

Y-BOCS CHECKLIST

DATE: _____

PT. INITIALS: _____

RATER: _____

PT. ID #: _____

WEEK #: _____

Check all that apply, but clearly mark the principal symptoms by filling in the "P" bubble. [Rater must ascertain whether reported behaviors are bona fide symptoms of OCD, and not symptoms of another disorder such as Simple Phobia or Hypochondriasis. Items marked "*" may or may not be OCD phenomena.]

OBSESSIONS

AGGRESSIVE OBSESSIONS

Never	Current	Past Only		
①	②	③	Fear might harm self (e.g., fear stab self if see a knife- NOT suicidal ideation)	Ⓟ
①	②	③	Fear might harm others (e.g., fear harm others if see knife; fear of pushing someone into the subway, not from anger)	Ⓟ
①	②	③	Violent or horrific images (mutilated bodies, cemeteries; etc.)	Ⓟ
①	②	③	Fear of blurting out obscenities or insults, swear words	Ⓟ
①	②	③	Fear of doing something else embarrassing* (like writing bad things in letters or emails; starting to shout or undress in public)	Ⓟ
①	②	③	Fear will act on unwanted impulses (e.g., to punch a friend)	Ⓟ
①	②	③	Fear will steal things (e.g., fear come home from supermarket with pockets full of stolen items)	Ⓟ
①	②	③	Fear will harm others because of not being careful enough (e.g., hit/run MVA/ accidentally poison someone's food when cooking)	Ⓟ
①	②	③	Fear will be responsible for something terrible happening (e.g., fire, burglary)	Ⓟ
①	②	③	Other	Ⓟ

CONTAMINATION OBSESSIONS (CONTINUES ON NEXT PAGE)

①	②	③	Concerns or disgust with bodily waste or secretion (e.g., urine, feces, saliva, blood, semen)	Ⓟ
①	②	③	Concern with dirt/germs (HIV, avian flu, west nile virus,)	Ⓟ
①	②	③	Excessive concern with environmental contaminants (e.g., radiation, asbestos, toxic waste, microwaves)	Ⓟ
①	②	③	Excessive concern with household items (e.g., solvents, cleansers; bleach, ammonia, ajax, dry cleaning solution, rat poison)	Ⓟ

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Date: _____

- | | | | | |
|---|---|---|---|---|
| ① | ② | ③ | Excessive concern with animals or insects (fly landing on you, dog licking you) | Ⓟ |
| ① | ② | ③ | Bothered by sticky substances/residues (e.g., honey, maple syrup, jelly on hands) | Ⓟ |
| ① | ② | ③ | Concerned will get ill because of contaminant (e.g., AIDS; hepatitis; cancer; flu) | Ⓟ |
| ① | ② | ③ | Concerned will get others ill by spreading contamination (aggressive) (e.g., by handing something to another person that is contaminated) | Ⓟ |
| ① | ② | ③ | No concern with consequences of contamination other than how it might feel (e.g., just feel disgust/anxious). | Ⓟ |
| ① | ② | ③ | Other | Ⓟ |

SEXUAL OBSESSIONS Most people have sexual thoughts from time to time. I am going to be asking you though about sexual thoughts that you experience as intrusive, unwanted, or incongruent with what you actually find pleasurable....)

- | Never | Current | Past Only | | |
|-------|---------|-----------|---|---|
| ① | ② | ③ | Forbidden or perverse sexual thoughts/images/impulses (images or ideas with women or men) | Ⓟ |
| ① | ② | ③ | Content involves children or incest | Ⓟ |
| ① | ② | ③ | Content involves homosexuality* (e.g., person of same sex, of opposite sex?) | Ⓟ |
| ① | ② | ③ | Sexual behavior toward others (Aggressive/ rape)* | Ⓟ |
| ① | ② | ③ | Other | Ⓟ |

HOARDING/SAVING OBSESSIONS

- | | | | | |
|---|---|---|---|---|
| ① | ② | ③ | Do you have worries about throwing things away? (distinguish from hobbies and concern with objects or monetary or sentimental | Ⓟ |
|---|---|---|---|---|

RELIGIOUS OBSESSIONS (SCRUPULOSITY)

