

Revising the South Oaks Gambling Screen in Different Settings

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The South Oaks Gambling Screen (SOGS), a validated, reliable instrument for detecting gambling problems, and the South Oaks Leisure Activities Screen (SOLAS), a companion screening tool for use with significant others, have been employed in a variety of settings and in several languages. This paper focuses on adapting the SOGS for use in various cultures and localities, discusses the authors' 1992 revision of the SOGS, and includes both the revised SOGS and the SOLAS.

The South Oaks Gambling Screen (SOGS) (Lesieur and Blume, 1987) is a validated, reliable instrument for screening populations for gambling problems. The SOGS has been used with patients in a therapeutic community (Lesieur & Heineman, 1988) and a psychiatric admissions service (Lesieur & Blume, 1990), as well as for initial screening in the treatment for combined pathological gambling, alcoholism and chemical dependency (Blume, 1989; Lesieur & Blume, 1991). Since its introduction in 1987, it has been used in numerous

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treatment settings as an aid in diagnostic and forensic screening (Rosenthal, 1989).

The SOGS has also been used in epidemiological surveys in New York (Volberg & Steadman, 1988), New Jersey and Maryland (Volberg & Steadman, 1989a), and Iowa (Volberg & Steadman, 1989b) in the U.S. Additionally, it was translated for use in surveys in Quebec, Canada (where English and French versions were used) (Ladouceur, 1991) as well as Spain (Martinez-Pina, de Parga, Vallverdu, Planas et al., 1991). Further epidemiological research has just been completed in California, Connecticut, Massachusetts, North Dakota and New Zealand using the SOGS (Abbott & Volberg, 1991, p. 57; Rachel Volberg, personal communication, January 22, 1992). In the New Zealand study, the SOGS results were very highly correlated with interviewer assessments using the American Psychiatric Association's diagnostic criteria (DSM-III-R) for pathological gambling (Abbott & Volberg, 1991). A comparison of the SOGS with a modified version for youth is underway in Minnesota (see Winters, Stinchfield & Fulkerson, 1990), and a large-scale epidemiological study was recently completed in Texas using the SOGS (Wallisch, 1993).

The SOGS was originally constructed using a total of 1,616 subjects including 867 patients admitted to South Oaks Hospital for psychoactive substance use disorders or pathological gambling, 213 members of Gamblers Anonymous, 384 university students and 152 hospital employees. Validity was examined by cross-checking patient scores on the test at various stages of its development with counselor and family member assessments, as well as examination of scores of GA members, university students and hospital employees. A score of 5 or more was found to be the optimal cutoff point for reducing false positive and false negative codings. The SOGS was found to be highly correlated with scores on the DSM-III-R. Reliability was confirmed through an internal consistency check (using Cronbach's alpha) and test-retest correlation.

The SOGS has been translated into English, French, German, Dutch, Spanish, Italian, Swedish, Lao, Vietnamese, Cambodian, Hmong (Southeast Asian versions were translated for use in a National Institutes of Mental Health funded study in the United States), and possibly other languages, with requests constantly arriving from other countries, most recently India, Israel, Japan, Kirghizstan and Nigeria. The typical procedure in such situations has been to translate into the

other language and then have another person who is unfamiliar with the original SOGS retranslate it back into English. Differences in wording are then field tested with patients or research subjects. Caution is advised, especially since meanings of terms vary tremendously cross-culturally. To date, translated versions of the SOGS have not been independently validated with non-English speaking subjects. Such validation is strongly recommended.

Each time the SOGS is requested, translated or used in a new location, similar concerns arise. The most common question surrounds copyright. The answer to this question is that the SOGS can be used, translated, etc. free of charge so long as the user does not revise the scored items or rename the instrument (e.g. "the John Doe Gambling Screen").

With that proviso, however, the instrument should be modified in jurisdictions with different forms of gambling or currency. The first and second questions of the SOGS are not scored (see Appendix A). The first question helps subjects completing the instrument to define gambling. Hence, if pull tabs (or cockfights, dominos, etc.) are a popular form of gambling, then a question about such local forms of gambling should be added to the screen. Question #2 of the SOGS inquires about the largest amount of money wagered on any one day. This is expressed in U.S. dollars and should be altered to reflect similar values in local currency.

