A Review of the Clinical Utility and Psychometric Properties of the Obsessive-Compulsive Inventory - Revised (OCI-R): Community and Clinical Norms, Percentile Rankings, and Qualitative Descriptors

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The Obsessive-Compulsive Inventory-Revised (OCI-R) is an 18-item self-report measure designed to assess obsessive-compulsive severity across six domains: washing, checking, ordering, obsessing, neutralising, and hoarding. Originally developed by Foa et al. (2002), the OCI-R has become one of the most widely used instruments for assessing OCD symptom severity in both research and clinical practice. This technical review synthesises current literature on the OCI-R's psychometric properties and provides clinicians with a comprehensive scoring framework, normative data, severity classifications, and interpretive guidelines. Furthermore, it addresses the critical distinction between OCD symptoms and hoarding disorder (HD) following the DSM-5 reclassification of hoarding as a separate diagnosis, and provides guidance on interpreting the 15-item OCD component separately from the 3-item hoarding subscale.

Click to view information on the Obsessive Compulsive Inventory Revised (OCI-R)

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Developer & Author

The Obsessive Compulsive Inventory Revised (OCI-R) was developed by Foa and colleagues (2002):

> Foa, E. B., Huppert, J. D., Leiberg, S., Langner, R., Kichic, R., Hajcak, G., & Salkovskis, P. M. (2002). The Obsessive-Compulsive Inventory: development and validation of a short version. *Psychological Assessment*, *14*(4), 485–496. https://doi.org/10.1037/1040-3590.14.4.485

This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Obsessive-Compulsive Inventory-Revised (OCI-R; Foa et al., 2002) is an 18-item self-report questionnaire measuring obsessive-compulsive disorder (OCD) symptoms over the past month. Each item assesses how much distress or discomfort is experienced in particular situations/experiences. It is suitable for use with adults; however, the Spanish-language version has been validated for use with individuals as young as 16 years old (Piqueras et al., 2009). Higher scores indicate greater symptom-related severity/intensity across both the total scale and individual subscales. The OCI-R assesses OCD-related behaviours across six symptom domains:

1. Washing (contamination concerns and excessive washing)
2. Obsessing (intrusive thoughts and attempts to control them)
3. Ordering (need for symmetry)
4. Checking (excessive verification behaviours)
5. Neutralising (mental compulsions and counting rituals)
6. Hoarding (difficulty discarding possessions)

DSM-5 Diagnostic Considerations for the OCI-R

When the OCI-R was originally developed, the DSM still conceptualised hoarding as a symptom of OCD. However, DSM-5 reclassified hoarding as a distinct diagnosis separate from OCD. Contemporary research has since demonstrated that the OCI-R can reliably assess both conditions when scored appropriately (Wootton et al., 2015): the 15-item OCI-R (excluding the 3 hoarding items) provides a valid measure of OCD symptoms, while the 3-item Hoarding subscale assesses hoarding-related symptoms. Clinicians should therefore interpret these components separately rather than relying solely on the total 18-item score, particularly when differential diagnosis is relevant.

Clinical Utility and Applications

Beyond measuring symptom severity, the OCI-R supports clinical decision-making across three key contexts: screening, initial assessment and treatment planning, and ongoing outcome monitoring:

Screening and assessment: The OCI-R serves multiple functions across the assessment and treatment pathway. As a screening tool, it efficiently identifies individuals who may warrant further diagnostic evaluation for OCD and/or hoarding disorder (HD). During initial assessment, the OCI-R provides a comprehensive symptom profile across multiple OCD domains, helping clinicians identify which symptom dimensions are most prominent and directly informing case formulation and treatment planning. The subscale structure allows clinicians to understand the complexity and breadth of an individual's OCD presentation rather than relying solely on a total severity score.

Outcome Monitoring: The brevity of the OCI-R, combined with its subscale structure, makes it particularly valuable for repeated administration in routine outcome monitoring. Regular administration allows clinicians to track symptom change over time, identify which specific symptom domains are responding to intervention, and detect any emerging symptoms in previously unaffected domains. The measure's sensitivity to treatment effects has also been demonstrated for cognitive-behavioural therapy (Abramovitch et al., 2006).

Individualised Interpretation: The OCI-R subscale structure enables clinicians to tailor interpretation to individual presentations. For example, an individual whose primary difficulty is checking compulsions can be tracked directly, without unrelated symptoms on other subscales masking meaningful improvement. This granular approach provides more meaningful clinical information than the total score alone and can guide adjustments to treatment focus when specific symptom domains prove resistant to intervention.

Psychometric Properties

OCI-R Subscales and Factor Structure

The 6-factor structure of the OCI-R (Foa et al., 2002) validates that the measure's six subscales—Washing, Obsessing, Ordering, Checking, Neutralising, and Hoarding—each assess distinct symptom dimensions. Following DSM-5 reclassification, the five OCD subscales are now scored separately from the Hoarding subscale (OCI-OCD: 15 items; OCI-HD: 3 items). This structure has been well supported across clinical and non-clinical populations (Gönner et al., 2008; Abramovitch et al., 2020; Chasson et al., 2013; Hajcak et al., 2004).

OCI-R Reliability and Consistency

Scale Reliability: The OCI-R demonstrates good to excellent total scale reliability in clinical samples ($\alpha = .81$-$.93$) and non-clinical samples ($\alpha = .90$; Foa et al., 2002; Abramovitch et al., 2020; Veale et al., 2016). Cross-cultural validations have confirmed robust psychometric properties (Fullana et al., 2005; Gönner et al., 2008; Belloch et al., 2013; Chasson et al., 2013), though the Neutralising and Obsessing subscales occasionally fall below acceptable thresholds in specific clinical contexts, requiring cautious interpretation.

Internal Consistency: Subscales. The six OCI-R subscales show generally strong reliability, though this varies depending on which specific symptom dimension is measured and the population being assessed. In both community and clinical samples, the Ordering, Washing, and Hoarding subscales consistently demonstrate the strongest reliability ($\alpha = .87$–$.94$ across studies; Abramovitch et al., 2020; Foa et al., 2002; Veale et al., 2016), with Checking and Obsessing showing adequate reliability in most contexts ($\alpha = .82$–$.88$; Abramovitch et al., 2020; Foa et al., 2002).

Subscale-Specific Reliability Limitations. The Neutralising subscale presents the most significant reliability concerns, particularly when used with individuals who have trauma histories or PTSD, where reliability can drop dramatically ($\alpha = .34$ in PTSD samples; Abramovitch et al., 2020). In such populations, this subscale may not consistently measure a coherent construct, requiring careful interpretation. Similarly, when assessing individuals without anxiety disorders, the Checking subscale may show reduced reliability ($\alpha = .65$ in non-anxious controls; Abramovitch et al., 2020). The Obsessing subscale occasionally falls below acceptable thresholds in specific subgroups ($\alpha = .31$ in some subsamples; Veale et al., 2016), though it generally performs adequately.

