

OCI-R

The following statements refer to experiences that many people have in their everyday lives. Fill in the number that best describes **HOW MUCH** that experience has **DISTRESSED OR BOTHERED** you during the **PAST MONTH**. The numbers refer to the following verbal labels:

	Not at all	A little	Moderately	A lot	Extremely
1. I have saved up so many things that they get in the way.	[0]	[1]	[2]	[3]	[4]
2. I check things more often than necessary.	[0]	[1]	[2]	[3]	[4]
3. I get upset if objects are not arranged properly.	[0]	[1]	[2]	[3]	[4]
4. I feel compelled to count while I am doing things.	[0]	[1]	[2]	[3]	[4]
5. 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]
6. I find it difficult to control my own thoughts.	[0]	[1]	[2]	[3]	[4]
7. I collect things I don't need.	[0]	[1]	[2]	[3]	[4]
8. I repeatedly check doors, windows, drawers, etc.	[0]	[1]	[2]	[3]	[4]
9. I get upset if others change the way I have arranged things.	[0]	[1]	[2]	[3]	[4]
10. I feel I have to repeat certain numbers.	[0]	[1]	[2]	[3]	[4]
11. I sometimes have to wash or clean myself simply because I feel contaminated.	[0]	[1]	[2]	[3]	[4]
12. I am upset by unpleasant thoughts that come into my mind against my will.	[0]	[1]	[2]	[3]	[4]
13. I avoid throwing things away because I am afraid I might need them later.	[0]	[1]	[2]	[3]	[4]
14. I repeatedly check gas and water taps and light switches after turning them off.	[0]	[1]	[2]	[3]	[4]
15. I need things to be arranged in a particular order.	[0]	[1]	[2]	[3]	[4]
16. I feel that there are good and bad numbers.	[0]	[1]	[2]	[3]	[4]
17. I wash my hands more often and longer than necessary.	[0]	[1]	[2]	[3]	[4]
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	[0]	[1]	[2]	[3]	[4]

OCI-R SCORE

Patient Name: _____ Testing Date: _____

- Normal Range: 0-14**
- Minimal to Mild OCD Symptoms: 15-19**
- Moderate to Marked OCD Symptoms: 20-34**
- Severe to Extreme OCD Symptoms: 35 and higher**