

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**. The numbers in this column refer to the following labels: 0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely

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

	DISTRESS				
24. I get behind in my work because I repeat things over and over again.	0	1	2	3	4
25. I feel I have to repeat certain numbers.	0	1	2	3	4
26. After doing something carefully, I still have the impression I have not finished it.	0	1	2	3	4
27. I find it difficult to touch garbage or dirty things.	0	1	2	3	4
28. I find it difficult to control my own thoughts.	0	1	2	3	4
29. I have to do things over and over again until it feels right.	0	1	2	3	4
30. I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
31. Before going to sleep I have to do certain things in a certain way.	0	1	2	3	4
32. I go back to places to make sure that I have not harmed anyone.	0	1	2	3	4
33. I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4
34. I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
35. I get upset if others change the way I have arranged my things.	0	1	2	3	4
36. I feel that I must repeat certain words or phrases in my mind in order to wipe out bad thoughts, feelings or actions.	0	1	2	3	4
37. After I have done things, I have persistent doubts about whether I really did them.	0	1	2	3	4
38. I sometimes have to wash or clean myself simply because I feel contaminated.	0	1	2	3	4
39. I feel that there are good and bad numbers.	0	1	2	3	4
40. I repeatedly check anything which might cause a fire.	0	1	2	3	4
41. Even when I do something very carefully I feel that it is not quite right.	0	1	2	3	4
42. I wash my hands more often or longer than necessary.	0	1	2	3	4

For therapist use:

Washing	
Checking	
Doubting	
Ordering	
Obsessions	
Hoarding	
Neutralising	
Total	