

# OCI

name: \_\_\_\_\_

date: \_\_\_\_\_

The following statements refer to experiences which many people have in their everyday lives. In the column labelled **distress**, please circle the number that best describes **how much** that experience has **distressed** or **bothered** you during the past month (or other agreed time period). The numbers in this column refer to the following labels: 0 = not at all; 1 = a little; 2 = moderately; 3 = a lot; 4 = extremely.

|            | <b>statement</b>   | <b>distress</b> |   |   |   |   |
|------------|--|-----------------|---|---|---|---|
| <b>1.</b>  | unpleasant thoughts come into my mind against my will and I cannot get rid of them ( <i>ob</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>2.</b>  | I think contact with bodily secretions (perspiration, saliva, blood, urine, etc.) may contaminate my clothes or somehow harm me ( <i>w</i> ) | 0               | 1 | 2 | 3 | 4 |
| <b>3.</b>  | I ask people to repeat things to me several times, even though I understood them the first time ( <i>ch</i> )                                | 0               | 1 | 2 | 3 | 4 |
| <b>4.</b>  | I wash and clean obsessively ( <i>w</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>5.</b>  | I have to review mentally past events, conversations and actions to make sure that I didn't do something wrong ( <i>n</i> )                  | 0               | 1 | 2 | 3 | 4 |
| <b>6.</b>  | I have saved up so many things that they get in the way ( <i>h</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>7.</b>  | I check things more often than necessary ( <i>ch</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>8.</b>  | I avoid using public toilets because I am afraid of disease or contamination ( <i>w</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>9.</b>  | I repeatedly check doors, windows, drawers etc ( <i>ch</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>10.</b> | I repeatedly check gas/water taps/light switches after turning them off ( <i>ch</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>11.</b> | I collect things I don't need ( <i>h</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>12.</b> | I have thoughts of having hurt someone without knowing it ( <i>ob</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>13.</b> | I have thoughts that I might want to harm myself or others ( <i>ob</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>14.</b> | I get upset if objects are not arranged properly ( <i>or</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>15.</b> | I feel obliged to follow a particular order in dressing, undressing & washing myself ( <i>or</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>16.</b> | I feel compelled to count while I'm doing things ( <i>n</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>17.</b> | I am afraid of impulsively doing embarrassing or harmful things ( <i>ob</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>18.</b> | I need to pray to cancel bad thoughts or feelings ( <i>n</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>19.</b> | I keep on checking forms or other things I have written ( <i>ch</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>20.</b> | I get upset at the sight of knives, scissors or other sharp objects in case I lose control with them ( <i>ob</i> )                           | 0               | 1 | 2 | 3 | 4 |
| <b>21.</b> | I am obsessively concerned about cleanliness ( <i>w</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>22.</b> | I find it difficult to touch an object when I know it has been touched by strangers or certain people ( <i>w</i> )                           | 0               | 1 | 2 | 3 | 4 |
| <b>23.</b> | I need things to be arranged in a particular order ( <i>or</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>24.</b> | I get behind in my work because I repeat things over and over again ( <i>ch</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>25.</b> | I feel I have to repeat certain numbers ( <i>n</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>26.</b> | after doing something carefully, I still have the impression I have not finished it ( <i>d</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>27.</b> | I find it difficult to touch garbage or dirty things ( <i>w</i> )  | 0               | 1 | 2 | 3 | 4 |
| <b>28.</b> | I find it difficult to control my thoughts ( <i>ob</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>29.</b> | I have to do things over and over again until it feels right ( <i>or</i> )   | 0               | 1 | 2 | 3 | 4 |
| <b>30.</b> | I am upset by unpleasant thoughts that come into my mind against my will ( <i>ob</i> )   | 0               | 1 | 2 | 3 | 4 |

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|            | <b>statement</b>   | <b>distress</b> |   |   |   |   |
|------------|--|-----------------|---|---|---|---|
| <b>31.</b> | before going to sleep I have to do certain things in a certain way (ch)  | 0               | 1 | 2 | 3 | 4 |
| <b>32.</b> | I go back to places to make sure that I have not harmed anyone (ch)  | 0               | 1 | 2 | 3 | 4 |
| <b>33.</b> | I frequently get nasty thoughts and have difficulty getting rid of them (ob)   | 0               | 1 | 2 | 3 | 4 |
| <b>34.</b> | I avoid throwing things away because I am afraid I might need them later (h)   | 0               | 1 | 2 | 3 | 4 |
| <b>35.</b> | I get upset if others have changed the way I have arranged my things (or)  | 0               | 1 | 2 | 3 | 4 |
| <b>36.</b> | I feel that I must repeat certain words or phrases in my mind in order to wipe out bad thoughts, feelings or actions (n) | 0               | 1 | 2 | 3 | 4 |
| <b>37.</b> | after I have done things, I have persistent doubts about whether I really did them (d)                                   | 0               | 1 | 2 | 3 | 4 |
| <b>38.</b> | I sometimes have to wash or clean myself simply because I feel contaminated (w)  | 0               | 1 | 2 | 3 | 4 |
| <b>39.</b> | I feel that there are good and bad numbers (n)   | 0               | 1 | 2 | 3 | 4 |
| <b>40.</b> | I repeatedly check anything that might cause a fire (ch)   | 0               | 1 | 2 | 3 | 4 |
| <b>41.</b> | even when I do something very carefully I feel that it is not quite right (d)  | 0               | 1 | 2 | 3 | 4 |
| <b>42.</b> | I wash my hands more often or longer than necessary (w)  | 0               | 1 | 2 | 3 | 4 |

The OCI is made up of seven subscales (with differing numbers of items per scale). Add up the total score for each scale and divide by the number of items involved to get an average score per scale

washing (8) =            checking (9) =            doubting (3) =            ordering (5) =

obsessions (8) =            hoarding (3) =            neutralising (6) =

**total =**

Foa, E. B., M. J. Kozak, et al. (1998). "The validation of a new obsessive-compulsive disorder scale: The Obsessive-Compulsive Inventory. ." *Psychological Assessment* **10**(3): 206-214

The Obsessive-Compulsive Inventory (OCI) is a new self-report instrument developed to address the problems inherent in available instruments for determining the diagnosis and severity of obsessive-compulsive disorder (OCD). The OCI consists of 42 items composing 7 subscales: Washing, Checking, Doubting, Ordering, Obsessing (i.e., having obsessional thoughts), Hoarding, and Mental Neutralizing. Each item is rated on a 5-point (0-4) Likert scale of symptom frequency and associated distress. One hundred and forty-seven individuals diagnosed with OCD; 58 with generalized social phobia; 44 with posttraumatic stress disorder; and 194 nonpatients completed the OCI and other measures of OCD, anxiety, and depression. The present article describes the psychometrics of the OCI including (a) scale construction and content validity, (b) reliability (internal consistency and retest reliability), and (c) convergent and discriminant validity. The OCI exhibited satisfactory reliability and validity with all 4 samples.