- | | | | | |
|---|---|---|--|---|
| ① | ② | ③ | Concerned with sacrilege or blasphemy (e.g., forget God, maybe I worshipped the Devil?, God is going to punish me for my thoughts or actions) | Ⓟ |
| ① | ② | ③ | Excess concern with right/wrong, morality (making sure say and do the morally correct things at all times- getting correct change from store, following rules) | Ⓟ |
| ① | ② | ③ | Other | Ⓟ |

OBSESSIONS WITH NEED FOR SYMMETRY OR EXACTNESS

- | | | | | |
|---|---|---|---|---|
| ① | ② | ③ | Accompanied by magical thinking (e.g., concerned that mother will have accident unless things are in the right place). | Ⓟ |
| ① | ② | ③ | Not accompanied by magical thinking (need to have books, stapler, etc. all in right places or it just doesn't feel right) | Ⓟ |

MISCELLANIOUS OBSESSIONS (CONTINUES ON NEXT PAGE)

- | | | | | |
|---|---|---|--|---|
| ① | ② | ③ | Need to know or remember (if hear some information, need to hear the rest and/or remember it all, if see end of news ticker need to wait to see beginning) | Ⓟ |
| ① | ② | ③ | Fear of saying certain things (words related to acknowledged fears like HIV for a AIDS contamination fear; fear of saying curse words, etc.) | Ⓟ |

0	1	2	Fear of not saying just the right thing (e.g., concern about saying things completely and correctly; making sure you are perfectly understood)	P
0	1	2	Fear of losing things (wallet, keys)	P
0	1	2	Intrusive (non-violent) images (faces, cartoons, clouds)	P
0	1	2	Intrusive nonsense sounds, words, or music (e.g., children's songs)	P
0	1	2	Bothered by certain sounds/noises*	P
0	1	2	Lucky/unlucky numbers (7 is good, 13 is bad)	P
0	1	2	Colors with special significance (red is bad , blue is good)	P
0	1	2	Superstitious fears (step on a crack, break mother's back; black cat crossing path)	P
0	1	2	Other	P

SOMATIC OBSESSIONS

0	1	2	Concern with illness or disease* (that you have HIV or Cancer and it has not yet been diagnosed; not fear of contracting it; see above)	P
0	1	2	Excessive concern with body part of aspect of appearance (e.g., body dysmorphic disorder- nose, eyes, mouth, fingers, etc. not right)	P
0	1	2	Other	P

COMPULSIONS

WASHING/CLEANING COMPULSIONS

Never	Current	Past Only		
0	1	2	Excessive or ritualized handwashing	P
0	1	2	Excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routine (toilet includes wiping or other ritual way of going to the bathroom) (needing to do things in a certain order; certain pattern; until it feels just right, etc...)	P
0	1	2	Involves cleaning of household items or other inanimate objects (e.g., cleaning house or doing laundry in certain way, cleaning groceries off before putting them away; etc.	P
0	1	2	Other measures to prevent or remove contact with contaminants (using a sleeve or towel to open the door; wearing gloves to do things like taking out the trash)	P
0	1	2	Other	P

CHECKING COMPULSIONS (CONTINUES ON NEXT PAGE)

0	1	2	Checking locks, stoves, appliances, etc. (light switches, iron, toaster)	P
0	1	2	Checking that did not/will not harm others (looking out rearview mirror, looking for blood)	P
0	1	2	Checking that did not/will not harm self (looking for scratches, cuts, etc.)	P
0	1	2	Checking that nothing terrible did/will happen (listening to news to see if something terrible happened, asking others if something terrible did or will happen)	P

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- | | | | | |
|---|---|---|---|---|
| ① | ② | ③ | Checking that did not make mistake (e.g., while writing checks, filling out forms; doing schoolwork) | Ⓟ |
| ① | ② | ③ | Checking tied to somatic obsessions (e.g., pulse, temp, BP, looking for symptoms of particular illnesses) | Ⓟ |
| ① | ② | ③ | Other | Ⓟ |

REPEATING RITUALS

- | | | | | |
|---|---|---|--|---|
| ① | ② | ③ | Re-reading or re-writing (e.g., re-reading to make sure you understood/retained all the information; re-writing until it looks “just right” or until it makes sense) | Ⓟ |
| ① | ② | ③ | Need to repeat routine activities (e.g., in/out door, up/down from chair) | Ⓟ |
| ① | ② | ③ | Other | Ⓟ |

COUNTING COMPULSIONS (COUNTING THE NUMBER OF OBJECTS IN A ROOM, NUMBERS & LETTERS IN A LICENSE PLATES; NUMBER OF TILES ON FLOOR OR CEILING; ETC.)