Clinical Interpretation of Reliability. In clinical practice, most subscales can be interpreted with confidence, but Neutralising and Obsessing should be viewed cautiously, especially in populations where reliability has been shown to drop. When scores on these subscales appear inconsistent with clinical presentation, clinicians should rely more heavily on interview data and other symptom indicators.

Test-Retest Reliability: The temporal stability of the OCI-R has been examined over relatively short intervals appropriate for establishing that the measure captures stable traits rather than transient states. Foa et al. (2002) assessed 41 individuals with OCD over approximately 2 weeks and found excellent test-retest reliability for the total score ($r = .84$), with subscale correlations ranging from .74 to .91. In a sample of 69 non-anxious controls assessed over approximately 1 week, the total score demonstrated good reliability ($r = .74$), with subscale correlations ranging from .57 to .87. Among the subscales, Obsessing, Washing, and Checking showed the strongest temporal stability ($r = .72$ to .77 in OCD samples), while Neutralising and Hoarding showed somewhat lower but still acceptable stability ($r = .54$ to .58). These shorter test-retest intervals minimise the likelihood that actual symptom changes would occur between administrations, providing confidence that score stability reflects measurement reliability rather than symptom fluctuation.

Clinical Implications for Repeated Assessment. The test-retest coefficients indicate that the OCI-R produces consistent scores when symptoms remain stable, making it suitable for tracking change over time in treatment contexts. However, clinicians should note that the commonly referenced test-retest reliability of $r = .82$ (Veale et al., 2016) affects calculations of reliable change indices—measures used to determine whether observed score changes exceed measurement error and represent genuine clinical improvement rather than random fluctuation.

OCI-R Validity and Accuracy

Convergent and Criterion Validity. When OCI-R scores are compared with other established OCD measures, there is moderate agreement overall. The OCI-R aligns well with other self-report questionnaires for OCD, showing strong correspondence with the Maudsley Obsessive-Compulsive Inventory (r = .85 in clinical samples, r = .65 in students; Foa et al., 2002). However, it shows weaker agreement with clinician-administered interviews, such as the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the gold-standard diagnostic tool (r = .53 in non-clinical samples, Foa et al., 2002; r = .41 in clinical samples, Abramowitz et al., 2006).

In practice, these findings mean that an individual's OCI-R score does not always align with what would be expected from a structured clinical interview. The OCI-R may capture broader distress that overlaps with OCD-like concerns, rather than the specific symptoms a Y-BOCS interview would identify.

Divergent Validity. The OCI-R correlates with measures of depression (r = .39 to .41) and anxiety (r = .42 to .47) at roughly similar levels to its correlation with the Y-BOCS (Hajcak et al., 2003; Abramowitz et al., 2006). This means elevated OCI-R scores may partly reflect comorbid low mood or generalised anxiety rather than OCD symptom severity alone. Given the high rates of depression and anxiety among people with OCD (Chen et al., 2025; Rowe et al., 2022), this overlap is expected; however, clinicians should interpret elevated scores cautiously and consider the broader clinical picture rather than relying on the OCI-R in isolation.

Clinical Cutoff Scores for OCD and Hoarding

Clinical cutoffs for the OCI-R were based on Wootten et al. (2015) due to their sample consisting of both clinical and nonclinical populations, as well as their approach to splitting the OCI-R into OCD (OCI-OCD) and hoarding (OCI-HD) components. Using this split approach, the authors suggested a score of 12 or greater to indicate clinical significance for the OCD component of the scale based on findings that this score provided the best balance between false positives and false negatives (identified 82% of OCD patients and correctly excluded 83% of individuals without OCD).

Regarding hoarding, Wootton et al. (2015) suggest a score of 6 or higher would indicate a clinical level of hoarding, given that this score correctly identified 92% of hoarding patients, while correctly excluding 93% of individuals that did not meet the criteria for hoarding.

Tracking Treatment Progress and Change

To identify meaningful change in OCI-R scores across treatment administrations, the Minimally Important Difference (MID) provides appropriate thresholds for the OCD and hoarding components. The MID (defined as 0.5 standard deviation change, rounded up) has demonstrated utility for assessing clinically significant change across health-related scales (Norman et al., 2003; Turner et al., 2010). For the 15-item OCI-OCD component, MID thresholds are 7 points for OCD patients, 5 points for hoarding patients, and 2 points for non-clinical individuals. For the 3-item OCI-HD component, the MID is 2 points across all populations. For clinicians monitoring treatment progress, these thresholds help distinguish between changes that reflect genuine clinical improvement versus those likely due to measurement error. An OCD patient whose OCI-OCD score decreases by 7 points or more can be considered to have experienced a meaningful reduction in symptom burden, while changes of 5-6 points are ambiguous as they may represent error in the scale or true clinical change.

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Scoring & Interpretation

Obsessive Compulsive Disorder Subscale

The OCI-R scale produces a measure of distress from OCD behaviours (OCI-OCD; Table 1). The OCI-OCD Score is based on the 15 OCD items (total score range: 0-60), with higher scores indicating greater discomfort/distress from OCD behaviours. A clinical cutoff of 12 suggests a clinical level of distress from OCD behaviours. Figure 1 displays the individual's total OCD score relative to community and OCD clinical population distributions, illustrating the individual's score relative to each group.

OCI-OCD Total Score Severity Interpretation. Severity descriptors are assigned based on the OCI-OCD total score, using raw score thresholds that correspond to meaningful percentile divisions within OCD clinical populations. Descriptor labels are drawn from the OCI-R's response scale language to maintain interpretive consistency (Table 2).

OCI-OCD Severity Descriptor Bands (based on the OCD Normative Sample):

- **A little distressing** (Score 12-21): 16th-43rd percentile among individuals with OCD
- **Moderately distressing** (Score 22-36): 44th-84th percentile among individuals with OCD
- **A lot distressing** (Score 37-51): 85th-98th percentile among individuals with OCD
- **Extremely distressing** (Score 52-60): ≥99th percentile among individuals with OCD

Table 1

OCI-R Total Scores, Percentile Rankings, and Severity Descriptors for OCD and Hoarding Disorder Subscales

Results

	Score	Community Percentile	Clinical OCD Percentile	Clinical Outcome
OCD (0-60)	27	99.9	60	Moderate Distress
Hoarding Disorder (0-12)	8	99.9	99	Clinical threshold met

OCI-OCD Subscales

The OCD total score is comprised of five subscales (15 items total):

1. **Washing** (items: 5, 11, 17): Assesses concerns about contamination and the compulsive washing and cleaning behaviours used to neutralise these fears.
2. **Obsessing** (items: 6, 12, 18): Measures distressing intrusive thoughts, images, or impulses that are difficult to remove from one's mind.
3. **Ordering** (items: 3, 9, 15): Captures the need for symmetry, exactness, and arranging objects in precise ways until they feel "just right."
4. **Checking** (items: 2, 8, 14): Assesses repetitive checking behaviours driven by doubts and the need to prevent feared consequences.
5. **Neutralising** (items: 4, 10, 16): Measures mental rituals and covert behaviours (such as repeating special words, praying, or counting) used to cancel or neutralise distressing thoughts or prevent feared outcomes.

