RESEARCH QUESTIONS
Can the National Opinion Research Centre DSM Screen for Gambling Problems (NODS) be used as a clinical outcome measure?

PURPOSE
To examine whether the NODS can be used as an outcome measure as there is a shortage of outcome measures in the area of gambling treatment, particularly those that are suitable for telephone use.

HYPOTHESIS
None stated.

PARTICIPANTS
A total of 86 participants (45% males; average age = 47 years) who volunteered for an outcome study of brief treatment approaches for problem gamblers participated in this study.

PROCEDURE
Participants completed a telephone interview of lifetime and past-year gambling 12 months after completing a brief treatment intervention (reported elsewhere).

MAIN OUTCOME MEASURES
The NODS assessed lifetime and past-year gambling. The NODS consisted of 17 lifetime and 17 corresponding past-year items, each scored yes or no. The 17 items are scored against the 10 DSM-IV criteria (e.g., preoccupation with gambling, unsuccessful attempts to quit gambling) for pathological gambling, providing a total score between 0 and 10. A total score of 1 or 2 is labelled “at risk”, 3 or 4 indicate a “problem gambler” and 5 to 10 is “pathological gambler.” The NODS was designed to be more “demanding and restrictive” than the widely used South Oaks Gambling Screen (SOGS), which is based upon DSM-III criteria. For example, the NODS item concerning preoccupation with gambling requires that the individual experience this feeling for at least 2 weeks. The items concerning lying and inability to control gambling require that these behaviours occur at least three times. The SOGS was also used to assess gambling behaviour in order to compare results from the NODS.

KEY RESULTS
Internal Reliability. Internal reliability refers to the extent to which the items in a measure are consistent with other items in the same measure. The NODS was found to be fairly consistent (alpha = .79). Construct Validity. Construct validity refers to whether a scale measures the theorized psychological construct (e.g., problem gambling) that it is meant to measure. Overall, the NODS was found to account for 36% of the variability in problem gambling scores suggesting that the NODS measures this single construct. Concurrent Validity. Concurrent validity refers to whether a measure is related to another validated measure of the same or similar construct. The NODS scores were associated with SOGS scores (r = .86) such that higher NODS scores were related to higher SOGS scores. The NODS scores were associated with participants’ gambling behaviour over the last six months in terms of days gambled, dollars spent, and dollars spent per gambling day. Participants who rated their goal of quitting gambling as mostly achieved had lower NODS scores than participants who rated their goals as partially or not at all achieved. Identifying Problem Gamblers. The SOGS categorized more participants (70%) as pathological gamblers than the NODS (41%).

LIMITATIONS
This is a preliminary study and additional examination is needed to validate the NODS. For instance, the NODS categorization should be validated against a formal structured clinical assessment of pathological gambling based on DSM-IV criteria.

CONCLUSIONS
The NODS shows promise as a clinical outcome measure of gambling problems, conceptualized according to the DSM-IV diagnosis of pathological gambling. Importantly, the NODS was designed to be administered via telephone. Telephone follow-up is...
likely to achieve larger follow-up rates in treatment outcome studies.

**KEYWORDS:** pathological gambling, compulsive gambling, assessment, psychometrics, treatment outcomes

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