



Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Name _____

Date of Birth: _____

	(0)	(1)	(2)	(3)	(4)
Obsessions are frequent, unwelcome, and intrusive thoughts.					
1. How much time do you spend on obsessive thoughts?	None	0-1 hrs/day	1-3 hrs/day	3-8 hrs/day	More than 8 hrs/day
2. How much do your obsessive thoughts interfere with your personal, social, or work life?	None	Mild	Definite but manageable	Substantial interference	Severe
3. How much do your obsessive thoughts distress you?	None	Little	Moderate but manageable	Severe	Nearly constant, Disabling
4. How hard do you try to resist your obsessions?	Always try	Try much of the time	Try some of the time	Rarely try. Often yield	Never try. Completely yield
5. How much control do you have over your obsessive thoughts?	Complete control	Much control	Some control	Little control	No control
Compulsions are repetitive behaviors or mental acts that you have a strong urge to repeat that are aimed at reducing your anxiety or preventing some dreaded event.					
6. How much time do you spend performing compulsive behaviors?	None	0-1 hrs/day	1-3 hrs/day	3-8 hrs/day	More than 8 hrs/day
7. How much do your compulsive behaviors interfere with your personal, social, or work life?	None	Mild	Definite but manageable	Substantial interference	Severe
8. How anxious would you feel if you were prevented from performing your compulsive behaviors?	None	Little	Moderate but manageable	Severe	Nearly constant, Disabling
9. How hard do you try to resist your compulsive behaviors?	Always try	Try much of the time	Try some of the time	Rarely try. Often yield	Never try. Completely yield
10. How much control do you have over your compulsive behaviors?	Complete control	Much control	Some control	Little control	No control

Obsession Subtotal (add 1-5) Score: _____

Compulsion Subtotal (add 6-10) Score: _____

Your Total Score (1-10): _____

11. Do you think your concerns or behaviors are *reasonable and rational*?
- ___ Not at all
 - ___ No, but I have some lingering doubts
 - ___ Maybe I have some unrealistic fears
 - ___ Yes, but maybe overvalued
 - ___ Definitely

Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., et al., The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. Arch Gen Psychiatry, 1989. 46(11): p. 1006-11.

Rapp, A. M., Bergman, R. L., Piacentini, J., & McGuire, J. F., Evidence-Based Assessment of Obsessive-Compulsive Disorder. J Cent Nerv Syst Dis, 2016. 8: p. 13-29. PMC4994744.



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& wellness

NAME: _____

DATE: _____

Y-BOCS SYMPTOM CHECKLIST

Check all that apply. Distinguish between current and past symptoms. Mark principal symptoms with a "P". These will form the basis of the Target Symptom List. Items marked "*" may or may not not be an OCD symptom.

Primary	Current	Past	AGGRESSIVE OBSESSIONS
			Fear might harm self
			Fear might harm others
			Violent or horrific images
			Fear of blurting out obscenities or insults
			Fear of doing something else embarrassing *
			Fear will act on unwanted impulses (e.g. to stab friend) Fear will steal things*
			Fear will harm others because not careful enough (e.g. hit/run MVA)
			Fear will be responsible for something else terrible happening (e.g. fire, burglary)
			Other:
Primary	Current	Past	CONTAMINATION OBSESSIONS
			Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva)
			Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva)
			Concern with dirt or germs
			Excessive concern with environmental contaminants (e.g. radiation, toxic waste)
			Excessive concern with household items (e.g. cleansers, solvents,)
			Bothered by sticky substances or residues
			Concerned will get ill because of contaminant Concerned will get others ill by spreading contaminant.
			No concern with consequences of contamination other than how it might feel
			Other:
Primary	Current	Past	SEXUAL OBSESSIONS
			Unwanted taboo thoughts involving forbidden or perverse sexual thoughts or images,
			Content involves gender identity (as distinct from gender conflict or dysphoria)*
			Sexual behavior toward others (Aggressive)*
			Other:

Primary	Current	Past	HOARDING/SAVING OBSESSIONS
			Distinguish from hobbies and concern with objects of monetary or sentimental value
			e.g. gracefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless object.) Does patient meet criteria for Hoarding Disorder*?
Primary	Current	Past	RELIGIOUS OBSESSIONS (Scrupulosity)
			Concerned with sacrilege and blasphemy
			Excess concern with right/wrong, morality
			Other:
Primary	Current	Past	OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS
			Accompanied by magical thinking (e.g., concerned that mother will have accident unless things are in the right place)
			Not accompanied by magical thinking
Primary	Current	Past	MISCELLANEOUS OBSESSIONS
			Need to know or remember
			Bothered by certain sounds/noises *
			Fear of saying certain things
			Fear of not saying just the right things
			Fear of losing things
			Intrusive (non-violent) images
			Intrusive nonsense sounds, words, or music
			Lucky/unlucky numbers
			Colors with special significance
			3 Superstitious fears
			Other:
Primary	Current	Past	SOMATIC OBSESSIONS
			Concern with illness or disease *
			Excessive concern with body part or aspect of appearance (e.g. BDD) *
			Other:

Primary	Current	Past	CLEANING/WASHING COMPULSIONS
			Excessive or ritualized handwashing
			Excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routine.
			Involves cleaning of household items or other inanimate objects
			Other measures to prevent or remove contact with contaminants
			Other:
Primary	Current	Past	CHECKING COMPULSIONS
			Checking locks, stove, appliances, etc.
			Checking that did not/will not harm others
			Checking that did not/will not harm self
			Checking that nothing terrible did/will happen
			Checking that did not make mistake
			Checking tied to somatic obsessions
			Other:
Primary	Current	Past	REPEATING RITUALS
			Re-reading or re-writing
			Need to repeat routine activities (e.g. in/out door, up/down from chair)
			Other:
Primary	Current	Past	COUNTING COMPULSIONS
Primary	Current	Past	ORDERING/ARRANGING COMPULSIONS
Primary	Current	Past	HOARDING/COLLECTING COMPULSIONS
			Distinguish from hobbies and concern with objects of monetary or sentimental value (e.g., carefully reads junkmail, piles up old newspapers, sorts through garbage, collects useless objects). Does patient meet criteria for diagnosis of Hoarding Disorder*?

Primary	Current	Past	MISCELLANEOUS COMPULSIONS
			Mental rituals (other than checking/counting)
			Excessive list making
			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 other; terrible consequences
			Ritualized eating behaviors *
			Superstitious behaviors
			Trichotillomania *
			Other self-damaging self-mutilating behaviors *
			Other:
Primary	Current	Past	AVOIDANCE
			Avoids doing things, going places or being with someone because of obsessions.
			Avoid contact with contaminated objects or people.
			Avoid handling sharp or dangerous objects, or operating vehicles or machinery, out of concern might harm others.
			Avoid contact with people, children or animals because of unwanted impulses.
			Avoids talking to or writing to others for fear will say or write the wrong thing.
			Avoids talking to or writing to others for fear will say or write the wrong thing.
			Avoids watching TV, using Internet, reading to shield from disturbing information
			Avoids doing things, going places, or being with someone that would trigger time consuming or onerous rituals
			<i>Adapted from Goodman, W.K., Price, L.H., Rasmussen, S.A. et al.: "The Yale-Brown Obsessive Compulsive Scale." Arch Gen Psychiatry 46:1006-1011,1989</i>