In addition to such local or regional modifications, the authors have made some changes in the basic instrument published in 1987. In the original version of the SOGS, the third question addressed parental gambling problems. It has become increasingly obvious that parents are not the only significant others whose gambling problems are of interest when evaluating a subject. Consequently, question #3 (which, along with items 1 and 2 is not scored) has been revised to include grandparents, siblings, children and other relations as well as spouses.

Additional changes in wording have been suggested by individuals who have used the SOGS. Ken Winters at the University of Minnesota is currently examining altered wording with teenagers. Some of the suggestions he and his team have made (Winters, Stinchfield & Fulkerson, 1990) make the SOGS clearer and are therefore included in the 1992 version reproduced below (Appendix A). For example, the word "or betting" has been added to signify that gambling includes betting. In no instance, however, has any wording been

adopted which would significantly alter the scoring. The scoring system remains unchanged.

The reason for limiting significant wording changes in the SOGS is that such changes would alter the statistical validity and reliability of the instrument. Therefore, anyone who wants to alter any of the scored questions should contact the authors prior to doing so in order to ensure that questions retain the meaning originally intended.

The SOGS has been field-tested in a variety of clinical settings. Clinicians and counselors have used it in interviews or as a paper-and-pencil test. It has fared well in either circumstance. It has been used in a group setting following a gambling-related lecture or film, as well as on a "blind" basis. Given the ease of application, it is readily translatable to a wide variety of clinical and epidemiological settings including telephone, interview and questionnaire studies.

Several criticisms have been leveled at the SOGS. Dickerson and Hinchy (1988) note that individuals score as problem or probable pathological gamblers independently of their gambling frequency. In other words, some who score 5 or more indicate that they gamble less than once a week. Others who score 3 or 4 are regular gamblers. Incongruent cases need to be examined for possible minimization or error.

Culleton notes (1989) that the SOGS does not take into account an increase in the false positive rates which occurs in general epidemiological surveys when base rates for the examined trait are low. Given the low base rate of pathological gambling in the general population, we would suggest that epidemiological surveys be conducted in two stages following the model set forth in New Zealand (see Abbott & Volberg, 1991; 1992). In that study, those who scored 5 or more on the SOGS were followed up to verify their scoring. We would add that those who score 3 or 4 be interviewed as well. This is suggested because caution is needed to examine possible false negative cases in addition to possible false positives.

Dickerson (in press) commented that the SOGS reinforces a dichotomy between social and pathological gamblers and underemphasizes problem gamblers. While the SOGS uses a cutoff point of 5 or more for pathological gambling, the authors recognize that problem gamblers will have lower scores. This is acknowledged in some treatment facilities where scores ranging from one to four are used as an indicator to counsel individuals about gambling behavior.

Some epidemiological researchers have used a score of 3 or 4 to classify individuals as “problem gamblers” (Volberg & Steadman, 1988, 1989a, 1989b; Ladouceur, 1991; Lesieur, Cross, Frank, Welch et al., 1991). While this appears to make intuitive sense, further research is needed to examine the validity of this procedure. There is a need to examine whether a score of 3 or 4 on the SOGS is a sufficiently sensitive indicator of problem gambling. An alternative approach would be to call anyone a problem gambler if they had a positive score on any one of five dimensions: emotional; family/social; occupational/educational; financial or legal. One could also add various styles of gambling (e.g. long-term chasing) as indicative of problem gambling.

