ocs						
How often have you experienced the following activities over the last 2 weeks?		Not at all	Rare, less than a day or two	Several days	More than 7 days	Nearly every day over the last 2 weeks
1.	I had disturbing thoughts that I may have caught the coronavirus.	0	1	2	3	4
2.	I had disturbing thoughts that certain people I saw may have the coronavirus.	0	1	2	3	4
3.	I could not stop thinking about the coronavirus.	0	1	2	3	4
4.	I dreamed about the coronavirus.	0	1	2	3	4
	Column Totals					
use the	e. The OCS is placed in the public domain to encourage its in clinical assessment and research. No formal permission is refore required for its reproduction and use by others, beyond propriate citation of the present article.	+	+	+	Total Sco	re+

Basic information

The Obsession with COVID-19 Scale (OCS) is a self-report mental health screener of persistent and disturbed thinking about COVID-19. Because the COVID-19 crisis affects nearly every aspect of a person's life, the OCS was developed to help clinicians and researchers efficiently identify cases of individuals functionally impaired by their COVID-19 related thinking patterns.

Psychometric properties

The OCS was developed on two large samples of adults (n = 775; n = 398) residing across the United States. The OCS is a reliable instrument (as > .83), with solid factorial (single-factor) and construct (correlated with coronavirus anxiety, spiritual crisis, alcohol/drug coping, extreme hopelessness, and suicidal ideation) validity. The diagnostic properties of the OCS (81% to 93% sensitivity and 73% to 76% specificity) are comparable to related screening instruments, such as the General Health Ouestionnaire (GHO).

Scoring and interpretation

Each item of the OCS is rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day), based on experiences over the past two weeks. This scaling format is consistent with the DSM-5's cross-cutting symptom measure. An OCS total score \geq 7 indicates probable dysfunctional thinking about COVID-19. Elevated scores on a particular item or a high total scale score (\geq 7) may indicate problematic symptoms for the individual that might warrant further assessment and/or treatment. Clinical judgement should guide the interpretation of the OCS results.

Use

The OCS is placed in the public domain to encourage its use in clinical assessment and research. No formal permission is therefore required for its reproduction and use by others, beyond appropriate citation: Lee, S. A. (2020). How much "Thinking" about COVID-19 is clinically dysfunctional? *Brain, Behavior, and Immunity*. https://doi.org/10.1016/j.bbi.2020.04.067