

The 4-Item Obsessive-Compulsive Inventory - OCI-4

The following statements refer to experiences that many people have in their everyday lives. Enter the number (below the red arrow) 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

1. I get upset if objects are not arranged properly.	0
2. I repeatedly check doors, windows, drawers, etc.	0
3. I sometimes have to wash or clean myself simply because I feel contaminated.	0
4. I frequently get nasty thoughts and have difficulty getting rid of them.	0
Total Score	0
Clinical Status Score	0

Sc:	<u>Scoring</u>
0	Item 1 - Ordering
0	Item 2 - Checking
0	Item 3 - Washing
0	Item 3 - Obsessing
0	Total score: Sum of all items.
0	Clinical Status score: Sum of items 2, 3 and 4.

*Clinical Status Score of 3 or higher indicates high probability of OCD
Score of 2 or lower indicates low probability of OCD*