A final critique (Dickerson, in press) involves the time frame of the SOGS. The SOGS is a lifetime-based measure. It will uncover individuals who are in remission (this is particularly useful if the person is in treatment for chemical dependency and at risk for relapse). As such, it is not necessarily the best indicator of the number of people in the population who *currently* are experiencing gambling-related difficulties. The SOGS has been modified to take this into account in epidemiological studies conducted in Australia (Dickerson, in press), New Zealand (Abbott & Volberg, 1991), Minnesota (Laudergan, Shaefer & Eckhoff, 1990) and Texas (Wallisch, 1993). These researchers have used one month (Dickerson, in press), past 12 months (Laudergan et al., 1990) and past six month (Abbott & Volberg, 1991) time windows. It is our belief that a one month window is too brief. We would suggest using lifetime and either past six months or past twelve months measures in such surveys. Hopefully the time frame will become standardized over time so different regions can be compared.

THE SOLAS

A companion instrument, the South Oaks Leisure Activities Screen (SOLAS) (Appendix B), has been used as an adjunct in clinical settings. This is given to spouses, children and significant others involved in the patient’s treatment. The SOLAS asks about the patient’s level of interest in a variety of leisure activities including card playing, watching sports, and various forms of gambling. Choices range from “no interest” to “obsessive interest.” This instrument acts as a cross-check on the validity of the patient’s responses to the gambling

items in the SOGS. For example, if a patient denies gambling on horse racing, yet his spouse says he has a "heavy interest" in the activity, the contradiction points to a possible gambling problem. The SOLAS can thus be used to overcome denial in patients who conceal their gambling from the treatment professionals. The SOLAS, unlike the SOGS, does not yield a numerical score, and is not a validated instrument. However, we have found it a useful tool in both inpatient and outpatient clinical settings. Like the SOGS, the SOLAS may be used by clinical programs, translated into other languages and adapted to local circumstances by the addition of local forms of gambling.

CONCLUSIONS

The authors would appreciate feedback from those who decide to use the SOGS and/or SOLAS. We are interested in comments on the utility of the screening instruments, any problems that may arise, and the findings in clinical settings. We would also like to be informed of research projects in which the SOGS is employed.

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Appendix A

SOUTH OAKS GAMBLING SCREEN

Name _____ Date _____

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "not at all," "less than once a week," or "once a week or more."

- | | not
at
all | less
than
once
a
week | once
a
week
or
more | _____ |
|----|------------------|-----------------------------------|---------------------------------|---|
| a. | ___ | ___ | ___ | play cards for money |
| b. | ___ | ___ | ___ | bet on horses, dogs or other animals (at OTB, the track or with a bookie) |
| c. | ___ | ___ | ___ | bet on sports (parlay cards, with a bookie, or at Jai Alai) |
| d. | ___ | ___ | ___ | played dice games (including craps, over and under or other dice games) for money |
| e. | ___ | ___ | ___ | gambled in a casino (legal or otherwise) |
| f. | ___ | ___ | ___ | played the numbers or bet on lotteries |
| g. | ___ | ___ | ___ | played bingo for money |
| h. | ___ | ___ | ___ | played the stock, options and/or commodities market |
| i. | ___ | ___ | ___ | played slot machines, poker machines or other gambling machines |
| j. | ___ | ___ | ___ | bowled, shot pool, played golf or some other game of skill for money |
| k. | ___ | ___ | ___ | pull tabs or "paper" games other than lotteries |
| m. | ___ | ___ | ___ | some form of gambling not listed above
(please specify)
_____ |

2. What is the largest amount of money you have ever gambled with on any one day?

- | | |
|--------------------------------|--------------------------------------|
| ___ never have gambled | ___ more than \$100 up to \$1,000 |
| ___ \$1 or less | ___ more than \$1,000 up to \$10,000 |
| ___ more than \$1 up to \$10 | ___ more than \$10,000 |
| ___ more than \$10 up to \$100 | |

3. Check which of the following people in your life has (or had) a gambling problem.

- ___ father ___ mother ___ brother or sister ___ grandparent
 ___ my spouse/partner ___ my child(ren) ___ another relative
 ___ a friend or someone else important in my life

4. When you gamble, how often do you go back another day to win back money you lost?

- ___ never
 ___ some of the time (less than half the time I lost)
 ___ most of the time I lost
 ___ every time I lost

