Chapter 17
Measures for Obsessive-Compulsive Disorder

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COMPULSIVE ACTIVITY CHECKLIST (CAC)

Original Citations


Purpose

To measure impairment in daily activities due to obsessive-compulsive symptoms.

Description

There are many different versions of the CAC in the literature, and several different names have been used for this instrument. In addition, some investigators have tended to use it as a self-report instrument, whereas others have used it as an interview-based scale. The original version was a 62-item assessor-rated scale, developed by Richard Hallam and first reported by Philpott (1975). This version was initially known as the Obsessive Compulsive Interview Checklist. Subsequent names for this instrument have included the Compulsion...
Checklist (Marks, Stern, Mawson, Cobb, & MacDonald, 1980) and eventually the CAC (Mawson, Marks, & Ramm, 1982), which is currently the most commonly used name. The specific items and the length of the scale have varied considerably across studies. For example, Freund, Steketee, and Foa (1987) published data on a 38-item version; Cottraux, Bouvard, Defayolle, and Messy (1988) published an 18-item version; Steketee and Freund (1993) published a 28-item revision of the 38-item scale (called the CAC-R). This section will focus primarily on the Freund et al. (1987) 38-item CAC, and to a lesser extent on the 28-item CAC-R (although preliminary data suggest that this version may be preferable to the 38-item version; Steketee & Freund, 1993).

The Freund et al. (1987) CAC is a 38-item instrument that can be administered as either an interviewer-rated scale or a self-rated scale. Each item is rated on a four-point scale, ranging from 0 (no problem with activity) to 3 (unable to complete or attempt activity). The possible range of scores is 0 to 114.

Steketee and Freund (1993) revised the CAC by deleting items that did not differentiate individuals with OCD from those without OCD, as well as items with low item–total correlations, and items that failed to load on factors relating to OCD symptoms. The resulting CAC-R is a 28-item self-report scale. For the 28-item version, items 7 and 8 were combined (i.e., “using a toilet to urinate or defecate”), and items 20, 24, 27, 30–32, 34, 35, and 37 were deleted. In addition, the wording of a few items was changed (e.g., for item 21, the word “spigots” was changed to “faucets”).

**Administration and Scoring**

The CAC can be administered in 5 minutes. The total score is calculated by summing all of the items. In addition, subscales can be calculated as follows: washing subscale (sum of items 2–14, 16–20, 31–36), checking subscale (sum of items 1, 15, 21–30, 37, 38). Higher scores reflect greater impairment.

**Psychometric Properties**

**Sample Scores and Norms.** Sample scores for various OCD-related groups were provided by Freund et al. (1987). The mean total CAC score for a group of individuals with OCD was 43.66 ($SD = 18.94$). For individuals with primarily washing rituals, means on the washing and checking subscales were 33.24 ($SD = 13.68$) and 12.00 ($SD = 7.68$), respectively. For individuals with primarily checking rituals, means on the washing and checking subscales were 8.95 ($SD = 5.59$) and 16.48 ($SD = 9.44$), respectively.

**Reliability.** In a sample of individuals with OCD, internal consistency (as measured by Cronbach’s alpha) was excellent for the total score ($\alpha = .91$) as well as for the washing ($\alpha = .93$) and checking ($\alpha = .89$) subscales (Freund et al., 1987). In a student sample, internal consistency was found to be good for the total score ($\alpha = .86$) and fair for the subscales ($\alpha = .78$ for both subscales; Sternberger & Burns, 1990a). However, a subsequent study by Steketee and Freund (1993) found that nine items had low item–total correlations (less than .40) in an OCD patient sample. Interrater reliability was low when the scale was completed by two interviewers ($r = .62$), either on the same day or after an average of 37 days ($r = .63$). However, interrater reliability was excellent when the CAC was completed once by an interviewer and once by the patient ($r = .94$) on the same day (Freund et al., 1987).