



Y-BOCS (OCD) SCORING & EXTENSIVE SX LISTING

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS) *

Questions 1 to 5 are about your obsessive thoughts

- Obsessions are unwanted ideas, images or impulses that intrude on thinking against your wishes and efforts to resist them. They usually involve themes of harm, risk and danger. Common obsessions are excessive fears of contamination; recurring doubts about danger, extreme concern with order, symmetry, or exactness; fear of losing important things.
- Please answer each question by circling the appropriate number.

1. TIME OCCUPIED BY OBSESSIVE THOUGHTS

SCORE _____

How much of your time is occupied by obsessive thoughts?

- | | | |
|---|---|----------------------------------------------------------------|
| 0 | = | None |
| 1 | = | Less than 1 hr/day or occasional occurrence |
| 2 | = | 1 to 3 hrs/day or frequent |
| 3 | = | Greater than 3 and up to 8 hrs/day or very frequent occurrence |
| 4 | = | Greater than 8 hrs/day or nearly constant occurrence |

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS

SCORE _____

How much do your obsessive thoughts interfere with your work, school, social, or other important role functioning? Is there anything that you don't do because of them?

- | | | |
|---|---|-------------------------------------------------------------------------------------|
| 0 | = | None |
| 1 | = | Slight interference with social or other activities, but overall no impairment |
| 2 | = | Definite interference with social or occupational performance, but still manageable |
| 3 | = | Causes substantial impairment in social or occupational performance |
| 4 | = | Incapacitating |

3. DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS

SCORE _____

How much distress do your obsessive thoughts cause you?

- | | | |
|---|---|--------------------------------------|
| 0 | = | None |
| 1 | = | Not too disturbing |
| 2 | = | Disturbing, but still manageable |
| 3 | = | Very disturbing |
| 4 | = | Near constant and disabling distress |

4. RESISTANCE AGAINST OBSESSIONS

SCORE _____

How much of an effort do you make to resist the obsessive thoughts? How often do you try to disregard or turn your attention away from these thoughts as they enter your mind?

- | | | |
|---|---|--------------------------------------------------------------------------------------|
| 0 | = | Try to resist all the time |
| 1 | = | Try to resist most of the time |
| 2 | = | Make some effort to resist |
| 3 | = | Yield to all obsessions without attempting to control them, but with some reluctance |
| 4 | = | Completely and willingly yield to all obsessions |

5. DEGREE OF CONTROL OVER OBSESSIVE THOUGHTS

SCORE _____

How much control do you have over your obsessive thoughts? How successful are you in stopping or diverting your obsessive thinking? Can you dismiss them?

- | | | |
|---|---|---------------------------------------------------------------------------------------------------|
| 0 | = | Complete control |
| 1 | = | Yield to all obsessions without attempting to control them, but with some reluctance |
| 2 | = | Make some effort to resist |
| 3 | = | Rarely successful in stopping or dismissing obsessions, can only divert attention with difficulty |
| 4 | = | Obsessions are completely involuntary, rarely able to even momentarily alter obsessive thinking. |

Questions 6 to 10 are about your compulsive urges (compulsions)

- Compulsions are urges that people have to do something to lessen feelings of anxiety or other discomfort. Often they do repetitive, purposeful, intentional behaviors called rituals. The behavior itself may seem appropriate but it becomes a ritual when done to excess. Washing, checking, repeating, straightening, putting things in order, hoarding, cutting, and many other behaviors can be rituals. Some urges/rituals are mental. For example, thinking or saying things repetitively in your head, praying, counting, alphabetizing, accepting Christ as your savior, thinking of specific places or people, or gaining power or control.

6. TIME SPENT PERFORMING COMPULSIVE BEHAVIORS

SCORE _____

How much time do you spend performing compulsive behaviors? How much longer than most people does it take to complete routine activities because of your rituals? How frequently do you do rituals?

- | | | |
|---|---|---------------------------------------------------------------------------------------------------|
| 0 | = | None |
| 1 | = | Less than 1 hr/day or occasional performance of compulsive behaviors |
| 2 | = | From 1 to 3 hrs/day, or frequent performance of compulsive behaviors |
| 3 | = | More than 3 and up to 8 hrs/day, or very frequent performance of compulsive behaviors |
| 4 | = | More than 8 hrs/day, or near constant performance of compulsive behaviors (too numerous to count) |

7. INTERFERENCE DUE TO COMPULSIVE BEHAVIORS

SCORE _____

How much do your compulsive behaviors interfere with your work, school, social, or other important role functioning? Is there anything that you don't do because of the compulsions?

- | | | |
|---|---|-------------------------------------------------------------------------------------------|
| 0 | = | None |
| 1 | = | Slight interference with social or other activities, but overall performance not impaired |
| 2 | = | Definite interference with social or occupational performance, but still manageable |
| 3 | = | Causes substantial impairment in social or occupational performance |
| 4 | = | Incapacitating |

8. DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIOR

SCORE _____

How would you feel if prevented from performing your compulsion(s)? How anxious would you become?

- 0 = None
- 1 = Only slightly anxious if compulsions prevented
- 2 = Anxiety would mount but remain manageable if compulsions prevented
- 3 = Prominent and very disturbing increase in anxiety if compulsions interrupted
- 4 = Incapacitating anxiety from any intervention aimed at modifying activity

9. RESISTANCE AGAINST COMPULSIONS

SCORE _____

How much of an effort do you make to resist the compulsions?