Figure 2 displays clinical percentile rankings for the total OCD score and each subscale.

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Figure 1

Total OCD Score Relative to Community and Clinical Distributions With Severity Descriptor Bands for scores above the clinical cutoff of 12.

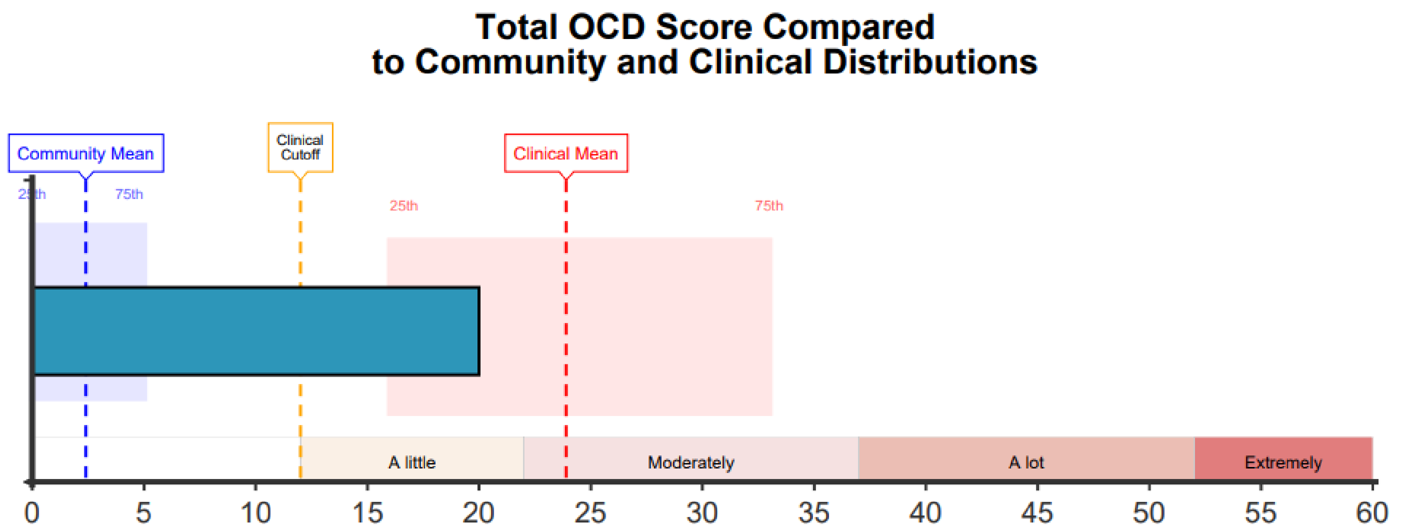
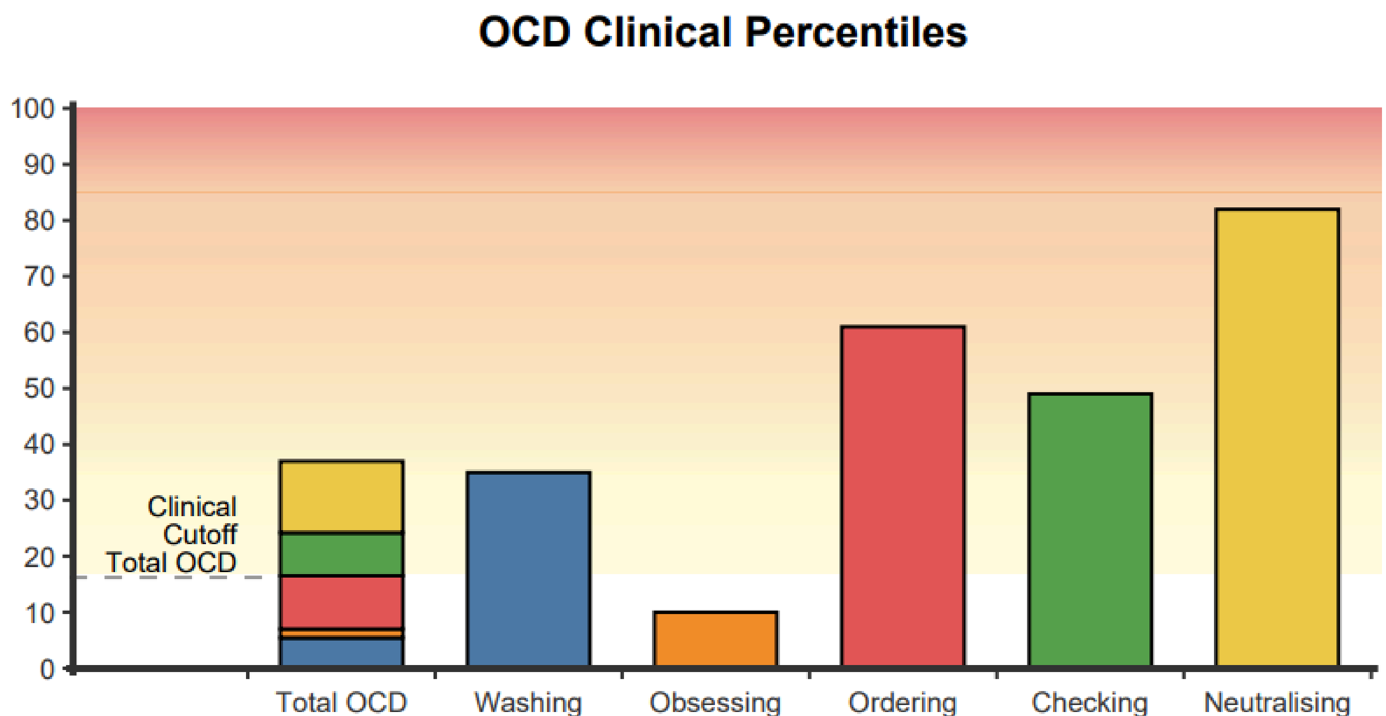


Figure 2

OCD Clinical Percentile Rankings for Total OCD Score and Subscale Scores



OCI-OCD Subscale-Specific Severity Interpretation

Severity descriptors for the OCD-specific subscales (Washing, Obsessing, Ordering, Checking, Neutralising) are also tied to the response options (e.g. Not At All, A Little, Moderately, A Lot and Extremely). Each subscale comprises three items; raw scores are divided by three to calculate the average item score, which is then mapped to severity descriptors using the response scale boundaries (Figure 3). The approach provides clinicians with a direct indication of how distressing each specific symptom domain is to the individual, which can help inform treatment planning and help prioritise therapeutic interventions:

OCD Subscale Severity Descriptor Bands:

- **Not at all** (average <0.5): Not at all distressing
- **A little** (average 0.5 to <1.5): A little distressing
- **Moderately** (average 1.5 to <2.5): Moderately distressing
- **A lot** (average 2.5 to <3.5): Very distressing
- **Extremely** (average ≥3.5): Extremely distressing

Note: For the Obsessing subscale, percentiles may understate clinical severity. Obsessions are common in OCD, so severity ratings based on reported distress are often more informative than percentile rank.

