

Patient Name: _____ Date: _____

OCI-R

The following statements refer to experiences that many people have in their everyday lives. Circle 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:

0 Not At All	1 A Little	2 Moderately	3 A Lot	4 Extremely
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| 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 way. | 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 |