

Overeating Questionnaire (OQ)

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Manual

William E. O'Donnell, Ph.D., M.P.H.,
W. L. Warren, Ph.D.

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INTRODUCTION

The *Overeating Questionnaire* (OQ) is a comprehensive instrument that measures key habits, thoughts, and attitudes related to obesity. Obesity is increasingly being recognized as a serious medical problem, as well as a contributing factor to life-threatening illnesses. Most formally developed assessment instruments that concern eating attitudes and behaviors are designed to focus on eating disorders such as bulimia and anorexia. Few are comprehensive and designed to support the treatment of obesity in particular (Allison, 1995). The OQ was developed to meet the need for such an instrument in light of growing acknowledgment of the value of designing effective individualized weight reduction programs. Finding obesity-related instruments that provide norms for youngsters is also difficult, even though it has become apparent that adolescence is a time of life when key habits and attitudes that relate to the maintenance of a healthy body weight are established (Babbitt, Edlen-Nezin, Manikam, Summers, & Murphy, 1995). The OQ provides norms for children as young as 9 years of age, as well as for adolescents, adults, and elderly individuals.

General Description

The OQ is an 80-item self-report questionnaire that can be administered individually or in a group setting. It should take about 20 minutes to complete. The items can be easily read by anyone who can read at a fourth-grade level. The test taker is asked to designate how much he or she agrees with each item on a scale of 0 to 4, where 0 = *Not at all*, 1 = *A little bit*, 2 = *Moderately*, 3 = *Quite a bit*, and 4 = *Extremely*. Norms are available based on a nationally representative sample of 1,788 individuals, aged 9 to 98. The instrument yields scores in the 12 areas listed in Table 1. Two of the scales, Inconsistent Responding (INC) and Defensiveness (DEF), examine response bias. Six scales are in areas related to eating habits and attitudes: Overeating (OVER), Undereating (UNDER), Craving (CRAV), Expectations About Eating (EXP), Rationalizations (RAT), and Motivation to Lose Weight (MOT). The final four scales—Health Habits (HEAL), Body Image (BODY), Social Isolation (SOCIS), and Affective Disturbance (AFF)—are related to general health habits and psychosocial functioning;

Table 1
Number of Items per OQ Scale

Scale	Number of Items
Validity	
Inconsistent Responding (INC)	15 pairs
Defensiveness (DEF)	7
Eating-Related Habits and Attitudes	
Overeating (OVER)	8
Undereating (UNDER)	8
Craving (CRAV)	6
Expectations About Eating (EXP)	7
Rationalizations (RAT)	8
Motivation to Lose Weight (MOT)	8
General Health Habits and Psychosocial Functioning	
Health Habits (HEAL)	7
Body Image (BODY)	6
Social Isolation (SOCIS)	8
Affective Disturbance (AFF)	7

these scales are included to help identify problems that often need to be addressed concurrently with obesity. Internal consistency estimates for these scales range from .79 to .88 (median = .82) and test-retest reliability estimates range from .64 to .94 (median = .88). OQ scores have been observed to correlate with other measures of eating-related characteristics, body mass index, health habits, mood disturbance, social functioning, and successful engagement in weight-loss activities. Further details regarding the development and psychometric characteristics of the OQ are presented in chapters 4 and 5 of this manual.

Guidelines for Use

The OQ is intended to measure factors related to obesity for the purpose of planning effective individualized weight-loss programs. It can be administered and scored by

any appropriately trained and supervised technician. Responsibility for the interpretation of OQ results, however, should be undertaken only by a professional with sufficient psychometric training to understand and make effective use of the support provided in this manual. Such an individual will understand the characteristics of standard scores, the appropriate use of norms, and the appropriate way to incorporate item content into the interpretation of scale

scores. He or she should also have enough experience with the presentation of test results to be able to adequately respond to any questions posed by the test taker about the OQ or its interpretation. The OQ is designed to be used specifically to support the treatment of obesity. It should not be used to screen for or diagnose eating disorders such as anorexia or bulimia, or other conditions, such as depression or anxiety disorders, that require clinical attention.