Hoarding Disorder Subscale

The OCI-R can also measure hoarding behaviours and provide a hoarding disorder score based on three hoarding items (1, 7, 13), which assess difficulty discarding possessions, excessive acquisition of items, and problems with clutter that interfere with living spaces. The hoarding disorder score ranges from 0-12, with higher scores suggesting higher distress from hoarding behaviour. A clinical cutoff of 6 (Wootton et al., 2015) suggests a clinical level of distress from hoarding symptoms. Percentile rankings, calculated relative to an OCD clinical sample, may be reported for contextual comparison only; unlike the OCI-OCD, graded severity descriptors are not applied, and clinical interpretation is based solely on whether the clinical cutoff is met.

Figure 3

Average Item Scores and Distress Severity for OCD Subscales

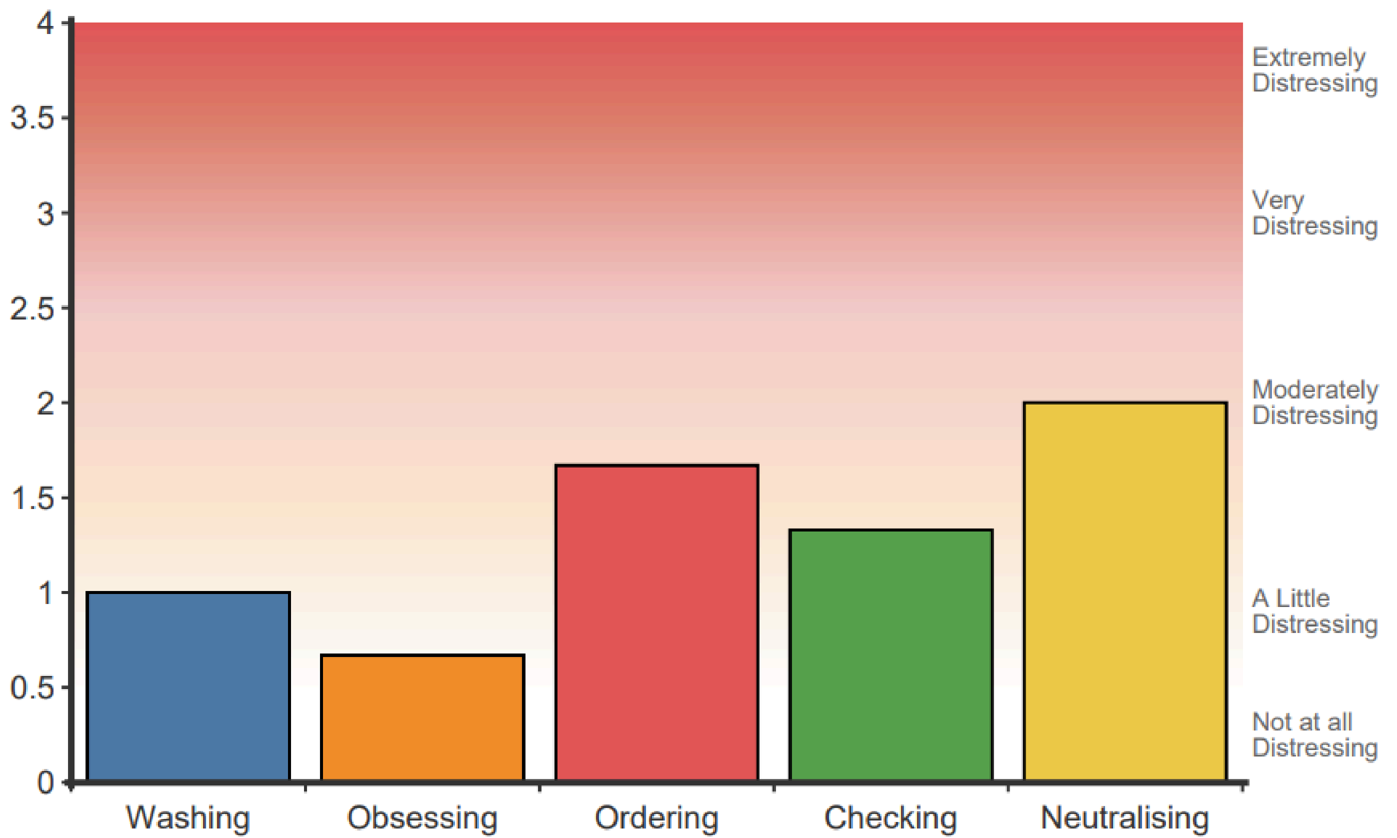


Table 2:

Severity descriptors with corresponding raw scores and percentiles for OCI-OCD and OCI-HD. Percentile rankings are derived from OCD clinical populations

	Distress Experienced	Raw Score	Percentile
OCI-OCD	A little	12 - 21	16 - 43rd

	Moderate	22 - 36	44 - 84th
	A lot	37 - 51	85 - 98th
	Extreme	52 - 60	≥ 99th
OCI-HD	Below clinical cutoff	0 - 5	23 - 89th
	Clinical cutoff met	6 - 12	≥ 94

Supporting Information

Percentile Calculations

Percentiles for the total scores (OCI-OCD and OCI-HD) and OCD subscales were calculated using the mean (μ) and standard deviation (σ) from normative samples (Table 3). For each raw score, a z-score was computed using the formula:

$$z = (X - \mu) / \sigma$$

Where X represents the raw score. These z-scores were then converted to percentile ranks using the standard normal cumulative distribution function (Φ), which represents the area under the normal curve to the left of the z-score. The percentile was calculated as:

$$\text{percentile} = \Phi(z) \times 100.$$

This approach assumes that scores within each normative population follow an approximately normal distribution. However, it should be noted that clinical populations may exhibit non-normal distributions, including skewness or ceiling/floor effects, which can affect the precision of percentile estimates, particularly at the extremes of the distribution. For the OCI-OCD total score and the five OCD subscales (Washing, Obsessing, Ordering, Checking, Neutralising), percentiles were derived from non-clinical populations (Foa et al., 2002; Table 5) and OCD clinical populations (Abramovitch et al., 2020). For the OCI-HD subscale, percentiles were derived from Wootton et al. (2015) for both OCD clinical populations and hoarding disorder clinical populations (Table 4). This standardised methodology ensures consistent and replicable percentile rankings across all scales and subscales.

