## Oxford CBT Obsessive Compulsive Inventory

Patient Name

Today's Date

## OCI

The following statements refer to experiences which many people have in their everyday lives. Please circle the number that best describes how much that experience has distressed or bothered you during the past month.

Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

		1				
		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	l think contact with bodily secretions (sweat, 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	l avoid using public toilets because l 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, water, taps, light switches after turning them off.	0	1	2	3	4
11	l 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	l 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'm doing things.	0	1	2	3	4
17	l 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 or other sharp objects in case I lose control with them.	0	1	2	3	4
21	l am obsessively concerned about cleanliness.	0	1	2	3	4
22	l find it difficult to touch an object when l 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	l get behind in my work because l 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 haven't finished it.	0	1	2	3	4
27	l find it difficult to touch rubbish or dirty things.	0	1	2	3	4
28	I find it difficult to control my thoughts.	0	1	2	3	4
29	l 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 getting rid of them.	0	1	2	3	4
34	l avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
35	I get upset if others have changed 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 I 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 that 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 for longer than necessary.	0	1	2	3	4
	OCI Total Score					