

## **Oregon Research Institute Child Eating Behavior Inventory (ORI-CEBI)**

The purpose of this document is to briefly describe the process in developing the ORI-CEBI and provide the 89-items which make up the ORI-CEBI. For a full description of the study in which this instrument was developed we recommend reading “Problematic Eating and Feeding Behaviors of 36-Month Old Children” in the *International Journal of Eating Disorders* (Lewinsohn, P.M., Denoma, J.M., Gau, J.M., Joiner, T. E., Striegel-Moore, R., Bear, P., & Lamoureux, B.) which was in press at the time this document was created.

### Development of the ORI-CEBI

Several existing instruments were combined to create a comprehensive 89-item questionnaire for parents to complete about their child’s feeding/eating behavior. Parents were instructed to think about their child’s behavior during the past month. The questionnaire addresses the following constructs: dyadic interactions during the child’s feeding/meal times, the child’s and parent’s affect during feeding, refusal to eat, selective eating, restrictive eating, overeating, and potential medical influences of problematic feeding/eating behavior. An item pool was generated from the following sources: (Chatoor et al., 1997, 18 items; Crist and Napier-Phillips, 2001, 10 items; Agras et al., 1999, 23 items). In addition, 38 items which had been used in the assessment of the constructs mentioned above but not linked to a particular study (e.g., Is your child calm while eating?) were added to the pool. Given the number of different sources from which these items originated the scaling across items was quite inconsistent. For example, the 10 items selected from Crist and Napier-Phillips, 2001 used a 5-point Likert-type scale (never to always) whereas the 18 items selected from Chatoor et al., 1997 used a 4-point Likert-type scale (none to very much). Given the inconsistency in the scales across studies the ORI-CEBI used a dichotomous scale to probe for the presence or absence of each item.

### Copy of the ORI-CEBI

The 89-item ORI-CEBI is presented next. The fifty-one items which comes from other sources have been identified with superscripts. Those 38 items without a superscript are items not linked to a particular study. Definition of the superscripts are as follows: <sup>a</sup>Chatoor et al., 1997; <sup>b</sup>Crist and Napier-Phillips, 2001; <sup>c</sup>Agras et al., 1999.

In answering the following questions please think about your child's behavior in the past month.

	<u>Yes</u>	<u>No</u>
1. <sup>a</sup> Do you talk to your child while s/he is eating?	___	___
2. <sup>a</sup> Do you praise your child about his/her feeding skills?	___	___
3. <sup>a</sup> Do you praise your child about his/her food intake?	___	___
4. <sup>a</sup> Do you force food into his/her mouth?	___	___
5. <sup>a</sup> Do you insist that your child eat more than s/he wants to?	___	___
6. Do you feel relaxed during your child's feeding time?	___	___
7. <sup>a</sup> Do you feel stressed out during your child's feeding time?	___	___
8. <sup>a</sup> Does your child spit food out?	___	___
9. <sup>b</sup> Does your child choke while eating?	___	___
10. <sup>a</sup> Does your child vomit during or after eating?	___	___
11. <sup>a</sup> Does your child appear angry during feeding time?	___	___
12. <sup>a</sup> Does your child appear distressed during feeding time?	___	___
13. Are you concerned about your child's messiness?	___	___
14. <sup>a</sup> Does your child appear cheerful while eating?	___	___
15. Is your child calm while eating?	___	___
16. <sup>b</sup> Is your child irritable while eating?	___	___
17. Does your child accept food from some caretakers while refusing it from others?	___	___

	<u>Yes</u>	<u>No</u>
18. <sup>b</sup> In your opinion, does your child eat enough food?	—	—
19. Does your child have a good appetite?	—	—
20. <sup>b</sup> Do you have to coax your child to eat more?	—	—
21. Is your child difficult and stubborn during feedings?	—	—
22. <sup>c</sup> Does your child eat a limited variety of foods?	—	—
23. <sup>c</sup> Will s/he eat favorite foods only if prepared in a very specific way?	—	—
24. <sup>c</sup> Does your child let you know that s/he is hungry?	—	—
25. <sup>c</sup> Does your child let you know when s/he is full?	—	—
26. <sup>c</sup> If s/he wants something to eat and you say no (for any reason), does s/he become upset?	—	—
27. <sup>c</sup> Has your child ever had a tantrum because you refused him/her food?	—	—
28. Has your child ever had a tantrum because you insisted that s/he eat something?	—	—
29. <sup>c</sup> Does your child accept new foods readily?	—	—
30. <sup>c</sup> Does s/he have strong likes with regard to food?	—	—
31. <sup>c</sup> Is it hard to feed your child?	—	—
32. <sup>c</sup> Do you have frequent struggles with your child about food?	—	—

