



NAME _____

DATE _____

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 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

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 = Usually able to stop or divert obsessions with some effort and concentration
- 2 = Sometimes able to stop or divert obsessions
- 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.

The next several questions are about your compulsive behaviors.

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, hoarding and many other behaviors can be rituals. Some rituals are mental. For example, thinking or saying things over and over under your breath.

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 behavior? 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 overpowering, rarely able to even momentarily delay activity.

TOTAL SCORE _____

Your Score:

If you have both obsessions and compulsions, and your total score is;

8-15 = Mild OCD; 16-23 = Moderate OCD; 24-31 = Severe OCD; 32-40 = Extreme OCD

No single test is completely accurate. You should always consult your physician when making decisions about your health.

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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. Chock 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	
		AGGRESSIVE OBSESSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm self
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm others
<input type="checkbox"/>	<input type="checkbox"/>	Violent or horrific images
<input type="checkbox"/>	<input type="checkbox"/>	Fear of blurting out obscenities or insults
<input type="checkbox"/>	<input type="checkbox"/>	Fear of doing something else embarrassing*
<input type="checkbox"/>	<input type="checkbox"/>	Fear will act on unwanted impulses (e.g., to stab friend)
<input type="checkbox"/>	<input type="checkbox"/>	Fear will steal things
<input type="checkbox"/>	<input type="checkbox"/>	Fear will harm others because not careful enough (e.g. hit/run motor vehicle accident)
<input type="checkbox"/>	<input type="checkbox"/>	Fear will be responsible for something else terrible happening (e.g., fire, burglary)
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
		CONTAMINATION OBSESSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Concerns or disgust w/ with bodily waste or secretions (e.g., urine, feces, saliva Concern with dirt or germs
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with environmental contaminants (e.g. asbestos, radiation toxic waste)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with household items (e.g., cleansers solvents)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with animals (e.g., insects)
<input type="checkbox"/>	<input type="checkbox"/>	Bothered by sticky substances or residues
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get ill because of contaminant
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get others ill by spreading contaminant (Aggressive)
<input type="checkbox"/>	<input type="checkbox"/>	No concern with consequences of contamination other than how it might feel
		SEXUAL OBSESSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Forbidden or perverse sexual thoughts, images, or impulses
<input type="checkbox"/>	<input type="checkbox"/>	Content involves children or incest
<input type="checkbox"/>	<input type="checkbox"/>	Content involves homosexuality*
<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior towards others (Aggressive)*
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
		HOARDING/SAVING OBSESSIONS
<input type="checkbox"/>	<input type="checkbox"/>	(distinguish from hobbies and concern with objects of monetary or sentimental value)
		RELIGIOUS OBSESSIONS (Scrupulosity)
<input type="checkbox"/>	<input type="checkbox"/>	Concerned with sacrilege and blasphemy
<input type="checkbox"/>	<input type="checkbox"/>	Excess concern with right/wrong, morality
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
		OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS
<input type="checkbox"/>	<input type="checkbox"/>	Accompanied by magical thinking (e.g., concerned that another will have accident dent unless less things are in the right place)
<input type="checkbox"/>	<input type="checkbox"/>	Not accompanied by magical thinking
		MISCELLANEOUS OBSESSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Need to know or remember
<input type="checkbox"/>	<input type="checkbox"/>	Fear of saying certain things
<input type="checkbox"/>	<input type="checkbox"/>	Fear of not saying just the right thing
<input type="checkbox"/>	<input type="checkbox"/>	Fear of losing things
<input type="checkbox"/>	<input type="checkbox"/>	Intrusive (nonviolent) images
<input type="checkbox"/>	<input type="checkbox"/>	Intrusive nonsense sounds, words, or music
<input type="checkbox"/>	<input type="checkbox"/>	Bothered by certain sounds/noises*
<input type="checkbox"/>	<input type="checkbox"/>	Lucky/unlucky numbers
<input type="checkbox"/>	<input type="checkbox"/>	Colors with special significance
<input type="checkbox"/>	<input type="checkbox"/>	3 superstitious fears
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Current	Past	
		SOMATIC OBSESSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Concern with illness or disease*
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with body part or aspect of Appearance (eg., dysmorphophobia)*
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
		CLEANING/WASHING COMPULSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized handwashing
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized showering, bathing, toothbrushing grooming, or toilet routine Involves cleaning of household items or other inanimate objects
<input type="checkbox"/>	<input type="checkbox"/>	Other measures to prevent or remove contact with contaminants
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
		CHECKING COMPULSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Checking locks, stove, appliances etc.
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did rot/will not harm others
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not/will not harm self
<input type="checkbox"/>	<input type="checkbox"/>	Checking that nothing terrible did/will happen
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not make mistake
<input type="checkbox"/>	<input type="checkbox"/>	Checking tied to somatic obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
		REPEATING RITUALS
<input type="checkbox"/>	<input type="checkbox"/>	Rereading or rewriting
<input type="checkbox"/>	<input type="checkbox"/>	Need to repeat routine activities jog, in/out door, up/down from chair)
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
		COUNTING COMPULSIONS
<input type="checkbox"/>	<input type="checkbox"/>	_____
		ORDERING/ARRANGING COMPULSIONS
<input type="checkbox"/>	<input type="checkbox"/>	_____
		HOARDING/COLLECTING COMPULSIONS
<input type="checkbox"/>	<input type="checkbox"/>	(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.)
<input type="checkbox"/>	<input type="checkbox"/>	_____
		MISCELLANEOUS COMPULSIONS
<input type="checkbox"/>	<input type="checkbox"/>	Mental rituals (other than checking/counting)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive listmaking
<input type="checkbox"/>	<input type="checkbox"/>	Need to tell, ask, or confess
<input type="checkbox"/>	<input type="checkbox"/>	Need to touch, tap, or rub*
<input type="checkbox"/>	<input type="checkbox"/>	Rituals involving blinking or staring*
<input type="checkbox"/>	<input type="checkbox"/>	Measures (not checking) to prevent: harm to self-harm to others terrible consequences
<input type="checkbox"/>	<input type="checkbox"/>	Ritualized eating behaviors*
<input type="checkbox"/>	<input type="checkbox"/>	Superstitious behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Trichotillomania *
<input type="checkbox"/>	<input type="checkbox"/>	Other self-damaging or self-mutilating behaviors*
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

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

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