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A Review of the Clinical Utility and Psychometric Properties of the Vancouver Obsessional Compulsive Inventory (VOCI): Percentile Rankings, Normative Data and Qualitative Descriptors

The Vancouver Obsessional Compulsive Inventory (VOCI) is a 55-item self-report measure assessing the severity and patterns of symptoms across six distinct dimensions of obsessive-compulsive disorder. This technical review provides clinicians with comprehensive scoring frameworks, percentile rankings, and detailed interpretive guidelines.

View the VOCI on NovoPsych.com

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Developer & Author

The Vancouver Obsessional Compulsive Inventory (VOCI) was developed by Thordarson and colleagues (2004):

> Thordarson, D. S., Radomsky, A. S., Rachman, S., Shafran, R., Sawchuk, C. N., & Hakstian, A. R. (2004). The Vancouver Obsessional Compulsive Inventory (VOCI). *Behaviour Research and Therapy, 42*(11), 1289–1314. https://doi.org/10.1016/j.brat.2003.08.007

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.

Authors of Technical Review

(not in authorship order)

Ben Buchanan DPsych

CEO, NovoPsych

Adjunct Research Fellow, Monash University, Melbourne, Australia

David Hegarty PhD

Head of Psychometrics, NovoPsych

Adjunct Professional Fellow, Southern Cross University, Coffs Harbour, Australia

Emerson Bartholomew MHealthPsych

Research Fellow, Psychometrician NovoPsych

Hilah Kaufman PhD

Measurement-Based Care Research Fellow Psychologist

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Description

The Vancouver Obsessional Compulsive Inventory (VOCI) is a 55-item adult self-report questionnaire designed to provide a comprehensive assessment of obsessions, compulsions, avoidance behaviour, and personality characteristics of importance in obsessive-compulsive disorder (OCD) (Thordarson et al., 2004). Respondents rate how applicable each symptom statement is to them, providing symptom endorsement and overall OCD symptom severity. The VOCI was primarily developed as a revision of the Maudsley Obsessional-Compulsive Inventory (MOCI), with design changes informed by limitations identified in OCD self-report measures, including clearer item wording, a more flexible response format, and broader symptom coverage (Hodgson & Rachman, 1977).

Unlike brief screening measures, the VOCI provides dimensional assessment across six OCD symptom domains, making it particularly useful for understanding a client's OCD symptom profile. The VOCI is not intended for diagnosis, and diagnostic decisions should be based on comprehensive clinical assessment.

The VOCI assesses OCD symptoms through six subscales:

1. **Contamination:** Obsessions and compulsions associated with fears of contamination or uncleanliness, including intrusive thoughts about germs and compulsive cleaning or avoidance behaviours.
2. **Checking:** Obsessions and compulsions related to checking behaviours, such as repeatedly checking doors, locks, switches, or appliances to prevent potential harm or danger.
3. **Obsessions:** Frequency and severity of intrusive, unwanted thoughts, mental images, or urges, including repugnant obsessions of harm, sexuality, or morality.
4. **Hoarding:** Difficulties discarding possessions, excessive accumulation, and associated distress or functional impairment. (See Diagnostic Note below regarding DSM-5 reclassification.)
5. **Just Right:** Obsessions and compulsions concerning the need for things to feel 'just right' or perfect, including symmetry concerns and repetitive behaviours to achieve completeness.
6. **Indecisiveness:** Difficulties with decision-making and uncertainty, including distress when confronted with choices and reassurance-seeking.

Clinical Applications of the VOCI

The VOCI can be used in a range of clinical contexts to support assessment and ongoing care for individuals with OCD, including:

- Understanding symptom patterns**:** Identifying which OCD symptom domains are most prominent, informing case formulation and treatment focus.
- Putting scores in context: Percentile ranks relative to OCD and non-clinical samples provide context for symptom severity interpretation.
- Tracking change over time: Can be used to monitor overall OCD severity and changes in specific symptom areas across treatment.
- Supporting treatment planning: Subscale scores can help guide exposure and response prevention (ERP) planning and highlight areas that may need targeted intervention.

Hoarding Symptoms and Diagnostic Considerations

It should be noted that the VOCI was developed in 2004, prior to the current DSM-5 (2013) classification of Hoarding Disorder as a diagnosis distinct from OCD. The VOCI Hoarding subscale was designed to assess hoarding as an obsessive-compulsive symptom dimension, rather than an independent disorder with separate diagnostic criteria. Current evidence does not support the use of the VOCI as a standalone measure for assessing Hoarding Disorder. Other scales, such as the OCI-R's Hoarding subscale has received more validation in that context. Elevated Hoarding subscale scores should prompt clinical consideration of whether hoarding symptoms are better understood as OCD-related hoarding (typically ego-dystonic and driven by intrusive thoughts) or more consistent with Hoarding

Disorder (often ego-syntonic and driven by emotional attachment). Beyond the Hoarding subscale, the VOCI's remaining symptom dimensions continue to map onto the core OCD symptom dimensions that have been consistently replicated in factor-analytic research and remain central to DSM-5-TR conceptualisation of OCD. The reclassification of OCD from Anxiety Disorders into its own diagnostic category did not substantively alter the definition of obsessions and compulsions themselves.

Psychometric Properties

VOCI Known-Groups Validity

The VOCI demonstrates strong known-groups validity, in other words it effectively distinguishes individuals with OCD from both clinical and non-clinical comparison groups. In validation studies, individuals with OCD (n = 88) scored significantly higher than anxiety/depression controls (n = 60), community adults (n = 39), and students (n = 200) on the VOCI total, Contamination, Checking, Just Right, and Indecisiveness subscales. For Obsessions and Hoarding subscales, the OCD group scored significantly higher than non-clinical controls but not the anxiety/depression group, reflecting the transdiagnostic nature of these symptoms. The VOCI also discriminates between OCD subtypes: individuals classified as Cleaners, Checkers, Obsessionals, Orderers, or Hoarders based on Y-BOCS interviews scored significantly higher on their corresponding VOCI subscales (Thordarson et al., 2004).

Convergent and Discriminant Validity of the VOCI

The VOCI total score correlates highly with other self-report OCD measures: Padua Inventory (r = 0.87 in OCD sample; r = 0.79 in students), MOCI (r = 0.78 in OCD; r = 0.64 in students), and self-report Y-BOCS (r = 0.68 in OCD), indicating that it measures core OCD symptom severity. These correlations were significantly higher than correlations with the Beck Depression Inventory (BDI) (r = 0.54 in OCD), supporting convergent and discriminant validity. Subscale-level analyses show strong correlations between corresponding subscales (e.g., VOCI Contamination with Padua Contamination, r = 0.85) and weaker correlations with non-corresponding measures (Thordarson et al., 2004). For clinicians, this means the VOCI can be used with confidence that elevated scores reflect OCD-specific symptomatology rather than general distress, and that subscale scores meaningfully map onto recognised symptom dimensions.

Test-Retest Reliability of the VOCI

In an OCD sample (n = 28, mean interval = 47 days), test-retest reliability coefficients were excellent for the VOCI total score (r = 0.96) and all subscales (r = 0.90–0.97), indicating high stability of scores in clinical populations. In a student sample, test-retest reliability was more modest(r = 0.50–0.62), likely due to floor effects and range restriction in low-symptom populations rather than true measurement instability (Thordarson et al., 2004). This level of stability supports the use of the VOCI for tracking OCD symptom patterns over time in clinical populations.

Internal Consistency of the VOCI

The VOCI demonstrates excellent internal consistency across populations (Thordarson et al., 2004).

Scale	OCD	Anxiety/Depression	Community Adults	Students
VOCI Total	0.94	0.98	0.90	0.96
Contamination	0.92	0.92	0.79	0.87
Checking	0.96	0.94	0.70	0.92
Obsessions	0.88	0.93	0.70	0.88

Hoarding	0.92	0.90	0.80	0.85
Just Right	0.89	0.91	0.81	0.87
Indecisiveness	0.85	0.90	0.79	0.83

Scores range from .90–.98, indicating that items reliably measure a cohesive construct. Subscale internal consistency is generally good to excellent in clinical samples (α = .85 – .96), with slightly lower but still acceptable values in the smaller community adult sample (α = .70 – .81). These findings indicate that the VOCI and its subscales produce reliable, internally consistent scores.

VOCI Content and Factor Structure

The VOCI was developed through systematic revision of the MOCI-R, using factor-analytic and item-analytic strategies with an OCD sample (n = 88). Factor analysis yielded a six-factor solution with excellent simple structure. The six-factor structure has been replicated in non-clinical samples (Chiorri et al., 2011) and confirmed in a large German OCD sample (Gönner et al., 2010). The factors are relatively independent, with inter-factor correlations ranging from 0.06 to 0.33. Taken together, these findings support the use of the VOCI subscales to understand and monitor different OCD symptom areas.

