

Y-BOCS Symptom Checklist

(Yale-Brown Obsessive Compulsive Scale)

Administering the Y-BOCS Symptom Checklist and Severity Ratings.

1. Establish the diagnosis of obsessive compulsive disorder.
2. Using the Y-BOCS Symptom Checklist below, ascertain current and past symptoms.
3. Next, administer the 10-item Y-BOCS Severity Ratings to assess the severity of the OCD during the last week.
4. Readminister the Y-BOCS Severity Rating Scale to monitor progress.

Name: Date:

Contamination Obsessions

Current Post

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Concerns or disgust with bodily waste or secretions |
| <input type="checkbox"/> | <input type="checkbox"/> | Concerned with dirt or germs |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive concern with environmental contaminants |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive concern with household items (cleaners) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bothered by sticky substances or residues |
| <input type="checkbox"/> | <input type="checkbox"/> | Concerned will get ill (eg, AIDS) |
| <input type="checkbox"/> | <input type="checkbox"/> | Concerned will get others ill by spreading germs |
| <input type="checkbox"/> | <input type="checkbox"/> | Somatic obsessions |
| <input type="checkbox"/> | <input type="checkbox"/> | Other <input type="text"/> |

Aggressive Obsessions

Current Post

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Violent or horrific images |
| <input type="checkbox"/> | <input type="checkbox"/> | Fear with act on unwanted impulses (eg, to stab friend) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fear will harm others because not careful enough (eg, hit and run motor vehicle accident, putting poison in food) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fear will be responsible for something else terrible happening (eg, fire, burglary) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other <input type="text"/> |

Sexual Obsessions

Current Post

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Personally unacceptable sexual thoughts |
|--------------------------|--------------------------|---|

Religious Obsessions (Scrupulosity)

Current Post

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Concerned with sacrilege and blasphemy |
|--------------------------|--------------------------|--|

- Excess concern with right and wrong, morality

Hoarding/Saving Obsessions

Current Post

- Collects useless items, eg, old newspapers (distinguish from hobbies; concern with objects of monetary or sentimental value)
- Concerned with losing or throwing out items by mistake
- Other

Pathological Doubt

Current Post

- After completing routine activities, doubts whether performed or not (eg, whether signed check to pay bill)
- Other

Obsession With Need for Symmetry or Exactness

Current Post

- Bothered by things not being lined up or being in order
- Other

Other Obsessions

Current Post

- Superstitious fear (eg, luck or unlucky numbers or colors)
- Other

Cleaning/Washing Compulsions

Current Post

- Excessive or ritualized hand washing
- Excessive or ritualized showering, bathing, tooth brushing, grooming
- Cleaning of household items or other inanimate objects
- Other measures to prevent or remove contact with contaminants
- Other

Checking Compulsions

Current Post

- Checking locks, stove, appliances, water faucets, emergency brake
- Checking that did not harm others
- Checking that did not make mistake (eg, balancing checkbooks over and over)
- Checking tied to somatic obsessions (eg, checking self for signs of cancer)
- Other

Repeating Rituals

Current Post

- Repeating or rewriting

Hoarding/Collecting Compulsions

Current Post

- Inspecting household trash and accumulating useless objects

- Repeats same questions
- Need to repeat routine activities (eg, in and out door)
- Other

Ordering/Arranging Compulsions

Current Post

- Lines up clothes, canned goods, shoes in fixed order
- Need for symmetry (eg, shoelaces must be at same tension, socks at same height)
- Can't complete activity until *just right*

Ordering/Arranging Compulsions

Current Post

- Mental rituals (eg, silently reciting prayers to neutralize a bad thought)
- Counting compulsions (eg, count ceiling tiles)
- Excessive list making
- Pathological slowness (pervades most routine activities)
- Need to tell, ask, confess
- Need to touch, tap, or rub*

Current Post

- Superstitious behaviors (eg, stepping on sidewalk cracks, bedtime rituals)
- Asking for reassurance over and over
- Self-damaging behaviors*
- Rituals involving blinking or staring*
- Other

** May or may not be OCD phenomena.*

Comments

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Y-BOCS Severity Ratings

(Yale-Brown Obsessive Compulsive Scale)

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Name:

Date of first report:

Date of this report:

Obsessional Rating Scale (circle appropriate score)

Note: Scores should reflect the composite effect of all the patient's obsessive compulsive symptoms. Rate the average occurrence of each items during the prior week, up to and including the time of interview.

Item	Range of Severity				
1. Time spent on obsessions	0 h/day	0-1 h/day	1-3 h/day	3-8 h/day	>8 h/day
Score	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Interference from obsessions	None	Mild	Definite but manageable	Substantial impairment	Incapacitating
Score	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Distress from obsessions	None	Little	Moderate but manageable	Severe	Near constant, disabling
Score	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4. Resistance to obsessions Always resists Much resistance Some resistance Often yields Completely yields
Score 0 1 2 3 4

5. Control over obsessions Complete control Much control Some control Little control No control
Score 0 1 2 3 4

Obsession subtotal (add items 1-5)

6. Time spent on compulsions 0 h/day 0-1 h/day 1-3 h/day 3-8 h/day >8 h/day
Score 0 1 2 3 4

7. Interference from compulsions None Mild Definite but manageable Substantial impairment Incapacitating
Score 0 1 2 3 4

8. Distress from compulsions None Little Moderate but manageable Severe Near constant, disabling
Score 0 1 2 3 4

9. Resistance to compulsions Always resists Much resistance Some resistance Often yields Completely yields
Score 0 1 2 3 4

10. Control over compulsions Complete control Much control Some control Little control No control
Score 0 1 2 3 4

Compulsion subtotal (add items 6-10)

Y-BOCS Total (add items 1-10)

Total Y-BOCS score: range of severity for patients who have both obsessions and compulsions

SCORE:

- 0-7 Subclinical
- 8-15 Mild
- 16-23 Moderate
- 24-32 Severe
- 32-40 Extreme

