YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

General Instructions

This rating scale is designed to rate the severity and type of symptoms in patients 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. If you judge that the information being provided is grossly inaccurate, then the reliability of the patient is in doubt and should be noted accordingly at the cad of the interview (item 19).

Additional information supplied by others (e.g., spouse or parent) may be included in a determination of the ratings only if it is judged that (1) such information is essential to adequately assessing 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" and "compulsions" 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."

"COMPULSIONS, on the other hand, are behaviors or 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 is completed."

"Let me give you some examples of obsessions and compulsions."

"An example of an obsession is: the recurrent thought or impulse to do serious physical harm to your children even though you never would."

"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."

"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 you feel 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 current symptoms. It is also useful to identify and be aware of past symptoms since they may re-appear during subsequent ratings. Once the 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 symptoms are the most prominent 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.

The rater must ascertain whether reported behaviors are bona fide symptoms of OCD and not symptoms of another disorder, such as Simple Phobia or a Paraphilia. The differential diagnosis between certain complex motor tics and certain compulsions (e.g., involving touching) may be difficult or impossible. 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. Some of the items listed on the Y-BOCS Symptom Checklist, such as trichotillomania, are currently classified in DSM-m-R as symptoms of an Impulse Control Disorder. It should be noted that the suitability of the Y-BOCS for use in disorders other than DSM-m-R-defined OCD has yet to be established. However, when using the Y-BOCS to rate severity of symptoms not strictly classified under OCD (e.g., trichotillomania) in a patient who otherwise meets criteria for OCD, it has been our practice to administer the Y-BOCS twice: once for conventional obsessive-compulsive symptoms, and a second time for putative OCD-related phenomena. In this fashion separate Y-BOCS scores are generated for severity of OCD and severity of other symptoms in which the relationship to OCD is still unsettled.

On repeated testing, review and, if necessary, revise target obsessions prior to rating item 1. Do likewise for compulsions prior to rating item 6. All 19 items are rated, but only 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 lb) and 10 (excluding 6b3; respectively. Because at the time of this writing (9/89) there are limited data regarding the psychometric properties of items 1b, 6b, and 11-16, these items should be considered investigational. Until adequate studies of reliability, validity, and sensitivity to change of those items are conducted, we must caution against placing much weight on results derived from these item scores. These important caveats aside, we believe that items lb (obsession-free interval), 6b (compulsion-free interval), and 12 (avoidance) may provide information that has bearing on the severity of obsessive-compulsive symptoms. Item 11 (insight) may also furnish useful clinical information. We are least secure about the usefulness of items 13-16. Items 17 (global severity) and 18 (global improvement) have been adapted from the Clinical Global Impression Seale (Guy W, 1976) to provide measures of overall functional impairment associated with, but not restricted to, the presence of obsessive-compulsive symptoms. Disability produced by secondary depressive symptoms would also be considered when rating these items. Item 19, which estimates the reliability of the information reported by the patient, may assist in the interpretation of scores on other Y-BOCS items in some cases of OCD. YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS) www.cnsforum.com 4

Y-BOCS SYMPTOM CHECKLIST (9/89)

Check all that apply, but clearly mark the principal symptoms with a "P", (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.)

AGGRESSIVE OBSESSIONS

	Current	Past	Examples
1. Fear might harm self	☐	☐	Fear of eating with a knife or fork, fear of handling sharp objects, fear of walking near glass windows.
2. Fear might harm others	☐	☐	Fear of poisoning other people's food, fear of harming babies, fear of pushing someone in front of a train, fear of hurting someone's feelings, fear of being responsible by not providing assistance for some imagined catastrophe, fear of causing harm by bad advice.
3. Violent or horrific images	☐	☐	Images of murders, dismembered bodies, or other disgusting scenes.
4. Fear of blurting out obscenities or insults	☐	☐	Fear of shouting obscenities in public situations like church, fear of writing obscenities.
5. Fear of doing something else embarrassing *	☐	☐	Fear of appearing foolish in social situations
6. Fear will act on unwanted impulses	☐	☐	Fear of driving a car into a tree, fear of running someone over, fear of stabbing a friend.
7. Fear will steal things	☐	☐	Fear of "cheating" a cashier, fear of shoplifting inexpensive items.
8. Fear will harm others because not careful enough	☐	☐	Fear of causing an accident without being aware of it (such as a hit-and-run automobile accident).
9. Fear will be responsible for something else terrible happening	☐	☐	Fear of causing a fire or burglary because of not being careful enough in checking the house before leaving.
10. Other:_____	☐	☐	

CONTAMINATION OBSESSIONS

	Current	Past	Examples
11. Concerns or disgust with bodily waste or secretions.	☐	☐	Fear of contracting AIDS, cancer, or other diseases from public rest rooms; fears of your own saliva, urine, feces, semen, or vaginal secretions.
12. Concern with dirt or germs.	☐	☐	Fear of picking up germs from sitting in certain chairs, shaking hands, or toughing door handles.
13. Excessive concern with environmental contaminants.	☐	☐	Fear of being contaminated by asbestos or radon, fear of radioactive substances, fear of things associated with towns containing toxic waste sights.
14. Excessive concern with household items	☐	☐	Fear of poisonous kitchen or bathroom cleansers, solvents, Insect spray or turpentine.
15. Excessive concern with animals.	☐	☐	Fear of being contaminated by touching an insect, dog, cat, or other animal.

