

**Adult OCD Inventory**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following 20 questions as best you can, on the basis of the way you usually are, or the way you usually feel. Answer yes or no. If you answer yes, circle the appropriate number indicating the degree of your problem:  
 0 – NO. I do not have this habit or feeling  
 1 – Yes, this stops me a little or wastes a little of my time.  
 2 – Yes, this stops me from doing other things or wastes some of my time  
 3 – Yes, this stops me from doing a lot of things and wastes a lot of my time

1. Do you spend more time than you need to check your work?	0	1	2	3
2. Do you have a special number?	0	1	2	3
3. Do you worry about being clean?	0	1	2	3
4. Do you wash your hands over and over?	0	1	2	3
5. Do you have trouble making up your mind?	0	1	2	3
6. Do you arrange things in certain ways, or symmetrically?	0	1	2	3
7. Do thoughts or words repeat themselves over and over in your mind?	0	1	2	3
8. When you put things away, do they have to be put away just right?	0	1	2	3
9. Do you get angry if other people mess up your desk or work area?	0	1	2	3
10. Do you like to eat the same foods?	0	1	2	3
11. Do you have to do things over a certain number of times before it's just right?	0	1	2	3
12. Do you have to check things several times?	0	1	2	3
13. Do you hate dirt or dirty things?	0	1	2	3
14. If something has been touched by someone else, are you unwilling to touch it?	0	1	2	3
15. Do you feel guilty over minor infractions?	0	1	2	3
16. Do you find yourself counting things or have numbers frequently going through your mind?	0	1	2	3
17. Do you worry about the germs that are on things?	0	1	2	3
18. Do you have a special number that you count up to or do things just that number of times?	0	1	2	3
19. Do you move or talk in special ways to avoid bad luck?	0	1	2	3
20. Do you often feel compelled to do things that you don't really want to do?	0	1	2	3

<b>MEAN ITEM SCORE</b>		<b>TOTAL SCORE</b>	
------------------------	--	--------------------	--