- | | | | | |
|---|---|---|--|---|
| ① | ② | ③ | | Ⓟ |
|---|---|---|--|---|

ORDERING/ARRANGING COMPULSIONS (STAPLER, BOOKS IN ALPHABETICAL ORDER, SIZE ORDER)

- | | | | | |
|---|---|---|--|---|
| ① | ② | ③ | | Ⓟ |
|---|---|---|--|---|

HOARDING/COLLECTING COMPULSIONS

- | | | | | |
|---|---|---|---|---|
| ① | ② | ③ | Distinguish from hobbies and concern with objects of monetary or sentimental [e.g., carefully reads junkmail, piles up old newspapers, sorts through garbage, collects useless objects] | Ⓟ |
|---|---|---|---|---|

MENTAL COMPULSIONS

- | | | | | |
|---|---|---|--|---|
| ① | ② | ③ | Special words, images, numbers, repeated mentally to neutralize (e.g., saying “I’m OK”, replacing a bad image with a good one) | Ⓟ |
| ① | ② | ③ | Special prayers (short or long) repeated in a set manner (e.g., "God is good") | Ⓟ |
| ① | ② | ③ | Mental counting (e.g., counting to a certain number to prevent bad things from happening) | Ⓟ |
| ① | ② | ③ | Mental listmaking (e.g., what needs to be done; items that have been contaminated, etc.) | Ⓟ |
| ① | ② | ③ | Mental reviewing (e.g. reviewing conversations to make sure you said “just the right thing”; reviewing where you have been to see if you got contaminated or did harm to someone inadvertently, reviewing why things are OK) | Ⓟ |

MISCELLANIOUS COMPULSIONS (CONTINUES ON NEXT PAGE)

- | Never | Current | Past Only | | |
|-------|---------|-----------|---|---|
| ① | ② | ③ | Excessive listmaking (writing or verbalizing aloud) | Ⓟ |
| ① | ② | ③ | Urges to ask, tell, confess, SEEKING REASSURANCE | Ⓟ |
| ① | ② | ③ | Urges to touch, tap, or rub* | Ⓟ |
| ① | ② | ③ | Rituals involving blinking or staring* | Ⓟ |
| ① | ② | ③ | Measures (not checking) to prevent: harm to self ____; harm to others ____; terrible consequences ____. | Ⓟ |
| ① | ② | ③ | Ritualized eating behaviors* (peas not touching meat, 1 thing before another) | Ⓟ |

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0	1	2	Superstitious behaviors (crossing fingers, knocking on wood)	P
0	1	2	Trichotillomania*	P
0	1	2	Other self-damaging or self-mutilating behaviors* (picking skin, etc.)	P
0	1	2	Other	P

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

DATE: _____ PT. INITIALS: _____

RATER: _____ PT. ID #: _____

WEEK #: _____

"I am now going to ask several questions about your obsessive thoughts." [Make specific reference to the patient's target obsessions.]

1. TIME OCCUPIED BY OBSESSIVE THOUGHTS

Q: How much of your time is occupied by obsessive thoughts? [When obsessions occur as brief, intermittent intrusions, it may be difficult to assess time occupied by them in terms of total hours. In such cases, estimate time by determining how frequently they occur. Consider both the number of times the intrusions occur and how many hours of the day are affected. Ask:] How frequently do the obsessive thoughts occur? [Be sure to exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated).]

0 = None.

1 = Mild, less than 1 hr/day or occasional intrusion.

2 = Moderate, 1 to 3 hrs/day or frequent intrusion.

3 = Severe, greater than 3 and up to 8 hrs/day or very frequent intrusion.

4 = Extreme, greater than 8 hrs/day or near constant intrusion.

Optional

1b. OBSESSION-FREE INTERVAL (not included in total score)

Q: On the average, what is the longest number of consecutive waking hours per day that you are completely free of obsessive thoughts? [If necessary, ask:] What is the longest block of time in which obsessive thoughts are absent?

0 = No symptoms.

1 = Long symptom-free interval, more than 8 consecutive hours/day symptom-free.

