

# Obsessive-Compulsive Inventory (OCI)

Identifier

Date

Please read each statement and select a number 0, 1, 2, 3 or 4 that best describes how much that experience has **distressed or bothered you during the past month**. There are no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a health professional.

0 = Not at all      1 = A little      2 = Moderately      3 = A lot      4 = Extremely

1 Unpleasant thoughts come into my mind against my will and I cannot get rid of them

2 I think contact with bodily secretions (sweat, saliva, blood, urine, etc.) may contaminate my clothes or somehow harm me

3 I ask people to repeat things to me several times, even though I understood them the first time

4 I wash and clean obsessively

5 I have to review mentally past events, conversations and actions to make sure that I didn't do something wrong

6 I have saved up so many things that they get in the way

7 I check things more often than necessary

8 I avoid using public toilets because I am afraid of disease or contamination

9 I repeatedly check doors, windows, drawers etc .

10 I repeatedly check gas / water taps / light switches after turning them off

11 I collect things I don't need

Foa, E.B., Kozak, M.J., Salkovskis, P.M., Coles, M.E., and Amir, N. (1998). The validation of a new obsessive-compulsive disorder scale: The Obsessive-Compulsive Inventory. *Psychological Assessment*, 10(3), 206-214.

12 I have thoughts of having hurt someone without knowing it

13 I have thoughts that I might want to harm myself or others

14 I get upset if objects are not arranged properly

15 I feel obliged to follow a particular order in dressing, undressing and washing myself

16 I feel compelled to count while I'm doing things

17 I am afraid of impulsively doing embarrassing or harmful things

18 I need to pray to cancel bad thoughts or feelings

19 I keep on checking forms or other things I have written

20 I get upset at the sight of knives, scissors or other sharp objects in case I lose control with them

21 I am obsessively concerned about cleanliness

22 I find it difficult to touch an object when I know it has been touched by strangers or certain people

23 I need things to be arranged in a particular order

24 I get behind in my work because I repeat things over and over again

25 I feel I have to repeat certain numbers

26 After doing something carefully, I still have the impression I haven't finished it

27 I find it difficult to touch rubbish or dirty things

28 I find it difficult to control my thoughts

29 I have to do things over and over again until it feels right

30 I am upset by unpleasant thoughts that come into my mind against my will

31 Before going to sleep I have to do certain things in a certain way

32 I go back to places to make sure that I have not harmed anyone

33 I frequently get nasty thoughts and have difficulty getting rid of them

34 I avoid throwing things away because I am afraid I might need them later

35 I get upset if others have changed the way I have arranged my things

36 I feel that I must repeat certain words or phrases in my mind in order to wipe out bad thoughts, feelings or actions

37 After I have done things, I have persistent doubts about whether I really did them

38 I sometimes have to wash or clean myself simply because I feel contaminated

39 I feel that there are good and bad numbers

40 I repeatedly check anything that might cause a fire

41 Even when I do something very carefully I feel that it is not quite right

42 I wash my hands more often, or for longer than necessary

Washing

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Foa, E.B., Kozak, M.J., Salkovskis, P.M., Coles, M.E., & Amir, N.

Checking

Doubting

Ordering

Obsessions

Hoarding

Neutralising

Mean OCI distress

Total OCI Score

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The OCI consists of 42 items composing 7 subscales: Washing, Checking, Doubting, Ordering, Obsessing (i.e. having obsessional thoughts), Hoarding, and Mental Neutralising. Each item is rated on a 5-point (0-4) scale of symptom distress.

Mean scores are calculated for each of the seven subscales, and an overall mean 'distress' score is provided (rounded to 2 decimal places). Each score is presented as a mean out of a possible maximum of '4'. Lower scores are better. A total score of 42 or more, or a mean score of 2.5 or more in any of the subscales suggests the presence of OCD, but is not diagnostic.

Privacy - please note - this form does not transmit any information about you or your assessment scores. If you wish to keep your results, either print this document or save this file locally to your computer. If you click 'save' before closing, your results will be saved in this document. These results are intended as a guide to your health and are presented for educational purposes only. They are not intended to be a clinical diagnosis. If you are concerned in any way about your health, please consult with a qualified health professional.

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