VOCI Normative Data

Normative data for the VOCI are derived from Thordarson et al.'s (2004) original validation study conducted in Canada. The study included four comparison groups:

- OCD group, n = 88; m(SD) = 86.26(37.47). Consisted of adults with OCD diagnosis confirmed via structured diagnostic interview.
- Anxiety/depression clinical control group, n = 60, m(SD) = 49.61(43.28). Included to establish discriminant validity (i.e., to demonstrate that the VOCI differentiates OCD from other clinical presentations) rather than to serve as a reference for score interpretation.
- Community adults, n = 39, m(SD) = 11.45(10.85). Non-clinical adults recruited from the general community; serves as a reference for typical population-level OC symptom endorsement.
- University students, n = 200, m(SD) = 36.37(26.56). Non-clinical undergraduate students recruited from a university setting.

For clinical interpretation, NovoPsych created a pooled non-clinical sample by combining the community adults and student groups (total n = 239; M = 32.30, SD = 24.74), using the formula for calculating a weighted mean and pooled standard deviation. This combination decision was made because the community adults sample alone was too small for reliable percentile estimation. While the two groups differ in mean age (community adults M = 41.0 years; students M = 19.9 years), research indicates weak associations between VOCI scores and demographic variables, including age (Chiorri et al., 2011), supporting the appropriateness of combining these samples. The anxiety/depression control group was not included in the non-clinical reference, as it represents a clinical population and was included in the original study to evaluate discriminant validity rather than to serve as a normative comparison group.

Table of Total Score Comparison: Non-Clinical vs. OCD Sample

Group	n	Mean	SD
OCD Sample	88	86.26	37.47
Non-Clinical Sample (community & students)	239	32.30	24.72

Table of Subscale Normative Data (combined Non-Clinical Sample, n = 239)

Subscale	Weighted Mean	Pooled SD
Contamination	6.40	6.28
Checking	2.77	3.92
Obsessions	4.94	5.55
Hoarding	5.05	4.62
Just Right	7.98	6.59
Indecisiveness	5.16	4.17

VOCI Severity Descriptors

For interpretation, raw VOCI scores are first converted to percentiles based on the non-clinical reference distribution (Table 1). Severity descriptors are anchored to the non-clinical sample, as this reference identifies when symptoms exceed typical levels, the key question for clinical interpretation. The OCD percentile is provided separately to contextualise severity relative to individuals with diagnosed OCD. Percentile-anchored descriptors have been created by NovoPsych to assist in score interpretation. These descriptors are based on the non-clinical reference sample and divide scores into three equal ranges (lower, middle, and upper thirds), providing descriptive thresholds to aid in interpretation, rather than clinical cutoffs.

Table of Percentile-Anchored Descriptor Categories

Percentile Range (Non-Clinical)	Descriptor (obsessive-compulsive symptom severity)
≤ 33rd percentile	**Low**
34th – 66th percentile	**Moderate**
≥ 67th percentile	**High**

Higher percentiles indicate greater obsessive-compulsive symptom severity relative to individuals without OCD. For example, a score at the 80th percentile indicates symptom levels higher than80% of the non-clinical reference group and may warrant clinical attention (but does not indicate diagnosis)

The same tri-band system applies to both the VOCI total score and all subscales, facilitating consistent interpretation across scales.

Scoring & Interpretation

The VOCI total score ranges from 0 to 220, where respondents rate how true each item is of them, with higher scores representing greater overall current OCD symptom severity. The total score should be interpreted alongside subscale scores to understand symptom heterogeneity.

VOCI Subscales

The 55 items are organized into six symptom subscales, each representing a distinct OCD-related domain with its own item composition and score range.

- **Contamination** (items 3, 8, 13, 15, 21, 23, 25, 32, 39, 44, 49, 50; scores range from 0 to 48): measures obsessions and compulsive behaviours related to fears of contamination, dirt, or disease. Higher scores indicate greater contamination concerns, disgust sensitivity, and engagement in cleaning-related compulsions.
- **Checking** (items 7, 20, 33, 37, 41, 43; scores range from 0 to 24): measures compulsive checking behaviours to prevent harm or ensure safety. Higher scores reflect more frequent checking rituals, elevated doubt about actions taken, and a heightened sense of responsibility for preventing negative outcomes.
- **Obsessions** (items 2, 6, 12, 16, 27, 28, 30, 34, 40, 46, 52, 54; scores range from 0 to 48): measures intrusive, unwanted thoughts, images, or urges, including themes of harm, sexuality, or immorality. Higher scores indicate more frequent and distressing intrusive thoughts that the individual experiences as ego-dystonic and difficult to control.
- **Hoarding** (items 10, 22, 26, 35, 42, 45, 51; scores range from 0 to 28): measures difficulty discarding possessions and excessive accumulation. Higher scores indicate greater difficulty discarding items, more accumulation behaviour, and increased distress related to clutter. It is important to note that this subscale predates DSM-5's reclassification of Hoarding Disorder as separate from OCD. Elevated scores may warrant differentiation between OCD-related hoarding (intrusive, ego-dystonic) and Hoarding Disorder (attachment-driven, ego-syntonic).
- **Just Right** (items 1, 5, 9, 14, 18, 19, 24, 36, 38, 47, 53, 55; scores range from 0 to 48): measures need for symmetry, exactness, or things feeling "complete". Higher scores indicate greater distress when things do not feel ‘complete’ or ‘just right,’ along with more frequent ordering, arranging, symmetry-seeking, and repeating behaviours.
- **Indecisiveness** (items 4, 11, 17, 29, 31, 48; scores range from 0 to 24): measures difficulty making decisions and intolerance of uncertainty. Higher scores reflect greater concern over mistakes, perfectionistic doubt, fear of making wrong decisions, and difficulty committing to choices.

VOCI Percentiles & Descriptors

For clinical interpretation, NovoPsych includes percentile ranks drawn from Thordarson et al. (2004) for the total and subscale scores relative to:

- **Non-clinical reference group**: reflecting typical symptom levels in individuals without OCD
- **OCD reference group**: reflecting symptom levels commonly observed in clinical OCD samples

A percentile near 50 indicates a score typical of the reference group, while higher percentiles indicate greater obsessive–compulsive symptom levels relative to that group.

VOCI Thresholds

To make scores easier to interpret, NovoPsych groups non-clinical percentile scores into three descriptive ranges to aid with the interpretation of both the total score and all subscales:

- Low: at or below the 33rd percentile (suggests lower levels of OCD-related symptoms relative to the non-clinical reference group)
- Moderate: 34th–66th percentile (suggests mid-range OCD-related symptom levels relative to the non-clinical reference group)
- High: at or above the 67th percentile (suggests higher OCD-related symptom levels relative to the non-clinical reference group)

VOCI Graphs

On first administration, results are displayed as a horizontal bar graph of the total score compared to both OCD and non-clinical norms, allowing visual comparison of symptom severity across reference populations. A second horizontal bar graph is shown for the subscale comparisons.

If administered more than once, longitudinal line graphs are presented for the total score and each subscale, tracking the trajectory of symptoms over time. A meaningful change in obsessive-compulsive symptoms is defined as a change of 19 or more points in the total score, based on the Minimally Important Difference (MID).

Tags

Diagnosis, Formulation, OCD

Age Range

18+

Length

9 minutes

Instructions

Below are statements that may or may not apply to you. Please tap "Not at all", "A little", "Some", "Much", or "Very much" to indicate how much each question applies to you. How much is each of the following statements true of you?

Questions

1. I feel compelled to check letters over and over before mailing them.
2. I am often upset by my unwanted thoughts of using a sharp weapon.
3. I feel very dirty after touching money.
4. I find it very difficult to make even trivial decisions.
5. I feel compelled to be absolutely perfect.
6. I repeatedly experience the same unwanted thought or image about an accident.
7. I repeatedly check and recheck things like taps and switches after turning them off.
8. I use an excessive amount of disinfectants to keep my home or myself safe from germs.
9. I often feel compelled to memorize trivial things (e.g., licence plate numbers, instructions on labels).
10. I have trouble carrying out normal household activities because my home is so cluttered with things I have collected.
11. After I have decided something, I usually worry about my decision for a long time.
12. I find that almost every day I am upset by unpleasant thoughts that come into my mind against my will.
13. I spend far too much time washing my hands.
14. I often have trouble getting things done because I try to do everything exactly right.
15. Touching the bottom of my shoes makes me very anxious.
16. I am often upset by my unwanted thoughts or images of sexual acts.
17. I become very anxious when I have to make even a minor decision.
18. I feel compelled to follow a very strict routine when doing ordinary things.
19. I feel upset if my furniture or other possessions are not always in exactly the same position.
20. I repeatedly check that my doors or windows are locked, even though I try to resist the urge to do so.
21. I find it very difficult to touch garbage or garbage bins.
22. I become very tense or upset when I think about throwing anything away.
23. I am excessively concerned about germs and disease.
24. I am often very late because I can't get through ordinary tasks on time.
25. I avoid using public telephones because of possible contamination.
26. I am embarrassed to invite people to my home because it is full of piles of worthless things I have saved.
27. I repeatedly experience the same upsetting thought or image about death.
28. I am often upset by unwanted thoughts or images of blurting out obscenities or insults in public.
29. I worry far too much that I might upset other people.
30. I am often frightened by unwanted urges to drive or run into oncoming traffic.
31. I almost always count when doing a routine task.

