

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?	PAST 30 DAYS	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)
	WORST EVER	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?	PAST 30 DAYS	0 - None	1 - Mild	2 - Moderate (disturbing but manageable)	3 - Severe	4 - Extreme (Disabling)
	WORST EVER	0 - None	1 - Mild	2 - Moderate (disturbing but manageable)	3 - Severe	4 - Extreme (Disabling)
3. How hard is it for you to control them?	PAST 30 DAYS	0 - Complete control	1 - Much control	2 - Moderate control	3 - Little control	No control
	WORST EVER	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?	PAST 30 DAYS	0 - No avoidance	1 - Occasional avoidance	2 - Moderate avoidance	3 - Frequent and extensive avoidance	4 - Extreme avoidance (house- bound)
	WORST EVER	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?	PAST 30 DAYS	0 - None	1 -Slight interference	2 - Definitely interferes with functioning	3 - Much interference	4 - Extreme interference (disabling)
	WORST EVER	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

2. International Obsessive-Compulsive Foundation: www.ocfoundation.org

3. National Institute of Mental Health: 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)