify the current findings.

CONCLUSIONS
Use of a quick and easy to use assessment protocol such as the NODS–CLiP would permit pathological and problem gambling to be more frequently detected and referred or treated outside of specialty gambling treatment units. As an initial screening measure, the three CLiP items would quickly and efficiently filter out the great majority of non-problem and non-pathological gamblers, and only the remaining group—about 7% of the overall population—would need to be fully screened with the remaining NODS items. Due to the fact that the CLiP alone overestimates the prevalence of pathological and problem gambling, its main epidemiological research value would be to reduce survey costs.

KEYWORDS: Pathological gambling; Problem gambling; Diagnostic screening; NODS–CLiP