32. I feel very contaminated if I touch an animal.
33. One of my major problems is repeated checking.
34. I often experience upsetting and unwanted thoughts about losing control.
35. I find it almost impossible to decide what to keep and what to throw away.
36. I am strongly compelled to count things.
37. I repeatedly check that my stove is turned off, even though I resist the urge to do so.
38. I get very upset if I can't complete my bedtime routine in exactly the same way every night.
39. I am very afraid of having even slight contact with bodily secretions (blood, urine, sweat, etc.).
40. I am often very upset by my unwanted impulses to harm other people.
41. I spend a lot of time every day checking things over and over again.
42. I have great trouble throwing anything away because I am very afraid of being wasteful.
43. I frequently have to check things like switches, faucets, appliances, and doors several times.
44. One of my major problems is that I am excessively concerned about cleanliness.
45. I feel compelled to keep far too many things like old magazines, newspapers, and receipts because I am afraid I might need them in the future.
46. I repeatedly experience upsetting and unacceptable thoughts of a religious nature.
47. I tend to get behind in my work because I repeat the same thing over and over again.
48. I try to put off making decisions because I'm so afraid of making a mistake.
49. I often experience upsetting and unwanted thoughts about illness.
50. I am afraid to use even well kept public toilets because I am so concerned about germs.
51. Although I try to resist, I feel compelled to collect a large quantity of things I never actually use.
52. I repeatedly experience upsetting and unwanted immoral thoughts.
53. One of my major problems is that I pay far too much attention to detail.
54. I am often upset by unwanted urges to harm myself.
55. I spend far too long getting ready to leave home each day because I have to do everything exactly right.

Responses

0|1|2|3|4

0 = Not at all, 1 = A little, 2 = Some, 3 = Much, 4 = Very much

Supporting Information

Percentile Calculations

The VOCI comparison groups are derived from Thordarson et al. (2004), who validated the VOCI in a multi-sample study including clinical and non-clinical populations. Two reference samples provide distinct clinical and normative reference data for interpreting scores.

The OCD comparison group (n = 88) had a mean total score of 86.26 (SD = 37.47). The non-clinical comparison group (n = 239), created by pooling community adults and university students, had a mean total score of 32.30 (SD = 24.72). For each comparison group, the mean and standard deviation provide context for understanding where an individual client's score falls relative to individuals diagnosed with OCD and the general non-clinical population.

For each possible total score value (ranging from 0 to 220), the corresponding z-score was calculated using the sample parameters:

$$z = (X - M) / SD$$

where X is the total score. These z-scores were then converted to percentiles using the cumulative normal distribution function:

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

where Φ is the standard normal cumulative distribution function. The same method is applied to subscale scores using the respective subscale means and standard deviations from the non-clinical sample.

Minimally Important Difference (MID)

To determine whether observed change in scores is clinically meaningful, a Minimally Important Difference (MID) threshold has been calculated for the VOCI total score. The MID represents the smallest change considered clinically meaningful and is calculated as:

$$MID = 37.47 \times 0.5$$

Using the OCD sample SD = 37.47 (Thordarson et al., 2004), the MID threshold is approximately 19 points.

Score Change	Clinical Interpretation
Decrease ≥ 19 points	Meaningful improvement, this change suggests a genuine reduction in obsessive-compulsive symptoms
Change < 19 points	Change within expected range, may reflect minimal change, stable symptoms, or insufficient treatment response
Increase ≥ 19 points	Meaningful worsening, this change suggests a genuine increase in obsessive-compulsive symptoms

Percentile Table

Table 1. VOCI Total Score Percentile Distributions for the Non-Clinical and OCD Comparison Groups.

Total		
Raw Score	Non-Clinical Group	OCD Group
0	9.6	1
1	10	1
2	11	1
3	12	1.1
4	12.6	1.2
5	13	1.3
6	14	1.4
7	15	1.5
8	16	1.6
9	17	1.7
10	18	1.8
11	19	2
12	21	2.1
13	22	2.2
14	23	2.4
15	24	2.5
16	25	2.7
17	27	2.9
18	28	3
19	30	3.2
20	31	3.4

21	32	3.6
22	34	3.9
23	35	4.1
24	37	4.3
25	38	4.6
26	40	4.8
27	42	5
28	43	5.4
29	45	5.7
30	46	6
31	48	6.3
32	50	6.7
33	51	7
34	53	7.4
35	54	8
36	56	8.2
37	58	8.6
38	59	9
39	61	9.4
40	62	10
41	64	10.4
42	65	11
43	67	11.4
44	68	12
45	70	12.4

46	71	13
47	72	13.5
48	74	14
49	75	15
50	76	15.4
51	78	16
52	79	16.7
53	80	17
54	81	18
55	82	19
56	83	19.5
57	84	20
58	85	21
59	86	22
60	87	23
61	88	23
62	89	24
63	89	25
64	90	26
65	90.7	27
66	91	28
67	92	29
68	92.5	29.4
69	93	30
70	93.6	31

71	94	32
72	94.6	33
73	95	34
74	95.4	35
75	95.8	36
76	96	37
77	96.5	38
78	96.8	39
79	97	40
80	97.3	41
81	97.5	42
82	97.8	43
83	98	44
84	98.2	45
85	98.3	47
86	98.5	48
87	98.6	49
88	98.8	50
89	98.9	51
90	99	52
91	99.1	53
92	99.2	54
93	99.3	55
94	99.37	56
95	99.4	57

96	99.5	58
97	99.55	59
98	99.6	60
99	99.65	61
100	99.69	62
101	99.7	63
102	99.76	64
103	99.79	65
104	99.8	66
105	99.84	67
106	99.86	68
107	99.87	69
108	99.89	70
109	99.9	71
110	99.91	72
111	99.92	73
112	99.93	74
113	99.94	75
114	99.95	75.4
115	99.96	76
116	99.97	77
117	99.98	78
118	99.99	78.6
119	99.99	79
120	99.99	80

121	99.99	81
122	99.99	82
123	99.99	82.3
124	99.99	83
125	99.99	83.7
126	99.99	84
127	99.99	85
128	99.99	85.6
129	99.99	86
130	99.99	86.7
131	99.99	87
132	99.99	87.8
133	99.99	88.4
134	99.99	88.9
135	99.99	89
136	99.99	89.9
137	99.99	90
138	99.99	90.8
139	99.99	91.2
140	99.99	91.6
141	99.99	92
142	99.99	92.4
143	99.99	92.8
144	99.99	93.2
145	99.99	93.5

146	99.99	93.8
147	99.99	94.2
148	99.99	94.5
149	99.99	94.7
150	99.99	95
151	99.99	95.3
152	99.99	95.6
153	99.99	95.8
154	99.99	96
155	99.99	96.3
156	99.99	96.5
157	99.99	96.7
158	99.99	96.9
159	99.99	97
160	99.99	97.2
161	99.99	97.4
162	99.99	97.5
163	99.99	97.7
164	99.99	97.8
165	99.99	98
166	99.99	98.1
167	99.99	98.2
168	99.99	98.3
169	99.99	98.4
170	99.99	98.5

171	99.99	98.6
172	99.99	98.7
173	99.99	98.8
174	99.99	98.9
175	99.99	99
176	99.99	99.1
177	99.99	99.15
178	99.99	99.2
179	99.99	99.23
180	99.99	99.28
181	99.99	99.33
182	99.99	99.38
183	99.99	99.43
184	99.99	99.47
185	99.99	99.51
186	99.99	99.55
187	99.99	99.58
188	99.99	99.61
189	99.99	99.64
190	99.99	99.67
191	99.99	99.69
192	99.99	99.72
193	99.99	99.74
194	99.99	99.76
195	99.99	99.78

196	99.99	99.8
197	99.99	99.81
198	99.99	99.83
199	99.99	99.84
200	99.99	99.86
201	99.99	99.87
202	99.99	99.88
203	99.99	99.89
204	99.99	99.9
205	99.99	99.91
206	99.99	99.92
207	99.99	99.93
208	99.99	99.94
209	99.99	99.95
210	99.99	99.96
211	99.99	99.97
212	99.99	99.98
213	99.99	99.99
214	99.99	99.99
215	99.99	99.99
216	99.99	99.99
217	99.99	99.99
218	99.99	99.99
219	99.99	99.99
220	99.99	99.99

Note. The non-clinical group (n = 239) was created by pooling community adult (n = 39) and university student (n = 200) samples from Thordarson et al. (2004). See VOCI Normative Data section for details.