Percentile Tables

Table 3

OCI-OCD Percentile Equivalents for Raw Scores Across OCD Clinical and Community Populations

	Score	OCD (Population Comparatives)	Community (Population Comparatives)
	0	2.4	24.8
	1	2.9	34.8
	2	3.5	46.0
	3	4.2	57.5
	4	5.0	68.4
	5	5.9	77.9
	6	6.9	85.5
	7	8.1	91.1
	8	9.4	94.9
	9	10.9	97.3
	10	12.5	98.7
Clinical threshold for OCD	11	14.3	99.4
	12	**16.2**	**99.7**
	13	**18.3**	**99.9**
	14	**20.6**	**≥99.9**
	15	**23.0**	
	16	**25.6**	
	17	**28.3**	
	18	**31.2**	
	19	**34.2**	
	20	**37.3**	
	21	**40.4**	
	22	**43.6**	
	23	**46.9**	
	24	**50.2**	
	25	**53.5**	
	26	**56.8**	
	27	**60.0**	
	28	**63.1**	
	29	**66.2**	
	30	**69.2**	
	31	**72.0**	
	32	**74.7**	
	33	**77.3**	
	34	**79.7**	
	35	**82.0**	
	36	**84.0**	
	37	**86.0**	
	38	**87.7**	
	39	**89.3**	
	40	**90.8**	
	41	**92.1**	
	42	**93.2**	
	43	**94.2**	
	44	**95.1**	
	45	**95.9**	
	46	**96.6**	
	47	**97.2**	
	48	**97.7**	
	49	**98.1**	
	50	**98.4**	
	51	**98.7**	
	52	**99.0**	
	53	**99.2**	
	54	**99.4**	
	55	**99.5**	
	56	**99.6**	
	57	**99.7**	
	58	**99.8**	
	59	**99.8**	
	60	**99.9**	

Table 4

OCI-HD Percentile Equivalents for Raw Scores Across OCD Clinical and Community Populations

	Total Score	OCD	Community
	0	23.28	27.1
	1	36.56	44.1
	2	51.69	62.4
	3	66.59	78.2
	4	79.24	89.3
Clinical threshold	**5**	88.51	95.6
	6	94.37	98.5
	7	97.58	99.6
	8	99.08	99.9
	9	99.7	> 99.9
	10	> 99.9	
	11		
	12		

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Table 5

OCI-OCD Subscale Percentile Equivalents by Raw Score, Average Item Score, and Distress Level relative to OCD clinical sample

Distress Level	Score	Average Score	Washing	Obsessing	Ordering	Checking	Neutralising
	0	0.00	14.13	3.34	13.85	12.53	21.37
	1	0.33	19.99	5.86	20.75	19.27	30.6
A little	2	0.67	27.12	9.67	29.34	27.86	41.27
A little	3	1.00	35.32	15.04	39.29	37.97	52.63
A little	4	1.33	44.27	22.11	50	48.99	63.77
Moderate	5	1.67	53.52	30.76	60.71	60.09	73.86
Moderate	6	2.00	62.59	40.64	70.66	70.42	82.26
Moderate	7	2.33	71	51.17	79.25	79.32	88.73
A Lot	8	2.67	78.41	61.61	86.15	86.4	93.3
A Lot	9	3.00	84.58	71.27	91.29	91.61	96.29
A Lot	10	3.33	89.46	79.59	94.85	95.16	98.09
Extremely	11	3.67	93.11	86.28	97.14	97.39	99.08
Extremely	12	4.00	95.69	91.29	98.51	98.69	99.59

Interpretive Text

OCD and Hoarding Subscales

The OCI-R interpretive report is constructed using a four-pathway decision model based on whether clinical thresholds are met. The report dynamically generates text based on: (1) whether scores exceed clinical cutoffs (OCI-OCD ≥ 12; OCI-HD ≥ 6), (2) whether this is a first (or single) administration or follow-up, and (3) which subscales produced the most distress for the individual.

Multiple Administrations and Change Analysis

When the OCI-R has been administered multiple times to the same individual, the report automatically generates change analysis text comparing the current administration to the initial baseline. The opening paragraph is modified to include:

1. *Current administration date*
2. *Initial administration date*
3. *Number of days between administrations*
4. *Change interpretation for OCI-OCD score (using MID threshold of 7)*
5. *Change interpretation for OCI-HD score (using MID threshold of 2)*

Change Analysis Logic

Change analysis for the OCI-R is determined by the direction and magnitude of change:

Change is calculated as: ***Initial Score − Current Score***

- ***Positive values*** *indicate possible improvement (distress reduction)*
- ***Negative values*** *indicate possible deterioration (distress increase)*
- ***Score of 0*** *indicates no change*

The magnitude of change is compared to the MID threshold to determine clinical significance:

For OCD Score (MID = 7):

- ***Change ≥ +7 (improvement):*** *"their OCD score has decreased by [X] points (from [INITIAL] to [CURRENT]), suggesting clinically meaningful improvement."*
- ***Change ≤ −7 (deterioration):*** *"their OCD score has increased by [X] points (from [INITIAL] to [CURRENT]), suggesting clinically meaningful deterioration."*
- ***Change within ±7 (stable):*** *"their OCD score has remained relatively stable (from [INITIAL] to [CURRENT]), with change below the minimally important difference threshold."*

For Hoarding Score (MID = 2):

- ***Change ≥ +2 (improvement):*** *"The hoarding score has decreased by [X] point(s) (from [INITIAL] to [CURRENT]), suggesting improvement."*
- ***Change ≤ −2 (deterioration):*** *"The hoarding score has increased by [X] point(s) (from [INITIAL] to [CURRENT]), suggesting clinically meaningful deterioration."*
- ***Change within ±2 (stable):*** *"The hoarding score has remained stable (from [INITIAL] to [CURRENT])."*

After the change analysis, the report continues with the appropriate pathway interpretation (Paths 1–4) based on current scores, allowing clinicians to understand both the change trajectory and the current clinical presentation.

PATH 1: Non-Clinical (OCD Total < 12 AND Hoarding < 6)

OCD Total Score:

"The Obsessive-Compulsive Inventory - Revised (OCI-R) was administered on [DATE]. The individual obtained a total OCD score of [OCD TOTAL] out of a possible 60, which falls at the [PERCENTILE]th percentile for non-clinical individuals."

Descriptor Logic:

- ***Score 0–4:*** *"This score is below the clinical threshold of 12, suggesting the individual likely does not exhibit clinically significant obsessive-compulsive symptoms."*
- ***Score 5–11:*** *"While below the clinical threshold of 12, this score indicates elevated obsessive-compulsive symptoms compared to non-clinical populations. These subclinical symptoms may warrant further assessment and monitoring."*

Hoarding Subscale:

"The individual scored [HOARDING TOTAL] out of a possible 12 on the hoarding subscale, which falls at the [PERCENTILE]th percentile for non-clinical individuals. This score is below the clinical threshold of 6 and suggests the individual likely does not exhibit clinically significant hoarding behaviours."

OCD Subscales:

Following the OCD and hoarding interpretations, the top three scoring OCD subscales are presented with detailed interpretive text as outlined in the OCD Subscales (All Pathways) section below.

PATH 2: OCD Only (OCI-OCD Total ≥ 12 AND OCI-HD < 6)

OCI-OCD Total Score:

"The Obsessive-Compulsive Inventory - Revised (OCI-R) was administered on [DATE]. The individual obtained a total OCD score of [OCD TOTAL] out of a possible 60, which falls at the [PERCENTILE]th percentile for individuals with OCD, placing this score in the '[SEVERITY]' distress severity range. A score above the clinical threshold of 12 indicates symptoms at a level consistent with clinical presentations of OCD. This does not confirm a diagnosis but suggests further assessment is warranted."