2 = Moderately long symptom-free interval, more than 3 and up to 8 consecutive hours/day symptom-free.

3 = Short symptom-free interval, from 1 to 3 consecutive hours/day symptom-free.

4 = Extremely short symptom-free interval, less than 1 consecutive hour/day symptom-free.

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS

Q: How much do your obsessive thoughts interfere with your social or work (or role) functioning? Is there anything that you don't do because of them? [If currently not working determine how much performance would be affected if patient were employed.]

- 0 = None.
- 1 = Mild, slight interference with social or occupational activities, but overall performance not impaired.
- 2 = Moderate, definite interference with social or occupational performance, but still manageable.
- 3 = Severe, causes substantial impairment in social or occupational performance.
- 4 = Extreme, incapacitating.

3. DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS

Q: How much distress do your obsessive thoughts cause you?
 [In most cases, distress is equated with anxiety; however, patients may report that their obsessions are "disturbing" but deny "anxiety." Only rate anxiety that seems triggered by obsessions, not generalized anxiety or anxiety associated with other conditions.]

- 0 = None
- 1 = Mild, not too disturbing
- 2 = Moderate, disturbing, but still manageable
- 3 = Severe, very disturbing
- 4 = Extreme, near constant and disabling distress

4. RESISTANCE AGAINST OBSESSIONS

Q: 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? [Only rate effort made to resist, not success or failure in actually controlling the obsessions. How much the patient resists the obsessions may or may not correlate with his/her ability to control them. Note that this item does not directly measure the severity of the intrusive thoughts; rather it rates a manifestation of health, i.e., the effort the patient makes to counteract the obsessions by means other than avoidance or the performance of compulsions. Thus, the more the patient tries to resist, the less impaired is this aspect of his/her functioning. There are "active" and "passive" forms of resistance. Patients in behavioral therapy may be encouraged to counteract their obsessive symptoms by not struggling against them (e.g., "just let the thoughts come"; passive opposition) or by intentionally bringing on the disturbing thoughts. For the purposes of this item, consider use of these behavioral techniques as forms of resistance. If the obsessions are minimal, the patient may not feel the need to resist them. In such cases, a rating of "0" should be given.]

- 0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist
- 1 = Tries to resist most of the time
- 2 = Makes some effort to resist
- 3 = Yields to all obsessions without attempting to control them, but does so with some reluctance
- 4 = Completely and willingly yields to all obsessions

5. DEGREE OF CONTROL OVER OBSESSIVE THOUGHTS

Q: 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? [In contrast to the preceding item on resistance, the ability of the patient to control his obsessions is more closely related to the severity of the intrusive thoughts.]

0 = Complete control.

1 = Much control, usually able to stop or divert obsessions with some effort and concentration.

2 = Moderate control, sometimes able to stop or divert obsessions.

3 = Little control, rarely successful in stopping or dismissing obsessions, can only divert attention with difficulty.

4 = No control, experienced as completely involuntary, rarely able to even momentarily alter obsessive thinking.

"The next several questions are about your compulsive behaviors." [Make specific reference to the patient's target compulsions.]

6. TIME SPENT PERFORMING COMPULSIVE BEHAVIORS

Q: How much time do you spend performing compulsive behaviors? [When rituals involving activities of daily living are chiefly present, ask:] How much longer than most people does it take to complete routine activities because of your rituals? [When compulsions occur as brief, intermittent behaviors, it may difficult to assess time spent performing them in terms of total hours. In such cases, estimate time by determining how frequently they are performed. Consider both the number of times compulsions are performed and how many hours of the day are affected. Count separate occurrences of compulsive behaviors, not number of repetitions; e.g., a patient who goes into the bathroom 20 different times a day to wash his hands 5 times very quickly, performs compulsions 20 times a day, not 5 or $5 \times 20 = 100$. Ask:] How frequently do you perform compulsions? [In most cases compulsions are observable behaviors (e.g., hand washing), but some compulsions are covert (e.g., silent checking).]

0 = None

1 = Mild (spends less than 1 hr/day performing compulsions), or occasional performance of compulsive behaviors.

2 = Moderate (spends from 1 to 3 hrs/day performing compulsions), or frequent performance of compulsive behaviors.

3 = Severe (spends more than 3 and up to 8 hrs/day performing compulsions), or very frequent performance of compulsive behaviors.