Table 1.1 Contamination Score Percentile Distributions for the Non-Clinical and OCD Comparison Groups.

Contamination		
Raw Score	Non-Clinical Group	OCD Group
0	16	6
1	20	7
2	24	8
3	30	9
4	35	11
5	41	12
6	47	14
7	54	16
8	60	18
9	66	20
10	71	23
11	77	25
12	81	28
13	85	30
14	88	33
15	91	36
16	93	39
17	95	42
18	97	46
19	98	49
20	98	52
21	99	55
22	99.3	58.2
23	99.5	61.3
24	99.7	64.3
25	99.8	67.3
26	99.9	70.1

27	99.9	72.8
28	99.9	75.4
29	99.9	77.8
30	99.9	80.1
31	99.9	82.3
32	99.9	84.3
33	99.9	86.1
34	99.9	87.8
35	99.9	89.4
36	99.9	90.8
37	99.9	92
38	99.9	93.1
39	99.9	94.1
40	99.9	95
41	99.9	95.8
42	99.9	96.5
43	99.9	97
44	99.9	97.5
45	99.9	98
46	99.9	98.3
47	99.9	98.6
48	99.9	98.9

Table 1.2 VOCI Checking Subscale Score Percentile Distributions for the Non-Clinical and OCD Comparison Groups.

Checking		
Raw Score	Non-Clinical Group	OCD Group
0	24	8
1	33	9
2	42	12
3	52	14
4	62	17
5	71	20

6	79	23
7	86	27
8	91	31
9	94	35
10	97	39
11	98	44
12	99	49
13	99.5	53.1
14	99.8	57.7
15	99.9	62.2
16	99.9	66.5
17	99.9	70.6
18	99.9	74.5
19	99.9	78.1
20	99.9	81.4
21	99.9	84.3
22	99.9	86.9
23	99.9	89.2
24	99.9	91.2

Table 1.3 VOCI Obsessions Subscale Score Percentile Distributions for the Non-Clinical and OCD Comparison Groups.

Obsessions		
Raw Score	Non-Clinical Group	OCD Group
0	19	12
1	24	14
2	30	16
3	36	18
4	43	21
5	50	23

6	58	26
7	64	30
8	71	33
9	77	37
10	82	40
11	86	44
12	90	48
13	92	51
14	95	55
15	96	59
16	98	63
17	98.4	66.1
18	99	69
19	99.4	72.7
20	99.6	75.8
21	99.8	78.6
22	99.9	81.3
23	99.9	83.7
24	99.9	85.9
25	99.9	88
26	99.9	89.8
27	99.9	91.3
28	99.9	92.7
29	99.9	94.0
30	99.9	95.0
31	99.9	95.9
32	99.9	96.7
33	99.9	97.3
34	99.9	97.9
35	99.9	98.3
36	99.9	98.7
37	99.9	99
38	99.9	99.2

39	99.9	99.4
40	99.9	99.5
41	99.9	99.6
42	99.9	99.7
43	99.9	99.8
44	99.9	99.9
45	99.9	99.9
46	99.9	99.9
47	99.9	99.9
48	99.9	99.9

Table 1.4 VOCI Hoarding Subscale Score Percentile Distributions for the Non-Clinical and OCD Comparison Groups.

Hoarding		
Raw Score	Non-Clinical Group	OCD Group
0	14	16
1	19	19
2	26	23
3	33	27
4	41	31
5	50	36
6	58	41
7	66	46
8	74	51
9	80	56
10	86	62
11	90	66
12	93	71
13	96	75
14	97	79
15	98	83
16	99	86
17	99.5	88.5
18	99.7	90.8

19	99.9	92.7
20	99.9	94.4
21	99.9	95.7
22	99.9	96.8
23	99.9	97.6
24	99.9	98.2
25	99.9	98.7
26	99.9	99.1
27	99.9	99.4
28	99.9	99.6

Table 1.5 VOCI Just Right Subscale Score Percentile Distributions for the Non-Clinical and OCD Comparison Groups.

Just Right		
Raw Score	Non-Clinical Group	OCD Group
0	11	2
1	15	3
2	18	3
3	23	4
4	27	5
5	33	6
6	38	7
7	44	8
8	50	10
9	56	11
10	62	13
11	68	15
12	73	17
13	78	19
14	82	21
15	86	24
16	89	27
17	91	30

18	93	33
19	95	36
20	97	39
21	97.5	42.4
22	98.3	45.8
23	98.8	49.2
24	99.2	52.6
25	99.5	56.1
26	99.7	59.4
27	99.8	62.7
28	99.9	65.9
29	99.9	69
30	99.9	72
31	99.9	74.8
32	99.9	77.5
33	99.9	80
34	99.9	82.3
35	99.9	84.4
36	99.9	86.4
37	99.9	88.2
38	99.9	89.8
39	99.9	91.2
40	99.9	92.5
41	99.9	93.7
42	99.9	94.7
43	99.9	95.5
44	99.9	96.3
45	99.9	96.9
46	99.9	97.5
47	99.9	98
48	99.9	98.3

Table 1.6 VOCI Indiciveness Subscale Score Percentile Distributions for the Non-Clinical and OCD Comparison Groups.

Indiciveness		
Raw Score	Non-Clinical Group	OCD Group
0	11	5
1	16	6
2	23	8
3	30	11
4	39	14
5	48	18
6	58	22
7	67	27
8	75	32
9	82	38
10	88	44
11	92	50
12	95	56
13	97	62
14	98	68
15	99.1	73.4
16	99.5	78.3
17	99.8	82.5
18	99.9	86.2
19	99.9	89.3
20	99.9	91.9
21	99.9	94
22	99.9	95.6
23	99.9	96.9
24	99.9	97.8

Interpretive Text

The interpretive report for the Vancouver Obsessional Compulsive Inventory (VOCI) is constructed from several components that are conditionally displayed based on the client's scores and assessment history. The report follows a structured format designed to provide clinicians with meaningful insights into the client's obsessive-compulsive symptom profile.

Initial vs. Repeat Administration

If this is the first administration, the report begins with:

> *The Vancouver Obsessional Compulsive Inventory (VOCI) was administered on [date].*

If the client has completed the VOCI previously, the report begins with a comparison of current results to previous scores based on the Minimally Important Difference (MID = 19 points):

> *The Vancouver Obsessional Compulsive Inventory (VOCI) was administered on [current date]. Since the client completed the initial VOCI on [initial date] ([days] days ago), the client's total score has [change description].*

Change Description

- *Meaningful Improvement (decrease ≥ 19 points): "decreased by [X] points, representing a meaningful improvement in obsessive-compulsive symptoms, [moving from the [previous category] to the [current category] range / remaining in the [category] range]."*
- *Meaningful Worsening (increase ≥ 19 points): "increased by [X] points, representing a meaningful worsening in obsessive-compulsive symptoms, [moving from the [previous category] to the [current category] range / remaining in the [category] range]."*
- *No Meaningful Change (< 19 points): "changed by [X] points, which falls below the threshold for meaningful change, [remaining in the [category] range / moving from the [previous category] to the [current category] range]."*

Total Score Interpretation

The report always includes an interpretation of the total VOCI score:

> *"The client obtained a total score of [score] out of a possible 220. [Interpretation based on severity category]."*

On first administration, the percentile placement and descriptor range are presented together:

> *This score falls at the [X]th percentile compared to the non-clinical sample, placing it in the '[Descriptor]' range. Compared to individuals diagnosed with OCD, this score falls at the [Y]th percentile.*

On repeat administration, the descriptor range has already been stated in the change description above, so the percentiles are combined without repeating the range:

> *This score falls at the [X]th percentile compared to the non-clinical sample, and the [Y]th percentile compared to individuals diagnosed with OCD.*

This is followed by a descriptor-specific interpretation paragraph:

Low (≤ 33rd percentile in Non-Clinical sample)

> *"The client's total score suggests a low overall level of obsessive-compulsive symptom endorsement. While some obsessional thoughts or compulsive behaviours may occur occasionally, such low-level symptom endorsement is typically not associated with substantial distress or functional impairment."*

Moderate (34th – 66th percentile in Non-Clinical sample)

> *"The client reports obsessive-compulsive symptoms at a level that exceeds typical non-clinical presentations. Some obsessional thoughts, compulsive behaviours, or avoidance may be present and may be associated with noticeable distress or interference. Review of the subscale profile below can help clarify which symptom areas are most prominent."*

High (≥ 67th percentile in Non-Clinical sample)

> *"The client reports obsessive-compulsive symptoms that are substantially elevated relative to non-clinical norms. This pattern is consistent with a high level of obsessive-compulsive symptom endorsement and suggests that obsessions, compulsions, and/or related avoidance are likely to be associated with substantial distress or interference."*

Risk of Self-harm or Suicide (Conditional)

Item 54 ("I am often upset by unwanted urges to harm myself") is flagged as a critical item. If endorsed at a level of 'A little' (1) or higher, the following section appears immediately after the total score interpretation and before subscale detail.

