

between the diagnosis of gaming disorder by a psychiatrist and the diagnosis of gaming disorder by two general interviewers using an interview tool showed a high kappa value of .9 or higher in all criteria (.902 to .976). The final diagnosis of gaming disorder also showed a very high level of concordance at .976. In addition, in the ROC analysis to confirm the classification sensitivity and specificity of the interview tool, the sensitivity and specificity were higher than .94 in all criteria, and the classification sensitivity of the final game disorder diagnosis was .963 and the specificity was 1.00, which is very high. levels of sensitivity and specificity. These analysis results can be seen as the result of objectively confirming that the game use disorder diagnosis interview questionnaire developed in this study is a valid tool for diagnosing gaming disorder.

**Keywords:** Gaming Disorder, ICD-11, development and validation, structured diagnostic interview, SDI-GD

### S-6D3

## Development and validation of the Korean Gaming Disorder Screening Scale based on the ICD-11 criteria

*YENA KIM<sup>1</sup>, SUN JUNG KWON<sup>1</sup>, SULKI CHUNG<sup>2</sup>, HAE KOOK LEE<sup>3</sup>, ESTHER KIM<sup>1</sup>, JAE SEOK KWAK<sup>1</sup>, SUYOUNG LEE<sup>2</sup>*

<sup>1</sup>Korea Baptist Theological University

<sup>2</sup>Chung-Ang University

<sup>3</sup>Catholic University of Korea

E-mail: kyena823@hanmail.net

The purpose of this study was to develop and validate a gaming disorder screening scale based on the ICD-11 criteria for Gaming disorder. 12 main items and 5 supplementary items were created to measure functional impairment and the three basic criteria of ICD-11 for gaming disorder. A total of two samples were used to select items and analyze psychometric properties. The first sample was collected from 252 adolescents and adults who had regular game use experience, some of which corresponded to Repeated measurement data were collected after 6 weeks on 202 subjects. The second sample data was collected from 132 people in the game disorder subclinical group. In both samples, a single-factor model best explained the data. A total of 9 questions were finally selected among the main questions, and the questions showed high factor loadings and reliability. In addition, as a result of evaluating validity through correlation analysis with factors related to gaming disorder, all showed excellent official validity and convergent validity. As a result of the ROC analysis, the total score was determined as 10 points for the criteria for the classification of game disorder risk groups in the finalized selection tool.

**Keywords:** gaming disorder, ICD-11, screening scale, scale development and validation