- 0 = Always try to resist
- 1 = Try to resist most of the time
- 2 = Make some effort to resist
- 3 = Yield to almost all compulsions without attempting to control them, but with some reluctance
- 4 = Completely and willingly yield to all compulsions

10. DEGREE OF CONTROL OVER COMPULSIVE BEHAVIOR

SCORE _____

How strong is the drive to perform the compulsive urge? How much control do you have over the compulsions?

- 0 = Complete control
- 1 = Pressure to perform the behavior but usually able to exercise voluntary control over it
- 2 = Strong pressure to perform behavior, can control it only with difficulty
- 3 = Very strong drive to perform behavior, must be carried to completion, can only delay with difficulty
- 4 = Drive to perform behavior experienced as completely involuntary and over-powering, rarely able to even momentarily delay activity.

TOTAL SCORE(Add individual scores of all 10 screening questions) _____

Scoring Scale

Under 7 are likely to be subclinical,
 8-15 are likely to have a mild case of OCD,
 16-23 are likely to have a moderate case of OCD,
 24-31 are likely to have a severe case of OCD,
 32-40 are likely to have an extreme case of OCD

Y-BOCS Symptom Checklist

Instructions: Generate a Target Symptoms List from the attached Y-BOCS Symptom Checklist by asking the patient about specific obsessions and compulsions. Check all that apply. Distinguish between current and past symptoms. Mark principal symptoms with a "p". These will form the basis

of the Target Symptoms List. Items marked may "*" or may not be an OCD phenomena.

Current	Past		Current	Past	
		AGGRESSIVE OBSESSIONS			SOMATIC OBSESSIONS
_____	_____	Fear might harm self	_____	_____	Concern with illness or disease*
_____	_____	Fear might harm others			Excessive concern with body part
_____	_____	Violent or horrific images			or aspect of Appearance (eg.,
		Fear of blurting out obscenities or	_____	_____	dysmorphophobia)*
		insults Fear of doing something else	_____	_____	Other:_____
		embarrassing* Fear will act on unwanted			CLEANING/WASHING
_____	_____	impulses (e.g., to stab friend)			COMPULSIONS
_____	_____	Fear will steal things	_____	_____	Excessive or ritualized handwashing
		Fear will harm others because not careful			Excessive or ritualized showering,
_____	_____	enough (e.g. hit/run motor vehicle			bathing, toothbrushing grooming, or toilet
		accident)	_____	_____	routine
		Fear will be responsible for something else			Involves cleaning of household items or
_____	_____	terrible happening (e.g., fire, burglary			other inanimate objects Other measures
_____	_____	Other:_____			to prevent or remove contact with
		CONTAMINATION OBSESSIONS	_____	_____	contaminants
		Concerns or disgust w\ with bodily waste	_____	_____	Other:_____
		or secretions (e.g., urine, feces, saliva			CHECKING COMPULSIONS
_____	_____	Concern with dirt or germs	_____	_____	Checking locks, stove, appliances et
		Excessive concern with environmental	_____	_____	Checking that did rot/will not harm others
_____	_____	contaminants (e.g. asbestos, radiation	_____	_____	Checking that did not/will not harm self
		toxic waste)	_____	_____	Checking that nothing terrible did/will
_____	_____	Excessive concern with household items	_____	_____	happen Checking that did not make
		(e.g., cleansers solvents)	_____	_____	mistake Checking tied to somatic
_____	_____	Excessive concern with animals (e.g.,	_____	_____	obsessions Other:
		insects)			REPEATING RITUALS
_____	_____	Bothered by sticky substances or residues	_____	_____	Rereading or rewriting
		Concerned will get ill because of			Need to repeat routine activities jog, in/
_____	_____	contaminant	_____	_____	out door, up/down from chair)
		Concerned will get others ill by spreading	_____	_____	Other:_____
_____	_____	contaminant (Aggressive)			
_____	_____	No concern with consequences of			
		contamination other than how it might feel			

SEXUAL OBSESSIONS

- _____ Forbidden or perverse sexual thoughts.
- _____ images. or impulses
- _____ Content involves children or incest
- _____ Content involves homosexuality
- _____ Sexual behavior towards others
- _____ (Aggressive)*
- _____ Other: _____

HOARDING/SAVING OBSESSIONS

(distinguish from hobbies and concern with objects of monetary or sentimental value)

- _____ _____

OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

Accompanied by magical thinking (e.g., concerned that another will have accident unless less things are in the right place)

- _____ Not accompanied by magical thinking

MISCELLANEOUS OBSESSIONS

- _____ Need to know or remember
- _____ Fear of saying certain things
- _____ Fear of not saying just the right thing
- _____ Fear of losing things
- _____ Intrusive (nonviolent) images
- _____ Intrusive nonsense sounds, words, or music
- _____ Bothered by certain sounds/noises*
- _____ Lucky/unlucky numbers

COUNTING COMPULSIONS

ORDERING/ARRANGING COMPULSIONS

- _____ _____
- _____ _____

HOARDING/COLLECTING COMPULSIONS

(distinguish from hobbies and concern with objects of monetary or sentimental value (e.g., carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects.)

- _____ Colors with special significance
- _____ 3 superstitious fears
- _____ Other: _____

MISCELLANEOUS COMPULSIONS

- _____ Mental rituals (other than checking/counting)
- _____ Excessive listmaking
- _____ Need to tell, ask, or confess
- _____ Need to touch, tap, or rub*
- _____ Rituals involving blinking or staring*
- _____ Measures (not checking) to prevent: harm to self - harm to others terrible consequences
- _____ Ritualized eating behaviors* Superstitious behaviors
- _____ Trichotillomania *
- _____ Other self-damaging or self-mutilating behaviors*
- _____ Other: _____