The heading is displayed in bold red:

Risk of Self-harm or Suicide

Followed by:

> *The respondent indicated risk of self-harm or suicide based upon the following item:*
>
> *- 54. I am often upset by unwanted urges to harm myself ([response label])*
>
> *It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.*

A floating text / UI alert is also triggered:

> *This client has endorsed a self-harm related item on the VOCI. Please review the Critical Item Response section of the report.*

Subscale Interpretation

For scores in the Moderate or High range, subscale-level interpretation is provided. Each subscale uses the same tri-band system (Low/Moderate/High based on non-clinical percentiles). Subscales in the Low range are not discussed in the interpretive text.

For subscales (excluding Hoarding) that fall in the Moderate or High range, the report generates a dynamic section describing each elevated subscale. Only sentences for elevated subscales are included. Hoarding is addressed in a separate section below due to its distinct diagnostic considerations.

Subscales in this section are shown with a bold subscale heading, score and percentile line and top 3 endorsed items, for example:

Contamination subscale. *The client scored [X] out of [max] ([Y]th percentile, [Descriptor]), [subscale-specific interpretive text].*

> *In particular, the client endorsed the following items:*
>
> *- [item number]. [item text] ([response label])*

The top 3 endorsed items include any items within the subscale at 'A little' (1) or higher, the top 3 highest-scoring items are displayed. Items are presented in italics with a dash prefix, ordered from highest to lowest score. If no items meet the threshold, this sub-section is omitted for that subscale.

Each subscale has a fixed interpretive sentence that follows the score/percentile line:

Subscale	Interpretive Text
Contamination	"…reflecting elevated concerns related to cleanliness, and engagement in cleaning-related behaviours"
Checking	"…reflecting elevated checking behaviours driven by doubt, perceived responsibility, or a need to prevent harm"
Obsessions	"…reflecting frequent intrusive, unwanted thoughts, images, or urges that the client experiences as distressing and difficult to control"
Just Right	"…reflecting a heightened need for things to feel complete, symmetrical, or 'just right,' along with related ordering, arranging, or repeating behaviours"
Indecisiveness	"…reflecting difficulties with decision-making, perfectionistic doubt, and intolerance of uncertainty"

Note: Only the sentences corresponding to subscales in the Moderate or High range are included. If, for example, only Contamination and Checking are elevated, the section contains only those two paragraphs after the introductory line.

Hoarding Subscale

When the Hoarding subscale falls in the Moderate or High range, it receives its own section (separate from the other subscales) due to its distinct diagnostic considerations:

Elevated Hoarding Score Interpretive Text

When the Hoarding subscale falls in the Moderate or High range, the following additional text is included:

> "*The client scored [X] out of [max] ([Y]th percentile, [Descriptor]), reflecting elevated endorsement of difficulties related to discarding possessions, accumulation, and clutter-related concerns. Since DSM-5, Hoarding Disorder has been classified as a condition distinct from OCD. Elevated scores on this subscale may reflect hoarding-related symptom patterns that can occur within OCD, Hoarding Disorder, or both, and further clarification typically depends on the underlying motivations, beliefs, and subjective experience associated with these behaviours*."

The Hoarding section also includes the top 3 endorsed items (same format as other subscales: threshold of score ≥ 1, ordered highest to lowest, displayed in italics).

> *In particular, the client endorsed the following items: - [item number]. [item text] ([response label])*

Report Examples

First Administration – Low Severity (Score = 18)

"The Vancouver Obsessional Compulsive Inventory (VOCI) was administered on 15 January 2026. The client obtained a total score of 18 out of a possible 220. This score falls at the 28th percentile compared to the non-clinical sample, placing it in the 'Low' range. Compared to individuals diagnosed with OCD, this score falls at the 3rd percentile. The client's total score suggests a low overall level of obsessive-compulsive symptom endorsement. While

some obsessional thoughts or compulsive behaviours may occur occasionally, such low-level symptom endorsement is typically not associated with substantial distress or functional impairment."

First Administration – High Severity with Elevated Hoarding (Score = 95)

This example shows the updated subscale display format with individual sections and integrated top 3 items:

"The Vancouver Obsessional Compulsive Inventory (VOCI) was administered on 15 January 2026. The client obtained a total score of 95 out of a possible 220. This score falls at the 99th percentile compared to the non-clinical sample, placing it in the 'High' range. Compared to individuals diagnosed with OCD, this score falls at the 57th percentile. The client reports obsessive-compulsive symptoms that are substantially elevated relative to non-clinical norms. This pattern is consistent with a high level of obsessive-compulsive symptom endorsement and suggests that obsessions, compulsions, and/or related avoidance are likely to be associated with substantial distress or interference.

Risk of Self-harm or Suicide
The respondent indicated risk of self-harm or suicide based upon the following item:
- 54. I am often upset by unwanted urges to harm myself (A little)
It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

Just Right subscale.
The client scored 22 out of 48 (98th percentile, High), reflecting a heightened need for things to feel complete, symmetrical, or 'just right,' along with related ordering, arranging, or repeating behaviours. In particular, the client endorsed the following items: - 55. I spend far too long getting ready to leave home each day because I have to do everything exactly right. (Very Much) - 14. I often have trouble getting things done because I try to do everything exactly right. (Much) - 5. I feel compelled to be absolutely perfect. (Much)

Contamination subscale.
The client scored 14 out of 48 (88th percentile, High), reflecting elevated concerns related to cleanliness, and engagement in cleaning-related behaviours. In particular, the client endorsed the following items: - 23. I am excessively concerned about germs and disease. (Much) - 44. One of my major problems is that I am excessively concerned about cleanliness. (Some) - 50. I am afraid to use even well kept public toilets because I am so concerned about germs. (Some)

Checking subscale.
The client scored 8 out of 24 (91st percentile, High), reflecting elevated checking behaviours driven by doubt, perceived responsibility, or a need to prevent harm. In particular, the client endorsed the following items: - 43. I frequently have to check things like switches, faucets, appliances, and doors several times. (Much) - 37. I repeatedly check that my stove is turned off, even though I resist the urge to do so. (Some) - 20. I repeatedly check that my doors or windows are locked, even though I try to resist the urge to do so. (Some)

Hoarding subscale.
The client scored 18 out of 28 (100th percentile, High), reflecting elevated endorsement of difficulties related to discarding possessions, accumulation, and clutter-related concerns. Since DSM-5, Hoarding Disorder has been classified as a condition distinct from OCD. Elevated scores on this subscale may reflect hoarding-related symptom patterns that can occur within OCD, Hoarding Disorder, or both, and further clarification typically depends on the underlying motivations, beliefs, and subjective experience associated with these behaviours. In particular, the client endorsed the following items:
- 22. I become very tense or upset when I think about throwing anything away. (Very Much)
- 45. I feel compelled to keep far too many things like old magazines, newspapers, and receipts because I am afraid I might need them in the future. (Very Much)
- 35. I find it almost impossible to decide what to keep and what to throw away. (Much)"

Repeat Administration – Meaningful Improvement (Score 98 → 52)

"The Vancouver Obsessional Compulsive Inventory (VOCI) was administered on 15 April 2026. Since the client completed the initial VOCI on 15 January 2026 (90 days ago), the client's total score has decreased by 46 points, representing a meaningful improvement in obsessive-compulsive symptoms, moving from the 'High' to the 'Moderate' range. The client obtained a total score of 52 out of a possible 220. This score falls at the 79th percentile compared to the non-clinical sample, and the 17th percentile compared to individuals diagnosed with OCD. The client reports obsessive-compulsive symptoms at a level that exceeds typical non-clinical presentations. Some obsessional thoughts, compulsive behaviours, or avoidance may be present and may be associated with noticeable distress or interference. Review of the subscale profile below can help clarify which symptom areas are most prominent."

Repeat Administration – No Meaningful Change (Score 65 → 58)

"The Vancouver Obsessional Compulsive Inventory (VOCI) was administered on 15 April 2026. Since the client completed the initial VOCI on 15 February 2026 (59 days ago), the client's total score has changed by 7 points, which falls below the threshold for meaningful change, remaining in the 'High' range. The client obtained a total score of 58 out of a possible 220. This score falls at the 85th percentile compared to the non-clinical sample, and the 21st percentile compared to individuals diagnosed with OCD. The client reports obsessive-compulsive symptoms that are substantially elevated relative to non-clinical norms. This pattern is consistent with a high level of obsessive-compulsive symptom endorsement and suggests that obsessions, compulsions, and/or related avoidance are likely to be associated with substantial distress or interference."