Hoarding Subscale:

"The individual scored [HOARDING TOTAL] out of a possible 12 on the hoarding subscale. This score is below the clinical threshold of 6 and suggests the individual likely does not exhibit clinically significant hoarding behaviours."

Note: *In the OCD-only pathway, no norm percentile is reported for the hoarding subscale.*

OCD Subscales:

Following the OCD and hoarding interpretations, the top three scoring OCD subscales are presented with detailed interpretive text as outlined in the OCD Subscales (All Pathways) section below.

PATH 3: Hoarding Only (OCD Total < 12 AND Hoarding ≥ 6)

OCD Total Score:

"The Obsessive-Compulsive Inventory - Revised (OCI-R) was administered on [DATE]. The individual obtained a total OCD score of [OCD TOTAL] out of a possible 60, which falls at the [PERCENTILE]th percentile for non-clinical individuals. This score is below the clinical threshold of 12 for OCD, suggesting the individual likely does not exhibit clinically significant obsessive-compulsive symptoms apart from hoarding behaviours (see hoarding subscale interpretation below)."

Hoarding Subscale:

"The individual scored [HOARDING TOTAL] out of a possible 12 on the hoarding subscale, which falls at the [PERCENTILE]th percentile for individuals with hoarding disorder. A score at or above the clinical threshold of 6 indicates hoarding behaviours at a level consistent with clinical presentations. Given the reclassification of hoarding as a separate disorder in DSM-5, further assessment for hoarding disorder is recommended."

OCD Subscales:

Following the OCD and hoarding interpretations, the top three scoring OCD subscales are presented with detailed interpretive text as outlined in the OCD Subscales (All Pathways) section below.

PATH 4: OCD + Hoarding (OCD Total ≥ 12 AND Hoarding ≥ 6)

OCD Total Score:

"The Obsessive-Compulsive Inventory - Revised (OCI-R) was administered on [DATE]. The individual obtained a total OCD score of [OCD TOTAL] out of a possible 60, which falls at the [PERCENTILE]th percentile for individuals with OCD. A score above the clinical threshold of 12 indicates symptoms at a level consistent with clinical presentations of OCD. This does not confirm a diagnosis but suggests further assessment is warranted."

Hoarding Subscale:

"The individual scored [HOARDING TOTAL] out of a possible 12 on the hoarding subscale, which falls at the [PERCENTILE]th percentile for individuals with hoarding disorder. A score at or above the clinical threshold of 6 indicates hoarding behaviours at a level consistent with clinical presentations."

Followed by a separate paragraph:

"The individual presents with both clinically significant OCD symptoms and hoarding behaviours. Given the reclassification of hoarding as a separate disorder in DSM-5, this may represent comorbid OCD and hoarding disorder, and comprehensive assessment is recommended to determine the primary diagnostic presentation and treatment targets."

OCD Subscales:

Following the OCD and hoarding interpretations, the top three scoring OCD subscales are presented with detailed interpretive text as outlined in the OCD Subscales (All Pathways) section below.

OCD Subscales

For all four pathways, the top three scoring OCD subscales are presented following the OCD total score and hoarding subscale interpretations. If the respondent indicates that they experience no distress from any of the domains then the following phrase is produced:

"This individual reported no distress across any OCD symptom domains."

If subscales tie to be in the top three, each high-scoring subscale will be included. The introduction phrase is:

"This individual experiences the most distress in the following areas:"

Generation Rules:

Presentation Order: *Top three subscales by average score (highest to lowest) are selected for detailed interpretation. Ties on unique score values are included (i.e., if three subscales share two distinct scores in the top three unique values, all are included).*

Always Displayed: *All five OCD subscales (Washing, Obsessing, Ordering, Checking, Neutralising) are shown in the subscale table with their raw scores, average scores, descriptors, and percentiles.*

Interpretive Text: *Detailed domain-specific descriptions are provided for the top subscales, with content determined by their average item scores.*

Format Structure:

1. ***Severity Introduction*** *(varies by position — 1st, 2nd, 3rd+ subscale and by average score level)*
2. ***Subscale name + score + percentile*** *(e.g., "Washing (9 out of 12, 87th percentile)")*
3. ***Domain-specific description*** *(varies by subscale and average score severity level)*
4. ***Distress statement*** *(varies by average score severity level)*

Severity Introduction Phrases

Severity Determination (Based on Average Item Scores)

Severity levels are determined by calculating the subscale's average item score (raw score ÷ 3) and mapping directly to the OCI-R's Likert-scale descriptors:

- ***Extreme (average ≥3.5):*** *Corresponds to rating most items as "4 – Extremely" – symptoms cause extreme distress*
- ***A lot (average 2.5–3.49):*** *Corresponds to rating most items as "3 – A lot" – symptoms cause a lot of distress*
- ***Moderate (average 1.5–2.49):*** *Corresponds to rating most items as "2 – Moderately" – symptoms cause moderate distress*

- ***A little (average 0.5–1.49):*** *Corresponds to rating most items as "1 – A little" – symptoms cause a little distress*
- ***Not at all (average <0.5):*** *Corresponds to rating most items as "0 – Not at all" – symptoms cause minimal or no distress*

This approach ensures that severity classifications directly reflect the language individuals used when completing the measure, providing intuitive clinical interpretation.

Severity Introduction Phrases

The opening phrase for each subscale varies based on its position and, for the first subscale only, its average score level:

First subscale (highest scorer):

• Extreme / A lot (average ≥2.5): "The highest distress domain is"

• Moderate / A little / Not at all (average <2.5): "The highest scoring domain is"

Second and third subscales:

Introduction phrases for subsequent subscales are position-based only and do not vary by severity level. The distress statement at the end of each sentence communicates the severity.

• Second subscale: "Also of note is"

• Third subscale: "Additionally noted is"

Domain-Specific Descriptions

Each subscale has tailored descriptive text that varies by severity level. The {DISTRESS} placeholder is replaced with the appropriate distress statement outlined below.

Washing

- ***Extreme / A lot (average ≥2.5):*** *"reflecting significant contamination fears and excessive cleaning rituals, {DISTRESS}."*
- ***Moderate (average 1.5–2.49):*** *"reflecting some concerns about contamination and related cleaning behaviours, {DISTRESS}."*
- ***A little / Not at all (average <1.5):*** *"reflecting minimal contamination concerns, {DISTRESS}."*

Obsessing

- ***Extreme / A lot (average ≥2.5):*** *"reflecting the presence of intrusive, unwanted thoughts that are experienced as difficult to control or dismiss, {DISTRESS}."*
- ***Moderate (average 1.5–2.49):*** *"reflecting the presence of unwanted intrusive thoughts, {DISTRESS}."*

- ***A little / Not at all (average <1.5):*** *"reflecting occasional unwanted thoughts, {DISTRESS}."*

Special Discrepancy Note for Obsessing:

Obsessions are a core feature of OCD present in nearly all cases. High subjective distress (reflected in average scores) may correspond to relatively lower percentiles because most individuals with OCD report significant obsessional distress. When analysing the Obsessing subscale, the report checks for discrepancies between the average score descriptor and percentile ranking. A discrepancy is flagged when:

- *Average ≥3.0 but percentile <80th*
- *Average ≥2.0 but percentile <65th*
- *Average ≥1.33 but percentile <35th OR >80th*
- *Average ≥0.33 but percentile <25th OR >65th*

When flagged, additional explanatory text is appended:

"Note: The obsessing percentile may appear low relative to the severity descriptor. This is expected – obsessions are near-universal in OCD, so most individuals score highly on this subscale, making it difficult to gauge symptom severity using percentiles alone. The severity descriptor, based on the individual's average item response, more directly reflects their reported distress level."