SOUTH OAKS GAMBLING SCREEN

5. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?
 ___ never (or never gamble)
 ___ yes, less than half the time I lost
 ___ yes, most of the time
6. Do you feel you have ever had a problem with betting money or gambling?
 ___ no
 ___ yes, in the past but not now
 ___ yes
7. Did you ever gamble more than you intend to? ___ yes ___ no
8. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? ___ yes ___ no
9. Have you ever felt guilty about the way you gamble or what happens when you gamble?. ___ yes ___ no
10. Have you ever felt like you would like to stop betting money or gambling but didn't think you could? ___ yes ___ no
11. Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U.s or other signs of betting or gambling from your spouse, children or other important people in your life? ___ yes ___ no
12. Have you ever argued with people you live with over how you handle money? ___ yes ___ no
13. (If you answered yes to question 12):Have money arguments ever centered on your gambling? ___ yes ___ no
14. Have you ever borrowed from someone and not paid them back as a result of your gambling?. ___ yes ___ no
15. Have you ever lost time from work (or school) due to betting money or gambling? ___ yes ___ no
16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (check "yes" or "no" for each)
- | | no | yes |
|---|-----|-----|
| a. from household money _____ | () | () |
| b. from your spouse _____ | () | () |
| c. from other relatives or in-laws _____ | () | () |
| d. from banks, loan companies or credit unions _____ | () | () |
| e. from credit cards _____ | () | () |
| f. from loan sharks _____ | () | () |
| g. you cashed in stocks, bonds or other securities _____ | () | () |
| h. you sold personal or family property _____ | () | () |
| i. you borrowed on your checking account
(passed bad checks) _____ | () | () |
| j. you have (had) a credit line with a bookie _____ | () | () |
| k. you have (had) a credit line with a casino _____ | () | () |

SOUTH OAKS GAMBLING SCREEN SCORE SHEET

Scores on the SOGS itself are determined by adding up the number of questions which show an "at risk" response:

Questions 1, 2 & 3 not counted:

- ___ Question 4 -- most of the time I lose
or
every time I lose
- ___ Question 5 -- yes, less than half the time I lose
or
yes, most of the time
- ___ Question 6 -- yes, in the past but not now
yes
- ___ Question 7 -- yes
- ___ " 8 -- yes
- ___ " 9 -- yes
- ___ " 10 -- yes
- ___ " 11 -- yes
- ___ " 12 not counted
- ___ " 13 -- yes
- ___ " 14 -- yes
- ___ " 15 -- yes
- ___ " 16a -- yes
- ___ " b -- yes
- ___ " c -- yes
- ___ " d -- yes
- ___ " e -- yes
- ___ " f -- yes
- ___ " g -- yes
- ___ " h -- yes
- ___ " i -- yes
- ___ questions 16j & k not counted

Total = ___ (there are 20 questions which are counted)

0 = no problem

1-4 = some problem

5 or more = probable pathological gambler

Appendix B
SOUTH OAKS LEISURE ACTIVITIES SCREEN (SOLAS)

Please indicate the level of interest and involvement of the patient in the following activities. Circle a number or question mark for each activity.

	No interest at all	Moderate interest	Heavy interest	Obsessive interest	I don't know
Watching television ___	0	1	2	3	?
Playing cards _____	0	1	2	3	?
Playing cards for money _____	0	1	2	3	?
Betting on sports _____	0	1	2	3	?
Betting on horses, dogs or Jai Alai _____	0	1	2	3	?
Playing the lottery or numbers _____	0	1	2	3	?
Playing dominoes or dice for money _____	0	1	2	3	?
Playing video games ___	0	1	2	3	?
Playing slot or video machines for money ___	0	1	2	3	?
Playing bingo for money _____	0	1	2	3	?
Gambling in casinos ___	0	1	2	3	?
Stocks, commodities or options _____	0	1	2	3	?
Other gambling or betting activities ___	0	1	2	3	?

If the patient's interest in the above is causing family problems due to the amount of time devoted to it, or financial problems due to the amount of money involved, please describe:

Patient's name: _____ Date: _____

Your signature: _____ Relation to patient: _____