Developer

Thordarson, D. S., Radomsky, A. S., Rachman, S., Shafran, R., Sawchuk, C. N., & Hakstian, A. R. (2004). The Vancouver Obsessional Compulsive Inventory (VOCI). *Behaviour Research and Therapy, 42*(11), 1289–1314. https://doi.org/10.1016/j.brat.2003.08.007

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Assessment Questions

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Vancouver Obsessional Compulsive Inventory (VOCI)

Instructions:

Please rate each statement by selecting the response that best describes how much the statement is true of you.

Please answer every item, without spending too much time on any particular item.

		Not at all	A little	Some	Much	Very much
1	I feel compelled to check letters over and over before mailing them.	0	1	2	3	4
2	I am often upset by my unwanted thoughts of using a sharp weapon.	0	1	2	3	4
3	I feel very dirty after touching money.	0	1	2	3	4
4	I find it very difficult to make even trivial decisions.	0	1	2	3	4
5	I feel compelled to be absolutely perfect.	0	1	2	3	4
6	I repeatedly experience the same unwanted thought or image about an accident.	0	1	2	3	4
7	I repeatedly check and recheck things like taps and switches after turning them off.	0	1	2	3	4
8	I use an excessive amount of disinfectants to keep my home or myself safe from germs.	0	1	2	3	4
9	I often feel compelled to memorize trivial things (e.g., license plate numbers, instructions on labels)	0	1	2	3	4
10	I have trouble carrying out normal household activities because my home is so cluttered with things I have collected.	0	1	2	3	4
11	After I have decided something, I usually worry about my decision for a long time.	0	1	2	3	4
12	I find that almost every day I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
13	I spend far too much time washing my hands.	0	1	2	3	4
14	I often have trouble getting things done because I try to do everything exactly right.	0	1	2	3	4
15	Touching the bottom of my shoes makes me very anxious.	0	1	2	3	4

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		Not at all	A little	Some	Much	Very much
16	I am often upset by my unwanted thoughts or images of sexual acts.	0	1	2	3	4
17	I become very anxious when I have to make even a minor decision.	0	1	2	3	4
18	I feel compelled to follow a very strict routine when doing ordinary things.	0	1	2	3	4
19	I feel upset if my furniture or other possessions are not always in exactly the same position.	0	1	2	3	4
20	I repeatedly check that my doors or windows are locked, even though I try to resist the urge to do so.	0	1	2	3	4
21	I find it very difficult to touch garbage or garbage bins.	0	1	2	3	4
22	I become very tense or upset when I think about throwing anything away.	0	1	2	3	4
23	I am excessively concerned about germs and disease.	0	1	2	3	4
24	I am often very late because I can't get through ordinary tasks on time.	0	1	2	3	4
25	I avoid using public telephones because of possible contamination.	0	1	2	3	4
26	I am embarrassed to invite people to my home because it is full of piles of worthless things I have saved.	0	1	2	3	4
27	I repeatedly experience the same upsetting thought or image about death.	0	1	2	3	4
28	I am often upset by unwanted thoughts or images of blurting out obscenities or insults in public.	0	1	2	3	4
29	I worry far too much that I might upset other people.	0	1	2	3	4
30	I am often frightened by unwanted urges to drive or run into oncoming traffic.	0	1	2	3	4
31	I almost always count when doing a routine task.	0	1	2	3	4
32	I feel very contaminated if I touch an animal.	0	1	2	3	4
33	One of my major problems is repeated checking.	0	1	2	3	4
34	I often experience upsetting and unwanted thoughts about losing control.	0	1	2	3	4
35	I find it almost impossible to decide what to keep and what to throw away.	0	1	2	3	4

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		Not at all	A little	Some	Much	Very much
36	I am strongly compelled to count things.	0	1	2	3	4
37	I repeatedly check that my stove is turned off, even though I resist the urge to do so.	0	1	2	3	4
38	I get very upset if I can't complete my bedtime routine in exactly the same way every night.	0	1	2	3	4
39	I am very afraid of having even slight contact with bodily secretions (blood, urine, sweat, etc.).	0	1	2	3	4
40	I am often very upset by my unwanted impulses to harm other people.	0	1	2	3	4
41	I spend a lot of time every day checking things over and over again.	0	1	2	3	4
42	I have great trouble throwing anything away because I am very afraid of being wasteful.	0	1	2	3	4
43	I frequently have to check things like switches, faucets, appliances, and doors several times.	0	1	2	3	4
44	One of my major problems is that I am excessively concerned about cleanliness.	0	1	2	3	4
45	I feel compelled to keep far too many things like old magazines, newspapers, and receipts because I am afraid I might need them in the future.	0	1	2	3	4
46	I repeatedly experience upsetting and unacceptable thoughts of a religious nature.	0	1	2	3	4
47	I tend to get behind in my work because I repeat the same thing over and over again.	0	1	2	3	4
48	I try to put off making decisions because I'm so afraid of making a mistake.	0	1	2	3	4
49	I often experience upsetting and unwanted thoughts about illness.	0	1	2	3	4
50	I am afraid to use even well-kept public toilets because I am so concerned about germs.	0	1	2	3	4
51	Although I try to resist, I feel compelled to collect a large quantity of things I never actually use.	0	1	2	3	4
52	I repeatedly experience upsetting and unwanted immoral thoughts.	0	1	2	3	4
53	One of my major problems is that I pay far too much attention to detail.	0	1	2	3	4
54	I am often upset by unwanted urges to harm myself.	0	1	2	3	4
55	I spend far too long getting ready to leave home each day because I have to do everything exactly right.	0	1	2	3	4

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Developer Reference:

Thordarson, D. S., Radomsky, A. S., Rachman, S., Shafran, R., Sawchuk, C. N., & Hakstian, A. R. (2004). The Vancouver Obsessional Compulsive Inventory (VOCI). Behaviour Research and Therapy, 42(11), 1289–1314. https://doi.org/10.1016/j.brat.2003.08.007

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Sample Results

Assessment powered by NovoPsych

Vancouver Obsessional Compulsive Inventory (VOCI)

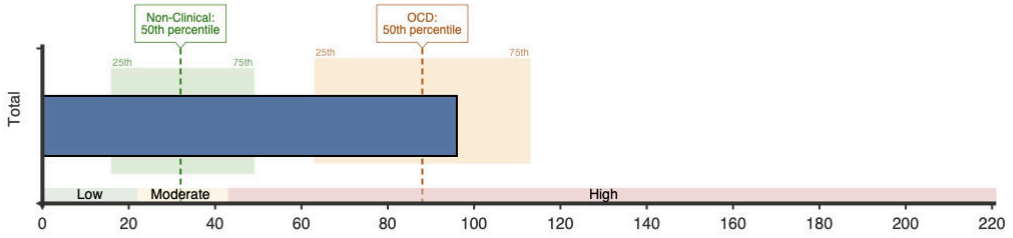
Client Name	Generic Client	*Date administered*	5 Nov 2025
Date of birth (age)	1 Jan 1999 (27)	*Time taken*	38s
Assessor	Dr Emerson Bartholomew		

VOCI Total Score

	Raw Score	OCD Percentile	Non-Clinical Percentile	Descriptor
Total Score (0-220)	96	58	99.5	High

The respondent indicated risk of self-harm (Item 54). It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

VOCI Total Score Compared to Non-Clinical and OCD Distributions



VOCI Subscale Scores

	Raw Score	OCD Percentile	Non-Clinical Percentile	Descriptor
Contamination (0-48)	17	42	95	High
Checking (0-24)	11	44	98	High
Obsessions (0-48)	19	72.7	99.4	High
Hoarding (0-28)	11	66	90	High
Just Right (0-48)	25	56.1	99.5	High
Indecisiveness (0-24)	13	62	97	High