4 = Extreme (spends more than 8 hrs/day performing compulsions), or near constant performance of compulsive behaviors (too numerous to count).

Optional

6b. COMPULSION-FREE INTERVAL (not included in total score)

Q: On the average, what is the longest number of consecutive waking hours per day that you are completely free of compulsive behavior? [If necessary, ask:] What is the longest block of time in which compulsions are absent?

0 = No symptoms.

1 = Long symptom-free interval, more than 8 consecutive hours/day symptom-free.

2 = Moderately long symptom-free interval, more than 3 and up to 8 consecutive hours/day symptom-free.

3 = Short symptom-free interval, from 1 to 3 consecutive hours/day symptom-free.

4 = Extremely short symptom-free interval, less than 1 consecutive hour/day symptom-free.

7. INTERFERENCE DUE TO COMPULSIVE BEHAVIORS

Q: How much do your compulsive behaviors interfere with your social or work (or role) functioning? Is there anything that you don't do because of the compulsions? [If currently not working determine how much performance would be affected if patient were employed.]

0 = None

1 = Mild, slight interference with social or occupational activities, but overall performance not impaired

2 = Moderate, definite interference with social or occupational performance, but still manageable

3 = Severe, causes substantial impairment in social or occupational performance

4 = Extreme, incapacitating

8. DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIOR

Q: How would you feel if prevented from performing your compulsion(s)? [Pause] How anxious would you become? [Rate degree of distress patient would experience if performance of the compulsion were suddenly interrupted without reassurance offered. In most, but not all cases, performing compulsions reduces anxiety. If, in the judgement of the interviewer, anxiety is actually reduced by preventing compulsions in the manner described above, then ask:] How anxious do you get while performing compulsions until you are satisfied they are completed?

0 = None

1 = Mild only slightly anxious if compulsions prevented, or only slight anxiety during performance of compulsions

2 = Moderate, reports that anxiety would mount but remain manageable if compulsions prevented, or that anxiety increases but remains manageable during performance of compulsions

3 = Severe, prominent and very disturbing increase in anxiety if compulsions interrupted, or prominent and very disturbing increase in anxiety during performance of compulsions

4 = Extreme, incapacitating anxiety from any intervention aimed at modifying activity, or incapacitating anxiety develops during performance of compulsions

9. RESISTANCE AGAINST COMPULSIONS

Q: How much of an effort do you make to resist the compulsions? [Only rate effort made to resist, not success or failure in actually controlling the compulsions. How much the patient resists the compulsions may or may not correlate with his ability to control them. Note that this item does not directly measure the severity of the compulsions; rather it rates a manifestation of health, i.e., the effort the patient makes to counteract the compulsions. Thus, the more the patient tries to resist, the less impaired is this aspect of his functioning. If the compulsions are minimal, the patient may not feel the need to resist them. In such cases, a rating of "0" should be given.]

- 0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist
- 1 = Tries to resist most of the time
- 2 = Makes some effort to resist
- 3 = Yields to almost all compulsions without attempting to control them, but does so with some reluctance
- 4 = Completely and willingly yields to all compulsions

10. DEGREE OF CONTROL OVER COMPULSIVE BEHAVIOR

Q: How strong is the drive to perform the compulsive behavior? [Pause] How much control do you have over the compulsions? [In contrast to the preceding item on resistance, the ability of the patient to control his compulsions is more closely related to the severity of the compulsions.]

- 0 = Complete control
- 1 = Much control, experiences pressure to perform the behavior but usually able to exercise voluntary control over it.
- 2 = Moderate control, strong pressure to perform behavior, can control it only with difficulty
- 3 = Little control, very strong drive to perform behavior, must be carried to completion, can only delay with difficulty
- 4 = No control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity

TOTAL SCORE	0 - 7	Sub-clinical
	8 - 15	Mild
	16 - 23	Moderate
	24 - 31	Severe
	31 - 40	Very Severe

REMAINING QUESTIONS ARE OPTIONAL AND NOT SCORED

11. INSIGHT INTO OBSESSIONS AND COMPULSIONS

Q: Do you think your concerns or behaviors are reasonable? [Pause] What do you think would happen if you did not perform the compulsion(s)? Are you convinced something would really happen? [Rate patient's insight into the senselessness or excessiveness of his obsession(s) based on beliefs expressed at the time of the interview.]

