



# UNIVERSITY MEDICAL CENTRE PSYCHOLOGICAL THERAPIES

## Obsessive Compulsive Inventory (OCI)

The following statements refer to experiences which many people have in their everyday lives. In the column labelled **DISTRESS**, circle the number that best describes how much that experience has **DISTRESSED** or **BOTHERED YOU DURING THE PAST MONTH**.

	DISTRESS				
	Not at all	A little	Moderately	A lot	Extremely
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
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 numbers 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