

# FOCI: Florida OCD Inventory (modified\*) ADULT VERSION

**PART A Instructions:** Please check your answer and enter the age of first occurrence where appropriate:

Answer these questions as accurately as you can. \*\* Note: Current = last 30 days

**Have you been bothered by unpleasant thoughts or images that repeatedly enter your mind, such as:**

1	Concerns with contamination (dirt, germs, chemicals, radiation) or acquiring a serious illness such as AIDS?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
2	Overconcern with keeping objects (clothing, tools, etc.) in perfect order or arranged exactly?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
3	Images of death or other horrible events?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
4	Personally unacceptable religious or sexual thoughts?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	

**Have you worried a lot about terrible things happening, such as:**

5	Fire, burglary or flooding of the house?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
6	Accidentally hitting a pedestrian with your car or letting it roll down a hill?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
7	Spreading an illness?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
8	Losing something valuable?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
9	Harm coming to a loved one because you weren't careful enough?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	

**Have you worried about acting on an unwanted and senseless urge or impulse, such as:**

10	Physically harming a loved one, pushing a stranger in front of a bus, steering your car into oncoming traffic; inappropriate sexual contact; or poisoning dinner guests?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
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**Have you felt driven to perform certain acts over and over again, such as:**

11	Excessive or ritualized washing, cleaning or grooming?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
12	Checking light switches, water faucets, the stove, door locks or the emergency brake?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
13	Counting, arranging; evening-up behaviors (making sure socks are at same height)?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
14	Collecting useless objects or inspecting the garbage before it is thrown out?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
15	Repeating routine actions (in/out of chair, going through doorway, relighting cigarette) a certain number of times or until it feels just right?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
16	Needing to touch objects or people?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
17	Unnecessary rereading or rewriting; reopening envelopes before they are mailed?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
18	Examining your body for signs of illness?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
19	Avoiding colors ("red" means blood), numbers ("13" is unlucky) or names (those that start with "D" signify death) that are associated with dreaded events or unpleasant thoughts?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
20	Needing to "confess" or repeatedly asking for reassurance that you said or did something correctly?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
*21	Have you been avoiding doing anything, going any place, or being with anyone because of your obsessional thoughts or out of concern you will perform compulsions?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
*22	Are you or have you been excessively concerned with a part of your body or aspect of your appearance? (worries that your race, ears, nose, eyes or another part of your body is hideously ugly, despite reassurance to the contrary)	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
*23	Do you or have you pulled out your hair?(pulling hair from your scalp, eyelids, eyelashes, pubic areas or anywhere else on your body, using your fingers or tweezers)	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	
*24	Do you or have you repetitively picked at your skin which results in damage to the tissue?	<input type="radio"/>	Never	<input type="radio"/>	Past	<input type="radio"/>	Current	

**If you answered YES to one or more of these questions, please continue with Part B.**

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## PART B Instructions:

The following questions refer to the repeated thoughts, images, urges or behaviors identified in Part A. Consider your experience during the past 30 days when selecting an answer.

**CIRCLE the most appropriate number from 0 to 4.**

1. On average, how much time is occupied by these thoughts or behaviors each day?	<b>PAST 30 DAYS</b>	0 - None	1 - Mild (less than 1 hour)	2 - Moderate (1 to 3 hours)	3 - Severe (3 to 8 hours)	4 - Extreme (more than 8 hours)
	<b>WORST EVER</b>	0 - None	1 - Mild (less than 1 hour)	2 - Moderate (1 to 3 hours)	3 - Severe (3 to 8 hours)	4 - Extreme (more than 8 hours)
2. How much distress do they cause you?	<b>PAST 30 DAYS</b>	0 - None	1 - Mild	2 - Moderate (disturbing but manageable)	3 - Severe	4 - Extreme (Disabling)
	<b>WORST EVER</b>	0 - None	1 - Mild	2 - Moderate (disturbing but manageable)	3 - Severe	4 - Extreme (Disabling)
3. How hard is it for you to control them?	<b>PAST 30 DAYS</b>	0 - Complete control	1 - Much control	2 - Moderate control	3 - Little control	No control
	<b>WORST EVER</b>	0 - Complete control	1 - Much control	2 - Moderate control	3 - Little control	No control
4. How much do they cause you to avoid doing anything, going anyplace or being with anyone?	<b>PAST 30 DAYS</b>	0 - No avoidance	1 - Occasional avoidance	2 - Moderate avoidance	3 - Frequent and extensive avoidance	4 - Extreme avoidance (house- bound)
	<b>WORST EVER</b>	0 - No avoidance	1 - Occasional avoidance	2 - Moderate avoidance	3 - Frequent and extensive avoidance	4 - Extreme avoidance (house- bound)
5. How much do they interfere with school, work or your social or family life?	<b>PAST 30 DAYS</b>	0 - None	1 -Slight interference	2 - Definitely interferes with functioning	3 - Much interference	4 - Extreme interference (disabling)
	<b>WORST EVER</b>	0 - None	1 -Slight interference	2 - Definitely interferes with functioning	3 - Much interference	4 - Extreme interference (disabling)

Keep in mind, a high score on this questionnaire does not necessarily mean you have an anxiety disorder - only an evaluation by a health professional can make this determination.

If you scored **8 or higher** on Part B, you may want to consider consulting with a mental health professional who specializes in the treatment of OCD.

### Here are several options to consider:

1. Mount Sinai Center of Excellence for OCD and Related Disorders.

For more information, please email Andrew R. Gilbert, MD: [andrew.gilbert@mssm.edu](mailto:andrew.gilbert@mssm.edu)

2. International Obsessive-Compulsive Foundation: [www.ocfoundation.org](http://www.ocfoundation.org)

3. National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)

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\*Derived and adapted from the Yale Brown Obsessive Compulsive Symptom Checklist and Scale (Goodman et al., 1989)