0 = Excellent insight, fully rational

1 = Good insight. Readily acknowledges absurdity or excessiveness of thoughts or behaviors but does not seem completely convinced that there isn't something besides anxiety to be concerned about (i.e., has lingering doubts).

2 = Fair insight. Reluctantly admits thoughts or behavior seem unreasonable or excessive, but wavers. May have some unrealistic fears, but no fixed convictions.

3 = Poor insight. Maintains that thoughts or behaviors are not unreasonable or excessive, but acknowledges validity of contrary evidence (i.e., overvalued ideas present).

4 = Lacks insight, delusional. Definitely convinced that concerns and behavior are reasonable, unresponsive to contrary evidence.

12. AVOIDANCE

Q: Have you been avoiding doing anything, going any place, or being with anyone because of your obsessional thoughts or out of concern you will perform compulsions? [If yes, then ask:] How much do you avoid? [Rate degree to which patient deliberately tries to avoid things. Sometimes compulsions are designed to "avoid" contact with something that the patient fears. For example, clothes washing rituals would be designated as compulsions, not as avoidant behavior. If the patient stopped doing the laundry then this would constitute avoidance.]

0 = No deliberate avoidance

1 = Mild, minimal avoidance

2 = Moderate, some avoidance; clearly present

3 = Severe, much avoidance; avoidance prominent

4 = Extreme, very extensive avoidance; patient does almost everything he/she can to avoid triggering symptoms

13. DEGREE OF INDECISIVENESS

Q: Do you have trouble making decisions about little things that other people might not think twice about (e.g., which clothes to put on in the morning; which brand of cereal to buy)? [Exclude difficulty making decisions which reflect ruminative thinking. Ambivalence concerning rationally-based difficult choices should also be excluded.]

0 = None

1 = Mild, some trouble making decisions about minor things

2 = Moderate, freely reports significant trouble making decisions that others would not think twice about

3 = Severe, continual weighing of pros and cons about nonessentials.

4 = Extreme, unable to make any decisions. Disabling.

14. OVERVALUED SENSE OF RESPONSIBILITY

Q: Do you feel very responsible for the consequences of your actions? Do you blame yourself for the outcome of events not completely in your control? [Distinguish from normal feelings of responsibility, feelings of worthlessness, and pathological guilt. A guilt-ridden person experiences himself or his actions as bad or evil.]

0 = None

1 = Mild, only mentioned on questioning, slight sense of over-responsibility

2 = Moderate, ideas stated spontaneously, clearly present; patient experiences significant sense of over-responsibility for events outside his/her reasonable control

3 = Severe, ideas prominent and pervasive; deeply concerned he/she is responsible for events clearly outside his control. Self-blaming farfetched and nearly irrational

4 = Extreme, delusional sense of responsibility (e.g., if an earthquake occurs 3,000 miles away patient blames herself because she didn't perform her compulsions)

15. PERVASIVE SLOWNESS/ DISTURBANCE OF INERTIA

Q: Do you have difficulty starting or finishing tasks? Do many routine activities take longer than they should? [Distinguish from psychomotor retardation secondary to depression. Rate increased time spent performing routine activities even when specific obsessions cannot be identified.]

0 = None.

1 = Mild, occasional delay in starting or finishing.

2 = Moderate, frequent prolongation of routine activities but tasks usually completed. Frequently late.

3 = Severe, pervasive and marked difficulty initiating and completing routine tasks. Usually late.

4 = Extreme, unable to start or complete routine tasks without full assistance.

16. PATHOLOGICAL DOUBTING

Q: After you complete an activity do you doubt whether you performed it correctly? Do you doubt whether you did it at all? When carrying out routine activities do you find that you don't trust your senses (i.e., what you see, hear, or touch)?

0 = None.

1 = Mild, only mentioned on questioning, slight pathological doubt. Examples given may be within normal range.

2 = Moderate, ideas stated spontaneously, clearly present and apparent in some of patient's behaviors; patient bothered by significant pathological doubt. Some effect on performance but still manageable.

3 = Severe, uncertainty about perceptions or memory prominent; pathological doubt frequently affects performance.