16. Bothered by sticky substances or residues	☐	☐	Fear of adhesive tape or other sticky substances that may trap contaminants.
17. Concerned I will get ill because of contaminant	☐	☐	Fear of getting ill as a direct result of being contaminated (beliefs vary about how long the disease will take to appear.
18. Concerned I will get others ill by spreading contaminant (Aggressive)	☐	☐	Fear of touching other people or preparing their food after you touch poisonous substances (like gasoline) or after you touch your own body.
19. Other:_____	☐	☐	

SEXUAL OBSESSIONS

	Current	**Past**	**Examples**
20. I have forbidden or perverse sexual thoughts, images, or impulses	☐	☐	Unwanted sexual thoughts about strangers, family, or friends.
21. Content involves children or incest	☐	☐	Unwanted thoughts about sexually molesting either your own children or other children.
22. Content involves homosexuality *	☐	☐	Worries like “Am I a homosexual?” or “What if I suddenly become gay?” when there is no basis for these thoughts.
23. Aggressive sexual behavior toward others. *	☐	☐	Unwanted images of violent sexual behavior toward adult strangers, friends, or family members.
24. Other:_____	☐	☐	

Hoarding / Saving Obsessions

Distinguish from hobbies and concern with objects of monetary or sentimental value.	**Current**	**Past**	**Examples**
25. I have obsessions about hoarding or saving things.	☐	☐	Worries about throwing away seemingly unimportant things that you might need in the future, urges to pick up and collect useless things.

RELIGIOUS OBSESSIONS

	Current	**Past**	**Examples**
26. (Scrupulosity) Concerned with sacrilege and blasphemy	☐	☐	Worries about having blasphemous thoughts, saying blasphemous things, or being punished for such things.
27. Excess concern with right/wrong, morality.	☐	☐	Worries abut always doing “the right thing”, having told a lie, or having cheated someone.
28. Other:_____	☐	☐	

OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

	Current	Past	Examples
29. (Accompanied by magical thinking (c.x., concerned the mother will have an accident unless things are in the right place) Obsessions about symmetry or exactness	☐	☐	Worries about papers and books being properly aligned, worries about calculations or handwriting being perfect.
30. Not accompanied by magical thinking	☐	☐	

MISCELLANEOUS OBSESSIONS

	Current	Past	Examples
31. Need to know or remember certain things	☐	☐	Belief that you need to remember insignificant things like license plate numbers, the names of actors on television shows, old telephone numbers, bumper sticker or t-shirt slogans.
32. Fear of saying certain things	☐	☐	Fear of saying certain words (such as “thirteen”) because of superstitions, fear of saying something tat might be disrespectful to a dead person, fear of using words with an apostrophe (because this denotes possession).
33. Fear of not saying just the right thing	☐	☐	Fear of having said the wrong thing, fear of not using the “perfect” word.
34. Fear of losing things	☐	☐	Worries about losing a wallet or other unimportant objects, like a scrap of note paper.
35. Intrusive (non-violent) images	☐	☐	Random unwanted images in your mind.
36. Intrusive nonsense sounds, words, or music.	☐	☐	Words, songs, or music in your mind that you can’t stop.
37. Bothered by certain sounds/noises *	☐	☐	Worries about the sounds of clocks ticking loudly or voices in another room that may interfere with sleeping.
38. Lucky/unlucky numbers	☐	☐	Worries about common numbers (like thirteen) that may cause you to perform activities a certain number of times or to postpone an action until a certain lucky hour of the day.
39. Colors with special significance	☐	☐	Fear of using objects of certain colors (e.g. black may be associated with death, red with blood and injury).
40. Superstitious fears	☐	☐	Fear of passing a cemetery, hearse, or black cat; fear of omens associated with death.

