Confidential

Patient: _____ Date: _____

OCI-SV

Total Score: _____

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 = None   1 = A Little   2 = Moderate 3 = A Lot   4 = Extremely

1. I have saved up so many things that they get in my 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

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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 getting rid of them.
    0   1   2   3   4

For Office Use Only:

				Notes:
Checking: _____ + _____ + _____ = _____	2	8	14	
Hoarding: _____ + _____ + _____ = _____	1	7	13	
Neutralizing: _____ + _____ + _____ = _____	4	10	16	
Obsessing: _____ + _____ + _____ = _____	6	12	18	
Ordering: _____ + _____ + _____ = _____	3	9	15	
Washing: _____ + _____ + _____ = _____	5	11	17	
Total = _____				