

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**