SOMATIC OBSESSIONS

	Current	Past	Examples
55. Concern with illness or disease *	☐	☐	Worries that you have an illness like cancer, heart disease or AIDS, despite reassurance from doctors that you do not.
41. Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia) *	☐	☐	Worries that your face, ears, nose, eyes, or another part of your body is hideous, ugly, despite reassurances to the contrary.
42. Other _____	☐	☐	

CLEANING/WASHING COMPULSIONS

	Current	Past	Examples
43. Excessive or ritualized hand washing	☐	☐	Washing your hands many times a day or for long periods of time after touching, or thinking that you have touched a contaminated object. This may include washing the entire length of your arms.
44. Excessive or ritualized showering, bathing, tooth brushing, grooming, or toilet routine.	☐	☐	Taking showers or baths or performing other bathroom routines that may last for several hours. If the sequence is interrupted the entire process may have to be restarted.
45. Excessive or ritualized cleaning of household items or other inanimate objects	☐	☐	Excessive cleaning of faucets, toilets, floors, kitchen counters, or kitchen utensils.
46. Other measures to prevent or remove contact with contaminants	☐	☐	Asking family members to handle or remove insecticides, garbage, gasoline cans, raw meat, paints, varnish, drugs in the medicine cabinet, or kitty litter. If you can't avoid these things, you may wear gloves to handle them, such as when using a self-service gasoline pump.
47. Other _____	☐	☐	

CHECKING COMPULSIONS

	Current	Past	Examples
48. Checking locks, stove, appliances, etc.	☐	☐	Washing your hands many times a day or for long periods of time after touching, or thinking that you have touched a contaminated object. This may include washing the entire length of your arms.
49. Checking that did not/will not harm others.	☐	☐	Checking that you haven't hurt someone without knowing it. You may ask other for reassurance or telephone to make sure that everything is all right
50. Checking that did not/will not harm self	☐	☐	Looking for injuries or bleeding after handling sharp or breakable objects. You may frequently go to doctors to ask for reassurance that you haven't hurt yourself.
51. Checking that nothing terrible did/will happen	☐	☐	Searching the newspaper or listening to the radio or television for news about some catastrophe that you believe you caused. You may also ask people for reassurance that you didn't cause an accident.

52. Checking that did not make mistake	☐	☐	Repeated checking of door locks, stoves, electrical outlets, before leaving home; repeated checking while reading, writing, or doing simple calculations to make sure that you didn't make a mistake (you can't be certain that you didn't).
53. Checking tied to somatic obsessions	☐	☐	Seeking reassurance from friends or doctors that you aren't having a heart attack or getting cancer; repeatedly taking your pulse, blood pressure, or temperature; checking yourself for body odors; checking your appearance in a mirror, looking for ugly features.
54. Other _____	☐	☐	

REPEATING COMPULSIONS

	Current	**Past**	**Examples**
55. Re-reading or re-writing	☐	☐	Taking hours to read a few pages in a book or to write a short letter because you get caught in a cycle of reading and rereading; worrying that you didn't understand something you just read; searching for a "perfect" word or phrase; having obsessive thoughts about the shape of certain printed letters in a book.
56. Need to repeat routine activities	☐	☐	Repeating activities like turning appliances on and off, combing your hair, going in and out of a doorway, or looking in a particular direction; not feeling comfortable unless you do these things the "right" number of times.
57. Other	☐	☐	

COUNTING COMPULSIONS

	Current	**Past**	**Examples**
58. Need to count and recount	☐	☐	Counting objects like ceiling or floor tiles, books in a bookcase, nails in a wall, or even grains of sand on a beach; counting when you repeat certain activities, like washing.

ORDERING / ARRANGING COMPULSIONS

	Current	**Past**	**Examples**
59. Need to order and reorder, arrange and rearrange items.	☐	☐	Straightening paper and pens on a desktop or books in a bookcase, sating hours arranging things in your house in "order" and then becoming very upset if this order is disturbed.

HOARDING / COLLECTING COMPULSIONS

Distinguish from hobbies and concern with objects of monetary or sentimental value.	**Current**	**Past**	**Examples**
60. Compulsions to hoard or collect things.	☐	☐	Saving old newspapers, notes, cans, paper towels, wrappers, and empty bottles for fear that if you throw them away you may one day need them; picking up useless objects from the street or from the garbage can.

