

# 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

- Concerns or disgust with bodily waste or secretions
- Concerned with dirt or germs
- Excessive concern with environmental contaminants
- Excessive concern with household items (cleaners)
- Bothered by sticky substances or residues
- Concerned will get ill (eg, AIDS)
- Concerned will get others ill by spreading germs
- Somatic obsessions
- Other

### Aggressive Obsessions

Current Post

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

### Sexual Obsessions

Current Post

- Personally unacceptable sexual thoughts

### Religious Obsessions (Scrupulosity)

Current Post

- Concerned with sacrilege and blasphemy

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## 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

## Obsession With Need for Symmetry or Exactness

Current Post

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

## Repeating Rituals

Current Post

- Repeating or rewriting

- Excess concern with right and wrong, morality

## Pathological Doubt

Current Post

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

## Other Obsessions

Current Post

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

## Checking Compulsions

Current Post

- Checking that did not harm others
- Checking locks, stove, appliances, water faucets, emergency brake
- 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

## Hoarding/Collecting Compulsions

Current Post

- Inspecting household trash and accumulating useless objects

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- Repeats same questions
- Need to repeat routine activities (eg(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:**

**Y-BOCS Severity Ratings** (Yale-Brown Obsessive Compulsive Scale)

**Administering the Y-BOCS Symptom Checklist and Severity Ratings.**

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3. Next, administer the 10-item Y-BOCS Severity Ratings to assess the severity of the OCD during the last week.
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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.*

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

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**5. Control over obsessions**

	Complete control	Much control	Some control	Little control	No control
<b>Score</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	<i>Obsession subtotal (add items 1-5)</i>				<input style="width: 40px; height: 20px;" type="text"/>

**6. Time spent on compulsions**

	0 h/day	0-1 h/day	1-3 h/day	3-8 h/day	>8 h/day
<b>Score</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**7. Interference from compulsions**

	None	Mild	Definite but manageable	Substantial impairment	Incapacitating
<b>Score</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**8. Distress from compulsions**

	None	Little	Moderate but manageable	Severe	Near constant, disabling
<b>Score</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**9. Resistance to compulsions**

	Always resists	Much resistance	Some resistance	Often yields	Completely yields
<b>Score</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**10. Control over compulsions**

	Complete control	Much control	Some control	Little control	No control
<b>Score</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**SCORE :**

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

*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

**Comments:**