Scoring and Interpreting
the Outcome Questionnaire-45

Scoring

The OQ-45 provides a **total score** and **three subscores**.

1. To score the OQ-45, simply write the numeric value (found next to each client response box) selected by the client in the corresponding scoring box found to the right of each item on the right side of the questionnaire. There is one scoring box for each item which will automatically place the score for any item into its specific subscale category. *Please note that the numeric values for items 1, 12, 13, 20, 21, 24, 31, 37, 43 are in reverse..*

2. When the score for each item has been written in the corresponding box, add up each vertical column of numbers, and write the total for each column in the space provided in the bottom right-hand corner of the sheet. This will leave 3 column totals, each representing one of the three subscales for the OQ.

3. When these three column totals are added together, a total score for the questionnaire will be obtained which should be written in the total box found at the bottom.

4. *Missing data.* If a client leaves an item blank, use the average score for the remaining subscale items rounded to the nearest whole number in place of the missing value.

Interpreting

There are three elements to consider when interpreting the OQ-45:
- The client's answers to certain *critical items*
- The *total score*
- The *subscale scores*

I. Critical items

Any *critical item* with an answer other than zero should be flagged for follow-up in the clinical interview:
- Item 8:   Suicide
- Items 11, 26, 32:   Substance abuse
- Item 44:   Violence

II. Total Score

Range: 0-180
Cut-off score: 63 or more – indicates symptoms of clinical significance
Reliable change: indicated when a client's score changes by 14 points or more (useful if you give the OQ-45 at two different points in time).

This score is calculated by summing all 45 items. The higher the score, the more disturbed the client.

A high score suggests that the client is admitting to a large number of *symptoms* of distress (mainly anxiety, depression, somatic problems and stress) as well as difficulties in *interpersonal relationships*, *social role* (such as work or school), and in their general *quality of life*.

III. Subscales

Symptom Distress (SD) Score
Range: 0-100
Clinical cut-off score: 36 or more – indicates symptoms of clinical significance
Reliable change: indicated when a client's score changes by 10 points or more (useful if you give the OQ-45 at two different points in time).

Research suggests that the most common disorders are anxiety disorders, affective disorders, adjustment disorders and stress related illness. The SD subscale is composed of items that have been found to reflect the symptoms of these disorders. A high score indicates the client is bothered by these symptoms, while low scores indicate either absence or a denial of the symptoms. Symptom scores correlate highly with various measures of depression (e.g., the BDI) and anxiety (e.g., the State-Trait Anxiety Inventory).

Interpersonal Relations (IR) Score
Range: 0-44
Clinical cut-off score: 15 or more – indicates symptoms of clinical significance
Reliable change: indicated when a client's score changes by 8 points or more (useful if you give the OQ-45 at two different points in time).

IR items assess complaints such as loneliness, conflicts with others, family and marriage problems. High scores suggest difficulties in these areas, while low scores suggest both the absence of interpersonal problems *as well as* satisfaction with the quality of intimate relationships.

Social Role (SR) Score
Range: 0-36
Clinical cut-off score: 12 or more – indicates symptoms of clinical significance
Reliable change: indicated when a client's score changes by 7 points or more (useful if you give the OQ-45 at two different points in time).

SR items measure the extent to which difficulties in the social roles of worker, homemaker or student are present. Conflicts at work, overwork, distress and inefficiency in these roles are assessed. High scores indicate difficulty in social roles, while low scores indicate adequate social role adjustment.

Note: Additional attention should be given to low scores to determine whether they result from role satisfaction or from the client's unemployment (e.g., the client arbitrarily marking the items 0 for never or not applicable).