Ordering

- ***Extreme / A lot (average ≥2.5):*** *"reflecting a strong need for symmetry, exactness, and arranging objects in particular ways, {DISTRESS}."*
- ***Moderate (average 1.5–2.49):*** *"reflecting preferences for order and symmetry, {DISTRESS}."*
- ***A little / Not at all (average <1.5):*** *"reflecting minimal ordering concerns, {DISTRESS}."*

Checking

- ***Extreme / A lot (average ≥2.5):*** *"reflecting excessive and repetitive checking behaviours, often associated with concerns about mistakes, harm, or negative outcomes, {DISTRESS}."*
- ***Moderate (average 1.5–2.49):*** *"reflecting tendencies toward verification and checking, {DISTRESS}."*
- ***A little / Not at all (average <1.5):*** *"reflecting some checking tendencies, {DISTRESS}."*

Neutralising

- ***Extreme / A lot (average ≥2.5):*** *"reflecting extensive use of mental rituals or covert compulsions to neutralise unwanted thoughts, {DISTRESS}."*
- ***Moderate (average 1.5–2.49):*** *"reflecting use of mental strategies to manage unwanted thoughts, {DISTRESS}."*

- ***A little / Not at all (average <1.5):*** *"reflecting minimal neutralising behaviours, {DISTRESS}."*

Distress Statement (By Average Score Level)

The distress statement varies based on the average score level, reflecting the subjective distress associated with different symptom intensities:

- ***Extreme (≥3.5):*** *"indicating extreme distress in this area"*
- ***A lot (2.5–3.49):*** *"indicating a lot of distress in this area"*
- ***Moderate (1.5–2.49):*** *"indicating moderate distress in this area"*
- ***A little (0.5–1.49):*** *"indicating a little distress in this area"*
- ***Not at all (<0.5):*** *"indicating minimal distress in this area"*

Example Subscale Interpretations

Example 1: High severity first subscale

"The most elevated domain is Washing (10 out of 12, 91st percentile), reflecting significant contamination fears and excessive cleaning rituals, indicating a lot of distress in this area."

Average score: 10÷3 = 3.33 → "A lot" severity level

Example 2: Moderate severity second subscale

"Also notable is Ordering (6 out of 12, 68th percentile), reflecting preferences for order and symmetry, indicating moderate distress in this area."

Average score: 6÷3 = 2.0 → "Moderate" severity level (exactly at threshold)

Example 3: Obsessing with discrepancy note

"The highest scoring domain is Obsessing (9 out of 12, 62nd percentile), reflecting the presence of intrusive, unwanted thoughts that are experienced as difficult to control or dismiss, indicating a lot of distress in this area. Note: The obsessing percentile may appear low relative to the severity descriptor. This is expected – obsessions are near-universal in OCD, so most individuals score highly on this subscale, making it difficult to gauge symptom severity using percentiles alone. The severity descriptor, based on the individual's average item response, more directly reflects their reported distress level."

Average score: 9÷3 = 3.0 → "A lot" severity level, but percentile is 62nd (<65th), triggering discrepancy note

Developer

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Assessment Questions

NovoPsych Dev

Obsessive-Compulsive Inventory - Revised (OCI-R) (OCI-R)

Instructions:

The following statements refer to experiences that many people have in their everyday lives. Select the option that best describes how much that experience has distressed or bothered you during the PAST MONTH.

		Not at all	A little	Moderately	A lot	Extremely
1	I have saved up so many things that they get in the 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**
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 way.	**0**	**1**	**2**	**3**	**4**
16	I feel that there are good and bad numbers.	**0**	**1**	**2**	**3**	**4**

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		Not at all	A little	Moderately	A lot	Extremely
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 in getting rid of them.	0	1	2	3	4

Developer Reference:

Foa, E. B., Huppert, J. D., Leiberg, S., Langner, R., Kichic, R., Hajcak, G., & Salkovskis, P. M. (2002). The Obsessive-Complusive Inventory: Development and validation of a short version. Psychological Assessment, 14(4), 485–495. https://doi.org/10.1037//1040-3590.14.4.485

Administer Now

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Sample Result

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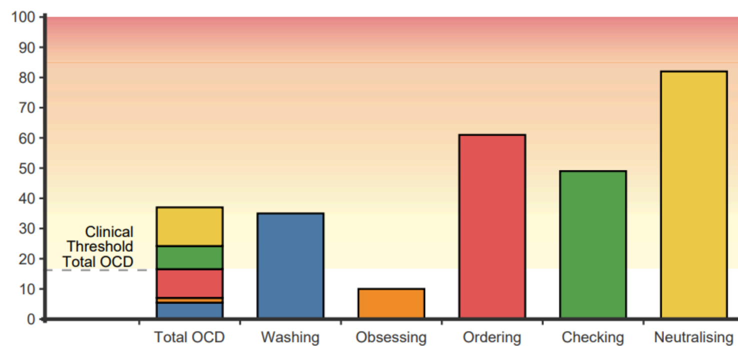
Obsessive-Compulsive Inventory - Revised (OCI-R)			
Client Name	Generic Client	*Date administered*	23 Nov 2025
Date of birth (age)	1 Jan 1900 (125)	*Time taken*	18s
Assessor	Joseph Phillips		

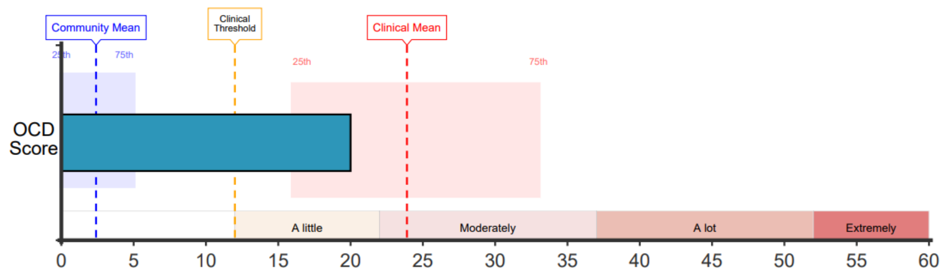
Results

	Score (0-60)	Normative Percentile	Clinical Percentile	Behaviour Severity
OCD	20	100	37	A little
Hoarding Disorder	5	96	4	Below clinical threshold