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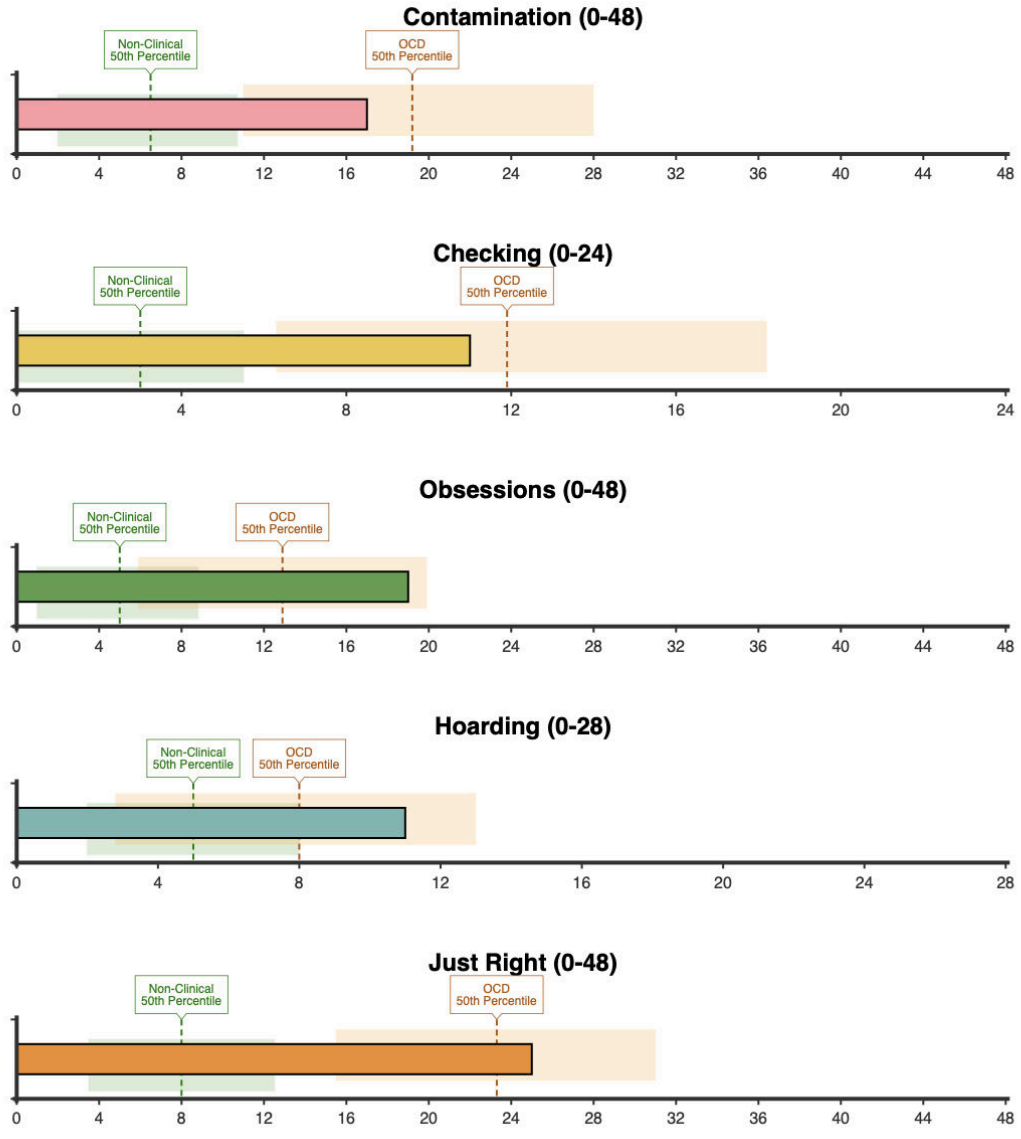
Client Name	Generic Client

VOCI Subscale Scores Compared to Non-Clinical and OCD Distributions



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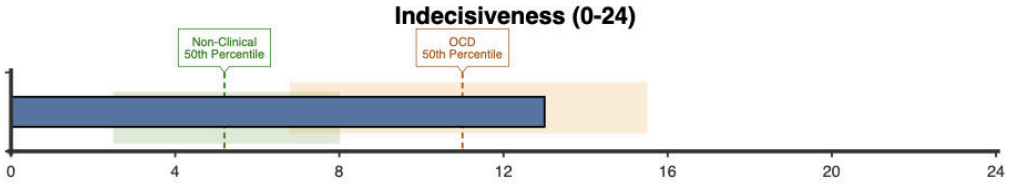
Client Name	Generic Client



Interpretation

The Vancouver Obsessional Compulsive Inventory (VOCI) was administered on 05 November 2025. The client obtained a total score of 96 out of a possible 220. This score falls at the 99.5th percentile compared to the non-clinical sample, placing it in the 'High' range. Compared to individuals diagnosed with OCD, this score falls at the 58th percentile. The client reports obsessive-compulsive symptoms that are substantially elevated relative to non-clinical norms. This pattern is consistent with a high level of obsessive-compulsive symptom endorsement and suggests that obsessions, compulsions, and/or related avoidance are likely to be associated with substantial distress or interference.

Risk of Self-harm or Suicide

The respondent indicated risk of self-harm or suicide based upon the following item:
- 54. I am often upset by unwanted urges to harm myself (Some)
It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

High Scoring Subscales

Contamination subscale. The client scored 17 out of 48 (95th percentile compared to Non-Clinical sample, falls within the High range), reflecting elevated concerns related to cleanliness, and engagement in cleaning-related behaviours. In particular, the client endorsed the following items:
- 3. I feel very dirty after touching money. (Much)
- 8. I use an excessive amount of disinfectants to keep my home or myself safe from germs. (Some)
- 13. I spend far too much time washing my hands. (Some)

Checking subscale. The client scored 11 out of 24 (98th percentile compared to Non-Clinical sample, falls within the High range), reflecting elevated checking behaviours driven by doubt, perceived responsibility, or a need to prevent harm. In particular, the client endorsed the following items:
- 7. I repeatedly check and recheck things like taps and switches after turning them off. (Much)
- 41. I spend a lot of time every day checking things over and over again. (Much)
- 20. I repeatedly check that my doors or windows are locked, even though I try to resist the urge to do so. (Some)

Obsessions subscale. The client scored 19 out of 48 (99.4th percentile compared to Non-Clinical sample, falls within the High range), reflecting frequent intrusive, unwanted thoughts, images, or urges that the client experiences as distressing and difficult to control. In particular, the client endorsed the following items:
- 2. I am often upset by my unwanted thoughts of using a sharp weapon. (Much)

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- 6. I repeatedly experience the same unwanted thought or image about an accident. (Much)
- 12. I find that almost every day I am upset by unpleasant thoughts that come into my mind against my will. (Some)

Just Right subscale. The client scored 25 out of 48 (99.5th percentile compared to Non-Clinical sample, falls within the High range), reflecting a heightened need for things to feel complete, symmetrical, or 'just right,' along with related ordering, arranging, or repeating behaviours. In particular, the client endorsed the following items:
- 1. I feel compelled to check letters over and over before mailing them. (Very much)
- 5. I feel compelled to be absolutely perfect. (Very much)
- 14. I often have trouble getting things done because I try to do everything exactly right. (Much)

Indecisiveness subscale. The client scored 13 out of 24 (97th percentile compared to Non-Clinical sample, falls within the High range), reflecting difficulties with decision-making, perfectionistic doubt, and intolerance of uncertainty. In particular, the client endorsed the following items:
- 4. I find it very difficult to make even trivial decisions. (Very much)
- 17. I become very anxious when I have to make even a minor decision. (Much)
- 11. After I have decided something, I usually worry about my decision for a long time. (Some)

Hoarding subscale. The client scored 11 out of 28 (90th percentile compared to Non-Clinical sample, falls within the High range), reflecting elevated endorsement of difficulties related to discarding possessions, accumulation, and clutter-related concerns. Since DSM-5, Hoarding Disorder has been classified as a condition distinct from OCD. Elevated scores on this subscale may reflect hoarding-related symptom patterns that can occur within OCD, Hoarding Disorder, or both, and further clarification typically depends on the underlying motivations, beliefs, and subjective experience associated with these behaviours. In particular, the client endorsed the following items:
- 10. I have trouble carrying out normal household activities because my home is so cluttered with things I have collected. (Some)
- 22. I become very tense or upset when I think about throwing anything away. (Some)
- 42. I have great trouble throwing anything away because I am very afraid of being wasteful. (Some)

Scoring and Interpretation Information

The VOCI total score ranges from 0 to 220, where respondents rate how true each item is of them, with higher scores representing greater overall current OCD symptom severity. The total score should be interpreted alongside subscale scores to understand symptom heterogeneity.

VOCI Subscales

The 55 items are organized into six symptom subscales, each representing a distinct OCD-related domain with its own item composition and score range.

Contamination (items 3, 8, 13, 15, 21, 23, 25, 32, 39, 44, 49, 50; scores range from 0 to 48):

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measures obsessions and compulsive behaviours related to fears of contamination, dirt, or disease. Higher scores indicate greater contamination concerns, disgust sensitivity, and engagement in cleaning-related compulsions.

Checking (items 7, 20, 33, 37, 41, 43; scores range from 0 to 24): measures compulsive checking behaviours to prevent harm or ensure safety. Higher scores reflect more frequent checking rituals, elevated doubt about actions taken, and a heightened sense of responsibility for preventing negative outcomes.