4 = Extreme, uncertainty about perceptions constantly present; pathological doubt substantially affects almost all activities. Incapacitating (e.g., patient states "my mind doesn't trust what my eyes see").

[Items 17 and 18 refer to global illness severity. The rater is required to consider global function, not just the severity of obsessive-compulsive symptoms.]

17. GLOBAL SEVERITY: Interviewer's judgement of the overall severity of the patient's illness. Rated from 0 (no illness) to 6 (most severe patient seen). [Consider the degree of distress reported by the patient, the symptoms observed, and the functional impairment reported. Your judgement is required both in averaging this data as well as weighing the reliability or accuracy of the data obtained. This judgement is based on information obtained during the interview.]

0 = No illness

1 = Illness slight, doubtful, transient; no functional impairment

2 = Mild symptoms, little functional impairment

3 = Moderate symptoms, functions with effort

4 = Moderate - Severe symptoms, limited functioning

5 = Severe symptoms, functions mainly with assistance

6 = Extremely Severe symptoms, completely nonfunctional

18. GLOBAL IMPROVEMENT: Rate total overall improvement present SINCE THE INITIAL RATING whether or not, in your judgement, it is due to drug treatment.

0 = Very much worse

1 = Much worse

2 = Minimally worse

3 = No change

4 = Minimally improved

5 = Much improved

6 = Very much improved

- 19. RELIABILITY:** Rate the overall reliability of the rating scores obtained. Factors that may affect reliability include the patient's cooperativeness and his/her natural ability to communicate. The type and severity of obsessive-compulsive symptoms present may interfere with the patient's concentration, attention, or freedom to speak spontaneously (e.g., the content of some obsessions may cause the patient to choose his words very carefully).
- 0 = Excellent, no reason to suspect data unreliable
 - 1 = Good, factor(s) present that may adversely affect reliability
 - 2 = Fair, factor(s) present that definitely reduce reliability
 - 3 = Poor, very low reliability

Items 17 and 18 are adapted from the Clinical Global Impression Scale (Guy W: ECDEU Assessment Manual for Psychopharmacology: Publication 76-338. Washington, D.C., U.S. Department of Health, Education, and Welfare (1976)).

Additional information regarding the development, use, and psychometric properties of the Y-BOCS can be found in Goodman WK, Price LH, Rasmussen SA, et al.: The Yale-Brown Obsessive Compulsive Scale (Y-BOCS): Part I. Development, use, and reliability. Arch Gen Psychiatry (46:1006-1011, 1989). and Goodman WK, Price LH, Rasmussen SA, et al.: The Yale-Brown Obsessive Compulsive Scale (Y-BOCS): Part II. Validity. Arch Gen Psychiatry (46:1012-1016, 1989).

Copies of a version of the Y-BOCS modified for use in children, the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) (Goodman WK, Rasmussen SA, Price LH, Mazure C, Rapoport JL, Heninger GR, Charney DS), is available from Dr. Goodman on request.

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

General Instructions

This rating scale is designed to rate the severity and record the types of symptoms in a patient diagnosed with obsessive-compulsive disorder (OCD). In general, the items depend on the patient's report; however, the final rating is based on the clinical judgment of the interviewer. Rate the characteristics of each item during the prior week up until and including the time of the interview. Scores should reflect the average (mean) occurrence of each item for the entire week.

This rating scale is intended for use as a semi-structured interview. The interviewer should assess the items in the listed order and use the questions provided. However, the interviewer is free to ask additional questions for purposes of clarification. If the patient volunteers information at any time during the interview, that information will be considered. Ratings should be based primarily on reports and observations gained during the interview.

Additional information furnished by others (e.g., spouse or parent) may be included in a determination of the ratings only if (1) such information is judged essential to adequately assess symptom severity *and* (2) consistent week-to-week reporting can be ensured by having the same informant(s) present for each rating session.

Before proceeding with the questions, define "obsessions", "compulsions" and "avoidance" for the patient as follows:

"OBSESSIONS are unwelcome and distressing ideas, thoughts, images or impulses that repeatedly enter your mind. They may seem to occur against your will. They may be repugnant to you, you may recognize them as senseless, and they may not fit your personality or value system."

"An example of an obsession is: the recurrent thought you might be responsible for making a loved one ill because you weren't careful enough about washing your hands."

