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

Foa, E.B., Huppert, J.D., Leiberg, S., Hajcak, G., Langner, R., et al. (2002). The Obsessive-

Compulsive Inventory: Development and validation of a short version. Psychological Assessment,

14, 485-496.

The following statements refer to experiences that many people have in their everyday lives. Circle the number that best describes HOW MUCH that experience has DISTRESSED or BOTHERED you during the PAST MONTH. The numbers refer to the following verbal labels:

1. - Not at all
2. A little
3. Modernly
4. A lot
5. Extremely

1. I have saved up so many things that they get in the way

2. I check things more often than necessary.

3. I get upset if objects are not arranged properly.

4. I feel compelled to count while I am doing things.

5. I find it difficult to touch an object when I know it has been touched by

strangers or certain people.

6. I find it difficult to control my own thoughts.

7. I collect things I don’t need.

8. I repeatedly check doors, windows, drawers, etc.

9. I get upset if others change the way I have arranged things.

10. I feel I have to repeat certain numbers.

11. I sometimes have to wash or clean myself simply because I feel

contaminated.

12. I am upset by unpleasant thoughts that come into my mind against my will.

13. I avoid throwing things away because I am afraid I might need them later.

14. I repeatedly check gas and water taps and light switches after turning them

off.

15. I need things to be arranged in a particular way.

16. I feel that there are good and bad numbers.

17. I wash my hands more often and longer than necessary.

18. I frequently get nasty thoughts and have difficulty in getting rid of them.

*Scores are generated by adding the item scores.*

# ***Depression, Anxiety and Stress Scales-21 (DASS-21)***

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the depression anxiety stress scales (DASS) with the beck depression and anxiety inventories. *Behaviour Research and Therapy*, *33*(3), 335–343.

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too on any statement.

*The rating scale is as follows:*

0 Did not apply to me at all  
1 Applied to me to some degree, or some of the time  
2 Applied to me to a considerable degree, or a good part of time 3 Applied to me very much, or most of the time

1.  I found it hard to wind down

2.  I was aware of dryness of my mouth

3.  I couldn't seem to experience any positive feeling at all

4.  I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)

5.  I found it difficult to work up the initiative to do things

6.  I tended to over-react to situations

7.  I experienced trembling (eg, in the hands)

8.  I felt that I was using a lot of nervous energy

9.  I was worried about situations in which I might panic and make a fool of myself

10.  I felt that I had nothing to look forward to

11.  I found myself getting agitated

12.  I found it difficult to relax

13.  I felt down-hearted and blue

14.  I was intolerant of anything that kept me from getting on with what I was doing

15.  I felt I was close to panic

16.  I was unable to become enthusiastic about anything

17.  I felt I wasn't worth much as a person

18.  I felt that I was rather touchy

19.  I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)

20.  I felt scared without any good reason

21.  I felt that life was meaningless

Only items related to the anxiety ("DASS-2", "DASS-4","DASS-7", "DASS-9", "DASS-15", "DASS-19", "DASS-20") and depression ("DASS-3","DASS-5", "DASS-10", "DASS-13", "DASS-16", "DASS-17","DASS-21") scales were administered in this study.

*Scores are generated by adding the item scores, separately for anxiety and for depression scales.*