OCD Clinical Percentiles



Total OCD Score Compared to Community and Clinical Distributions



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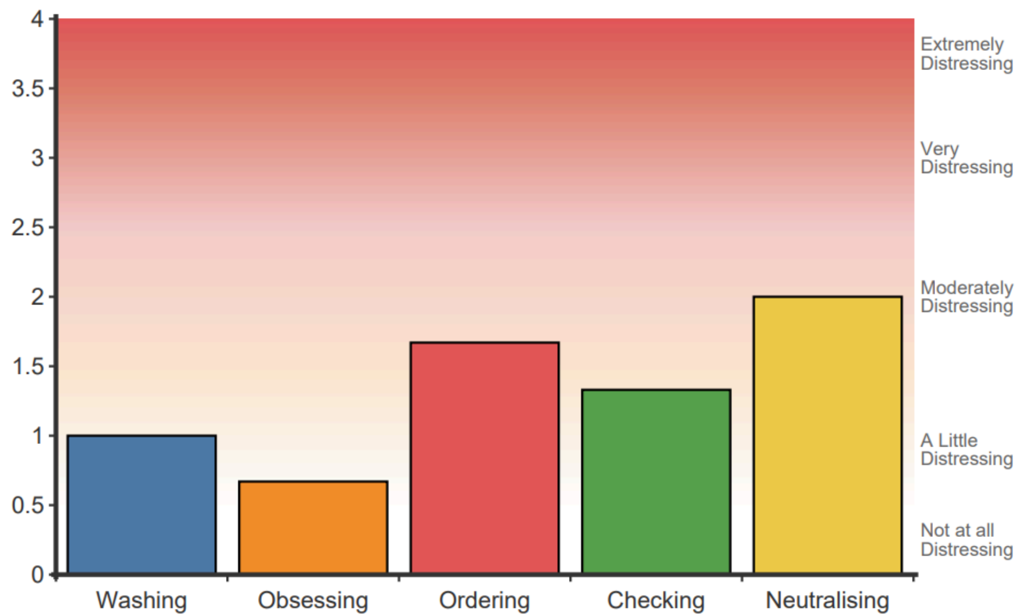
Client Name	Generic Client

OCD Subscales

	Raw Score (0-12)	Average Score (0-4)	Distress Experienced	Clinical Percentile
Washing	3	1	A little	35
Obsessing	2	0.67	A little	10
Ordering	5	1.67	Moderate	61
Checking	4	1.33	A little	49
Neutralising	6	2	Moderate	82



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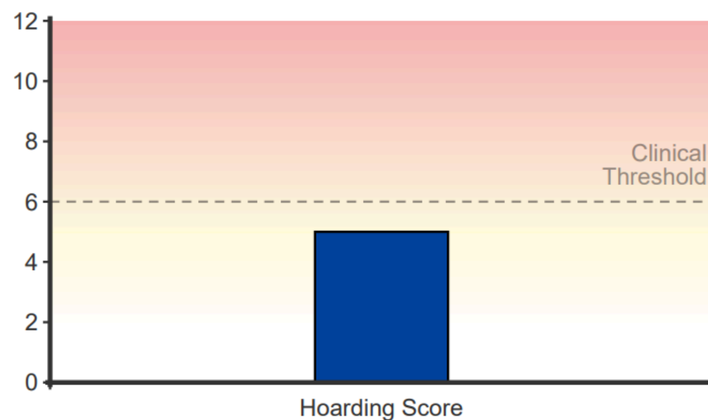
Client Name	Generic Client



Interpretation

The Obsessive-Compulsive Inventory - Revised (OCI-R) was administered on 23 November 2025. The client obtained a total OCD score of 20 out of a possible 60, which falls at the 37th percentile for individuals with OCD. This score falls within the A little range, suggesting the client exhibits a little obsessive-compulsive symptoms consistent with clinical presentations.

The client scored 5 out of a possible 12 on the hoarding subscale. This score falls below the clinical range and suggests the client does not exhibit clinically significant hoarding behaviors.

This individual experiences the most distress in the following areas:

The highest scoring domain is Neutralising (6 out of 12, 82th percentile), suggesting some use of mental strategies to manage unwanted thoughts. The client may engage in counting, praying, or repeating words to reduce anxiety, which may cause some interference with daily activities.

Also notable is Ordering (5 out of 12, 61th percentile), suggesting preferences for order and symmetry. The client may experience discomfort when things feel out of place, which may cause some interference with daily activities.

Also present is Checking (4 out of 12, 49th percentile), reflecting some checking tendencies, though the impact on daily functioning appears limited.

Scoring and Interpretation Information

For the OCD component of the OCI-R (items 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18), the total score ranges from 0 - 60, with higher scores indicative of more severe OCD symptoms. A cutoff score of 12 is used to determine the likelihood of an OCD diagnosis (with a sensitivity of 82% and specificity of 83%).

Normative and clinical percentiles are presented comparing the respondent's scores to other

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Client Name	Generic Client

adults (Wootton et al., 2015). A normative percentile rank of 50 indicates an average level of OCD symptoms in comparison to the the general population, and is indicative of typical (and healthy) levels of symptomatology. A clinical percentile rank of 50 indicates an average level of OCD symptoms in comparison to the clinical group (with an OCD diagnosis), and is indicative of elevated levels of symptomatology.

For the hoarding disorder subscale of the OCI-R (items 1, 7, 13), the total score ranges from 0 - 12, with higher scores indicative of more severe hoarding symptoms. A cutoff score of 6 is used to determine the likelihood of a hoarding disorder diagnosis (with a sensitivity of 92% and specificity of 93%).

A normative and clinical percentile are presented comparing the respondent's scores to other adults (Wootton et al., 2015). A normative percentile rank of 50 indicates an average level of hoarding symptoms in comparison to the normative group, and is indicative of typical (and healthy) levels of symptomatology. A clinical percentile rank of 50 indicates an average level of OCD symptoms in comparison to the clinical group (with a hoarding disorder diagnosis), and is indicative of elevated levels of symptomatology.

The OCD component of the OCI-R also reports the client's score (between 0 - 12) across 6 subscales, with a clinical percentiles comparing the respondent's scores to a comparison group whom have received a OCD diagnosis (Abramovitch et al., 2020):

- Washing (items 5, 11, 17) - assessing difficulty in touching objects that have been touched before and excessive washing due to feeling contaminated.

- Obsessing (items 6, 12, 18) - assessing difficulty with thoughts including trying to control them, becoming upset by unpleasant thoughts, and a feeling of excessive unpleasant thoughts.

- Ordering (items 3, 9, 15) - assessing challenges with ordering of objects.

- Checking (items 2, 8, 14) - assessing excessive checking of items (doors, windows, drawers, taps, switches).

- Neutralising (items 4, 10, 16) - assessing compulsions to count and excessive feelings towards numbers.

Client Responses

		Not at all	A little	Moderately	A lot	Extremely
1	I have saved up so many things that they get in the way.	0	1	2	3	**4** (selected)
2	I check things more often than necessary.	0	1	**2** (selected)	3	4
3	I get upset if objects are not arranged properly.	0	**1** (selected)	2	3	4

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Client Name	Generic Client

Client Responses (cont.)

		Not at all	A little	Moderately	A lot	Extremely
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
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 way.	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 in getting rid of them.	0	1	2	3	4