"COMPULSIONS, on the other hand, are behaviors or mental acts that you feel driven to perform although you may recognize them as senseless or excessive. At times, you may try to resist doing them but this may prove difficult. You may experience anxiety that does not diminish until the behavior or mental act is completed. Sometimes compulsions are also referred to as rituals."

[The term "rituals" will be used interchangeably with compulsions, although the former usually connotes particularly rule-governed, rigid, or complex behavior]

"An example of a compulsion is: the need to repeatedly check appliances, water faucets, and the lock on the front door before you can leave the house. While most compulsions are observable behaviors, some are unobservable mental acts, such as silent checking or having to recite nonsense phrases to yourself each time you have a bad thought. These mental compulsions are different from obsessions, which are unwelcome and senseless ideas that enter your mind against your will."

"Avoidance of feared situations is often used in addition to or in place of compulsions in order to prevent contact with triggers to OCD. An example would be not reading or listening to the news out of concern that some stories will spark obsessions." [Marked avoidance can negatively impact functioning and perpetuate symptoms of OCD.]

"Do you have any questions about what these words mean?" [If not, proceed.]

On repeated testing it is not always necessary to re-read these definitions and examples as long as it can be established that the patient understands them. It may be sufficient to remind the patient that obsessions are the thoughts or concerns and compulsions are the things one feels driven to do, including covert mental acts.

Have the patient enumerate current obsessions and compulsions in order to generate a list of target symptoms. Use the Y-BOCS Symptom Checklist as an aid for identifying recent and past symptoms. For the purposes of the initial administration of the Symptom Checklist, "recent" symptoms are defined as having been present in the last 30 days, including the day of the interview. By definition, "past" symptoms are those that appeared more than 30 days prior to the initial assessment. It is useful to identify and be aware of past symptoms as they may re-appear during subsequent rating sessions. Another reason for identifying past symptoms is for research purposes. The lifetime obsessive-compulsive symptom profile may hold valuable information for characterizing possible subtypes of OCD. The term "current" symptoms refers to those present during the time frame being measured by the severity items of the Y-BOCS. In most instances, this time frame ranges from one to two weeks, the most common interval between visits in clinical trials. The Y-BOCS is designed to measure symptom severity over a time period as short as 24 hours. As there is much overlap

between current and recent symptoms, these terms are generally used interchangeably.

Once recent and current types of obsessions and compulsions are identified, organize and list them on the Target Symptoms form according to clinically convenient distinctions (e.g., divide target compulsions into checking and washing). Describe salient features of the symptoms so that they can be more easily tracked (e.g., in addition to listing checking, specify what the patient checks for). Be sure to indicate which are the most prominent symptoms, i.e., those that will be the major focus of assessment. Note, however, that the final score for each item should reflect a composite rating of all of the patient's obsessions or compulsions.

Be sure to describe avoidance behaviors in the Target Symptoms form. It will be important to ascertain whether avoidance is contributing to a low score on time spent performing compulsions. In such cases, be sure to capture the impact of avoidance on the interference and distress items.

The rater must ascertain whether reported behaviors are bona fide symptoms of OCD and not symptoms of another disorder, such as specific phobia or a paraphilia. All the items in Symptom Checklist with an asterisk "*" call attention to consideration of a differential diagnosis. For example, the differential diagnosis between certain complex motor tics and certain compulsions (e.g., those involving touching) may be challenging. In such cases, it is particularly important to provide explicit descriptions of the target symptoms and to be consistent in subsequent ratings. Separate assessment of tic severity with a tic rating instrument may be necessary in such cases. If indicated, complete the tic-related specifier as per DSM 5.

Some of the items listed on the Y-BOCS Symptom Checklist, denote symptoms of conditions manifested by Obsessive-Compulsive Related Disorders (OCRD) such as Trichotillomania, Body Dysmorphic Disorder, Hoarding Disorder and Excoriation Disorder in DSM 5. Do not count these symptoms as obsessive-compulsive symptoms if the patient meets criteria for one of these OCRD's.

On repeated testing, review and, if necessary, revise target obsessions prior to administering the severity items. Items 1-10 (excluding items 1b and 6b) are used to determine the total score. The total Y-BOCS score is the sum of items 1-10 (excluding 1b and 6b), whereas the obsession and compulsion subtotals are the sums of items 1-5 (excluding 1b) and 6-10 (excluding 6b), respectively.