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	Current	Past
	AGGRESSIVE OBSESSIONS Fear might harm self Fear might harm others Violent or horrific images Fear of doing something else embarrassing* Fear of doing something else embarrassing* Fear will act on unwanted impulses (e.g., to stab friend) Fear will steal things Fear will steal things Fear will be responsible for something else terrible happening (e.g., fire, burglary Other Concerns or disgust w\ with bodily waste or secretions (e.g., urine, feces, saliva Concern with dirt or germs Excessive concern with environmental contaminants (e.g. asbestos, radiation toxic waste) Excessive concern with household items (e.g., cleansers solvents) Excessive concern with numals (e.g., insects) Bothered by sticky substances or residues Concerned will get ill because of contaminant (Aggressive) No concern with consequences of contaminant (Aggressive) No concern with consequences of contamination other than how it might feel SEXUAL OBSESSIONS Forbidden or perverse sexual thoughts. images. or impulses Content involves children or incest Content involves children or incest Content involves homosexuality* Sexual behavior towards others (Aggressive)*		SOMATIC OBSESSIONS Concern with illness or disease* Excessive concern with body part or aspect of Appearance (eg., dysmorphophobia)* Other 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 CHECKING COMPULSIONS Checking locks, stove, appliances etc. Checking that did rot/will not harm others Checking that did not/will not harm self Checking that did not make mistake Checking that did not make mistake Checking that did not make mistake Checking to repeat routine activities jog, in/out door, up/down from chair) Other COUNTING COMPULSIONS COUNTING COMPULSIONS
	HOARDING/SAVING OBSESSIONS hish from hobbies and concern with objects of monetary or htal value)	(distin sentim sorts t	HOARDING/COLLECTING COMPULSIONS guish from hobbies and concern with objects of monetary or iental value (e.g., carefully reads junk mail, piles up old newspapers, hrough garbage, collects useless objects.)

	RELIGIOUS OBSESSIONS (Scrupulosity) Concerned with sacrilege and blasphemy Excess concern with right/wrong, morality Other:
OBSESSIO	N WITH NEED FOR SYMMETRY OR EXACTNESS
	Accompanied by magical thinking (e.g., concerned that another will have accident dent unless less things are in the right place)
	Not accompanied by magical thinking
	MISCELLANEOUS OBSESSIONS
	Need to know or remember
	Fear of saying certain things
	Fear of not saying just the right thing
<u> </u>	Fear of losing things
	Intrusive (nonviolent) images
	Intrusive nonsense sounds, words, or music
	Bothered by certain sounds/noises*
	Lucky/unlucky numbers
	Colors with special significance
	3 superstitious fears
	Other:

MISCELLANEOUS COMPULSIONS

 	Miscellaneous compolisions Mental rituals (other than checking/counting) Excessive listmaking 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 others terrible consequences Ritualized eating behaviors* Superstitious behaviors Trichotillomania * Other self-damaging or self-mutilating behaviors* 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

Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

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NAME:	 	 	

PHYSICIAN:_____

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

Obsession Rating Scale (circle appropriate score)

lten	n	Range of Severity				
1.	Time Spent on Obsessions	0 hr/day	0–1 hr/day	1–3 hr/day	3–8 hr/day	> 8 hr/day
33639	Score:	0	1	2	3	4
				Definite but	Substantial	
2.	Interference From Obsessions	None	Mild	manageable	impairment	Incapacitating
	Score:	0	1	2	3	4
				Moderate but		Near constant,
3.	Distress From Obsessions	None	Little	manageable	Severe	disabling
	Score:	0	1	2	3	4
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)

Compulsion Rating Scale (circle appropriate score)

Iten	1	Range of Severity				
6.	Time Spent on Compulsions	0 hr/day	0–1 hr/day	1–3 hr/day	3–8 hr/day	> 8 hr/day
	Score:	0	1	2	3	4
				Definite but	Substantial	
7.	Interference From Compulsions	None	Mild	manageable	impairment	Incapacitating
	Score:	0	1	2	3	4
				Moderate but		Near constant,
8.	Distress From Compulsions	None	Mild	manageable	Severe	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:

0-7 Subclinical 8-15 Mild 16-23 Moderate 24-

24–31 Severe 32–40 Extreme

COMMENTS: _____