	<u>Yes</u>	<u>No</u>
33. <sup>c</sup> Is your child a fast eater?	___	___
34. <sup>c</sup> Is your child a slow eater?	___	___
35. Is your child able to feed him/herself without assistance?	___	___
36. <sup>c</sup> Does your child seem to be shy or inhibited about eating with you or others in comparison to eating alone?	___	___
37. <sup>c</sup> Do you think your child is a picky eater?	___	___
38. <sup>c</sup> When eating a meal or snack, does your child finish whatever s/he has been given?	___	___
39. <sup>c</sup> Do you worry about your child becoming overweight?	___	___
40. <sup>c</sup> Do you worry about your child being underweight?	___	___
41. <sup>b</sup> Is your child's appetite poor?	___	___
42. Is your child's appetite good?	___	___
43. Does your child accept food one day but reject it on another?	___	___
44. <sup>a</sup> Does your child ever chew food but refuse to swallow?	___	___
45. Does your child ever allow food to dribble out of his/her mouth?	___	___
46. Does your child currently get spoon fed by a caretaker?	___	___
47. Does your child currently get fed finger foods by a caretaker?	___	___
48. Does your child currently feed him/herself with fingers?	___	___
49. Does your child currently feed him/herself with a spoon?	___	___
50. Does your child currently feed him/herself with a fork?	___	___
51. Does your child currently use a knife?	___	___

	<u>Yes</u>	<u>No</u>
52. Does your child currently drink from a cup or glass?	___	___
53. Does your child currently drink from a straw?	___	___
54. Does your child pour his/her own drink?	___	___
55. Does your child prepare his/her own snacks?	___	___
56. <sup>c</sup> Does your child ever eat or drink so much that s/he gets sick to the stomach or vomits?	___	___
57. <sup>c</sup> Does your child enjoy eating certain foods so much that it appears that s/he has difficulty stopping?	___	___
58. <sup>a</sup> Does your child fall asleep while eating?	___	___
59. <sup>a</sup> Does your child refuse to open his/her mouth when you are trying to feed him/her?	___	___
60. <sup>a</sup> Does your child turn away from food?	___	___
61. <sup>a</sup> Does your child cry when food is offered?	___	___
62. <sup>a</sup> Does your child push food away or throw food?	___	___
63. <sup>b</sup> Does your child refuse meats?	___	___
64. <sup>b</sup> Does your child refuse fish?	___	___
65. Does your child refuse eggs?	___	___
66. Does your child refuse cheese?	___	___
67. <sup>b</sup> Does your child refuse milk?	___	___
68. Does your child refuse yogurt?	___	___
69. Does your child refuse sweets/chocolate?	___	___

	<u>Yes</u>	<u>No</u>
70. Does your child refuse soups?	___	___
71. <sup>b</sup> Does your child refuse vegetables?	___	___
72. <sup>b</sup> Does your child refuse potatoes/rice/pasta?	___	___
73. Does your child refuse breads?	___	___
74. Does your child refuse cereal?	___	___
75. Does your child refuse fruit?	___	___
76. Does your child refuse puddings?	___	___
77. Does your child refuse chips?	___	___
78. Does your child refuse squash?	___	___
79. <sup>c</sup> Do you limit the amount of food your child eats?	___	___
80. <sup>c</sup> Do you feed your child calorie reduced foods, such as low-fat milk, fat-free yogurt, or sugar-free treats?	___	___
81. <sup>c</sup> Do you and your child's other parent ever disagree about any aspect of your child's eating behaviors?	___	___
82. Is there a physical condition that might have resulted in a feeding problem?	___	___
83. Has your pediatrician ever felt that your child had a feeding problem?	___	___
84. Have you been told by your doctor to restrict your child's diet due to a food allergy or intolerance?	___	___
85. Do you restrict your child's diet due to a food allergy or intolerance concerns?	___	___

	<u>Yes</u>	<u>No</u>
86. Does your child complain of stomach pain?	—	—
87. Does your child have problems with constipation?	—	—
88. Does your child have problems with diarrhea?	—	—
89. Has your doctor indicated that your child has a medical condition that affects his/her feeding?	—	—

### References

Agras S, Hammer L, McNicholas F (1999), A prospective study of the influence of eating-disordered mothers on their children. *International Journal of Eating Disorders* 25:253-262

Chatoor I, Getson P, Menvielle E, Brasseaux C, O'Donnell R, Rivera Y, Mrazek DA (1997), A feeding scale for research and clinical practice to assess mother-infant interactions in the first three years of life. *Infant Mental Health Journal* 18:76-91

Crist W, Napier-Phillips A (2001), Mealtime behaviors of young children: A comparison of normative and clinical data. *Journal of Developmental and Behavioral Pediatrics* 22:279-286