Obsessions (items 2, 6, 12, 16, 27, 28, 30, 34, 40, 46, 52, 54; scores range from 0 to 48): measures intrusive, unwanted thoughts, images, or urges, including themes of harm, sexuality, or immorality. Higher scores indicate more frequent and distressing intrusive thoughts that the individual experiences as ego-dystonic and difficult to control.

Hoarding (items 10, 22, 26, 35, 42, 45, 51; scores range from 0 to 28): measures difficulty discarding possessions and excessive accumulation. Higher scores indicate greater difficulty discarding items, more accumulation behaviour, and increased distress related to clutter. It is important to note that this subscale predates DSM-5's reclassification of Hoarding Disorder as separate from OCD. Elevated scores may warrant differentiation between OCD-related hoarding (intrusive, ego-dystonic) and Hoarding Disorder (attachment-driven, ego-syntonic).

Just Right (items 1, 5, 9, 14, 18, 19, 24, 36, 38, 47, 53, 55; scores range from 0 to 48): measures need for symmetry, exactness, or things feeling "complete". Higher scores indicate greater distress when things do not feel 'complete' or 'just right,' along with more frequent ordering, arranging, symmetry-seeking, and repeating behaviours.

Indecisiveness (items 4, 11, 17, 29, 31, 48; scores range from 0 to 24): measures difficulty making decisions and intolerance of uncertainty. Higher scores reflect greater concern over mistakes, perfectionistic doubt, fear of making wrong decisions, and difficulty committing to choices.

VOCI Percentiles & Descriptors

For clinical interpretation, NovoPsych includes percentile ranks drawn from Thordarson et al. (2004) for the total and subscale scores relative to:

Non-clinical reference group: reflecting typical symptom levels in individuals without OCD

OCD reference group: reflecting symptom levels commonly observed in clinical OCD samples

A percentile near 50 indicates a score typical of the reference group, while higher percentiles indicate greater obsessive–compulsive symptom levels relative to that group.

VOCI Thresholds

To make scores easier to interpret, NovoPsych groups non-clinical percentile scores into three descriptive ranges to aid with the interpretation of both the total score and all subscales:
Low: at or below the 33rd percentile (suggests lower levels of OCD-related symptoms relative to the non-clinical reference group)
Moderate: 34th–66th percentile (suggests mid-range OCD-related symptom levels relative to the non-clinical reference group)

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High: at or above the 67th percentile (suggests higher OCD-related symptom levels relative to the non-clinical reference group)

VOCI Graphs

On first administration, results are displayed as a horizontal bar graph of the total score compared to both OCD and non-clinical norms, allowing visual comparison of symptom severity across reference populations. A second horizontal bar graph is shown for the subscale comparisons.

If administered more than once, longitudinal line graphs are presented for the total score and each subscale, tracking the trajectory of symptoms over time. A meaningful change in obsessive-compulsive symptoms is defined as a change of 19 or more points in the total score, based on the Minimally Important Difference (MID).

Legacy Results (All Comparison Groups)

	Score	OCD	AD	CA	S
VOCI Total	96	60.3	85.8	99.9	98.8
Contamination	17	42.4	86.5	99.9	92.2
Checking	11	43.9	90.8	99.9	96.7
Obsessions	19	72.7	73.5	99.9	98.8
Hoarding	11	66.3	75.4	99.9	86.4
Just Right	25	56	90.3	99.9	98.8
Indecisiveness	13	62.4	73.8	99.9	94.8

Client Responses

		Not at all	A little	Some	Much	Very much
1	I feel compelled to check letters over and over before mailing them.	0	1	2	3	**4**
2	I am often upset by my unwanted thoughts of using a sharp weapon.	0	1	2	**3**	4
3	I feel very dirty after touching money.	0	1	2	**3**	4
4	I find it very difficult to make even trivial decisions.	0	1	2	3	**4**
5	I feel compelled to be absolutely perfect.	0	1	2	3	**4**
6	I repeatedly experience the same unwanted thought or image about an accident.	0	1	2	**3**	4

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Client Name	Generic Client

Client Responses (cont.)

		Not at all	A little	Some	Much	Very much
7	I repeatedly check and recheck things like taps and switches after turning them off.	0	1	2	**3**	4
8	I use an excessive amount of disinfectants to keep my home or myself safe from germs.	0	1	**2**	3	4
9	I often feel compelled to memorize trivial things (e.g., license plate numbers, instructions on labels)	0	**1**	2	3	4
10	I have trouble carrying out normal household activities because my home is so cluttered with things I have collected.	0	1	**2**	3	4
11	After I have decided something, I usually worry about my decision for a long time.	0	1	**2**	3	4
12	I find that almost every day I am upset by unpleasant thoughts that come into my mind against my will.	0	1	**2**	3	4
13	I spend far too much time washing my hands.	0	1	**2**	3	4
14	I often have trouble getting things done because I try to do everything exactly right.	0	1	2	**3**	4
15	Touching the bottom of my shoes makes me very anxious.	0	1	**2**	3	4
16	I am often upset by my unwanted thoughts or images of sexual acts.	0	1	**2**	3	4
17	I become very anxious when I have to make even a minor decision.	0	1	2	**3**	4
18	I feel compelled to follow a very strict routine when doing ordinary things.	0	1	**2**	3	4
19	I feel upset if my furniture or other possessions are not always in exactly the same position.	0	**1**	2	3	4
20	I repeatedly check that my doors or windows are locked, even though I try to resist the urge to do so.	0	1	**2**	3	4
21	I find it very difficult to touch garbage or garbage bins.	0	1	**2**	3	4
22	I become very tense or upset when I think about throwing anything away.	0	1	**2**	3	4
23	I am excessively concerned about germs and disease.	0	**1**	2	3	4
24	I am often very late because I can't get through ordinary tasks on time.	0	**1**	2	3	4
25	I avoid using public telephones because of possible contamination.	0	**1**	2	3	4

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Client Responses (cont.)

		Not at all	A little	Some	Much	Very much
26	I am embarrassed to invite people to my home because it is full of piles of worthless things I have saved.	0	1	2	3	4
27	I repeatedly experience the same upsetting thought or image about death.	0	1	2	3	4
28	I am often upset by unwanted thoughts or images of blurting out obscenities or insults in public.	0	1	2	3	4
29	I worry far too much that I might upset other people.	0	1	2	3	4
30	I am often frightened by unwanted urges to drive or run into oncoming traffic.	0	1	2	3	4
31	I almost always count when doing a routine task.	0	1	2	3	4
32	I feel very contaminated if I touch an animal.	0	1	2	3	4
33	One of my major problems is repeated checking.	0	1	2	3	4
34	I often experience upsetting and unwanted thoughts about losing control.	0	1	2	3	4
35	I find it almost impossible to decide what to keep and what to throw away.	0	1	2	3	4
36	I am strongly compelled to count things.	0	1	2	3	4
37	I repeatedly check that my stove is turned off, even though I resist the urge to do so.	0	1	2	3	4
38	I get very upset if I can't complete my bedtime routine in exactly the same way every night.	0	1	2	3	4
39	I am very afraid of having even slight contact with bodily secretions (blood, urine, sweat, etc.).	0	1	2	3	4
40	I am often very upset by my unwanted impulses to harm other people.	0	1	2	3	4
41	I spend a lot of time every day checking things over and over again.	0	1	2	3	4
42	I have great trouble throwing anything away because I am very afraid of being wasteful.	0	1	2	3	4
43	I frequently have to check things like switches, faucets, appliances, and doors several times.	0	1	2	3	4
44	One of my major problems is that I am excessively concerned about cleanliness.	0	1	2	3	4

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Client Name	Generic Client

Client Responses (cont.)

		Not at all	A little	Some	Much	Very much
45	I feel compelled to keep far too many things like old magazines, newspapers, and receipts because I am afraid I might need them in the future.	0	1	**2**	3	4
46	I repeatedly experience upsetting and unacceptable thoughts of a religious nature.	0	1	**2**	3	4
47	I tend to get behind in my work because I repeat the same thing over and over again.	0	1	**2**	3	4
48	I try to put off making decisions because I'm so afraid of making a mistake.	0	1	**2**	3	4
49	I often experience upsetting and unwanted thoughts about illness.	0	**1**	2	3	4
50	I am afraid to use even well-kept public toilets because I am so concerned about germs.	0	**1**	2	3	4
51	Although I try to resist, I feel compelled to collect a large quantity of things I never actually use.	0	**1**	2	3	4
52	I repeatedly experience upsetting and unwanted immoral thoughts.	**0**	1	2	3	4
53	One of my major problems is that I pay far too much attention to detail.	0	**1**	2	3	4
54	I am often upset by unwanted urges to harm myself.	0	1	**2**	3	4
55	I spend far too long getting ready to leave home each day because I have to do everything exactly right.	0	1	**2**	3	4