MISCELLANEOUS COMPULSIONS

Mental rituals other than checking / counting.	Current	Past	Examples
61. Mental rituals (other than checking / counting).	☐	☐	Performing rituals in your head, like saying prayers or thinking a "good" thought to undo a "bad" thought. These are different from obsessions because you perform them intentionally to reduce anxiety or to feel better.
62. Need to tell, ask, or confess	☐	☐	Asking other people to reassure you, confessing to wrong behaviors you never even did, believing that you have to tell other people certain words to feel better.
63. Need to touch, tap, or rub *	☐	☐	Giving in to the urge to touch rough surfaces, like wood, or hot surfaces, like a stove top; giving in to the urge to lightly touch other people; believing you need to touch an object like a telephone to prevent an illness in your family.
64. Measures (not checking) to prevent harm or terrible consequences to myself or others.	☐	☐	Staying away from sharp or breakable objects, such as knives, scissors, and fragile glass.
65. Ritualized eating behaviors *	☐	☐	Arranging your food, knife, and fork in a particular order before being able to eat, eating according to a strict ritual, not being able to eat until the hands of a clock point exactly to a certain time.
66. Superstitious behaviors	☐	☐	Not taking a bus or train if its number contains an "unlucky" number (like thirteen), staying in your house on the thirteenth of the month, throwing away clothes you wore while passing a funeral home or cemetery.
67. Hair pulling, Trichotillomania *	☐	☐	Pulling hair from your scalp, eyelids, eyelashes, or pubic areas, using your fingers or tweezers. You may produce bald spot that require you to wear a wig, or you may pluck your eyebrows or eyelids smooth.

TARGET SYMPTOM LIST

Obsessions:	
	1.
	2.
	3.

COMPULSIONS:	
	1.
	2.
	3.

AVOIDANCE:	
	1.
	2.
	3.

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

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

1. TIME OCCUPED BY OBSESSIVE THOUGHTS 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.	
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 temns of total hours. In such cases, estirnate time by detesmining how frequently they occur. Consider both the number of times the intrusions occur and how many hours of the day are affected. Ask:1 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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

I b. OBSESSION-FREE INTERVAL (not included in total score) 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 I to 3 consecutive hours/day symptom-free. 4 = Extremely short symptom-free interval, less than I consecutive hour/day symptom-free.	
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:1 What is the longest block of time in which obsessive thoughts are absent?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS

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.

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3. DISTRESS ASSOCIATED W1TH OBSESSIVE THOUGHTS

0 = None

I = Mild, not too disturbing

2 = 1doderate, disturbing, but still manageable

3 = Severe, very disturbing

4 = Extreme, near constant and disabling distress

Q: How much distress do your obsessive thoughts cause you? [In most eases, 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 associated with other conditions.]	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

4. RESISTANCE AGAINST OBSESSIONS

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

Q: How much of an effort do you make to resist the obsessive thoughts? How often do you try to disregard or turn your anention away from these thoughts as they eater 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 abilig to control them. Note that this item does not direetly measure the severig 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 patieut may not feel the need to resist them. In such cases, a rating of "0" should be given.]	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

5. DEGREE OP CONTROL OVER OBSESSIVE 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.

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

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

6. TIME SPENT PERFORM~G COMPULSIVE BEHAVIORS

0 = None

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

2 = Moderate (speeds from I 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).

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 x 20 = 100. Ask:] How frequently do you perform compulsions? 1In most cases compulsions are observable behaviors(e.g., land washing), but some compulsions are covert (e.g., silent checking).]	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

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

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 I to 3 consecutive hours/day symptom-free.

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

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?different times a day to wash his hands 5 times very quickly, performs compulsions 20 times a day, not 5 or 5 x 20 = 100. Ask:] How frequently do you perform compulsions? 1In most cases compulsions are observable behaviors(e.g., land washing), but some compulsions are covert (e.g., silent checking).]	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

7 INTERFERIINCE DUE TO COMPULSIVE BEHAVIQRS

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 impaiment in social or occupational performance
4 = Extreme, incapacitating

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

8. DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIOR

0 = None
I = Mild only slightly anxious if compulsions prevented, or only slight anxiety during performance of compulsions
2 = Moderate, reports that anxioty 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 prorninent 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

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 asked: How anxious do you get while performing compulsions until you are satisfied they are completed?	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

9. RESISTANCE AGAINST COMPULSIONS

0 = Malces an effort to always resist, or symptoms so minimal doesn't need to actively resist

I = 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 reluetance

4 = Completely and willingly yields to all compulsions

Q: How much of an effort do you make to resist the compulsions? I 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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

10. DEGREE OF CONTROL OVER COMULSIVE BEHAVIOR

I = 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 expericoced as completely involuntary and overpowering, rarely able to even momentarily delay activity

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

"The remaining questions are about both obsessions and compulsions. Some ask about related problems." These are investigational items not included in total Y-BOCS score but may be useful in assessing these symptoms.

11. INSIGHT INTO OBSESSIONS AND COMPULSIONS

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.

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? 1Ratc patient's insight into the senselessness or excessiveness of his obsession(s) based on beliefs expressed at the time of the interview.]	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

12. 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

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:] Elow 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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

13. DEGEE OF INDECISIVENESS

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.

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

14. OVERVALUED SENSE OF RESPONSIBILY

0 = None I = 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)

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

15. PERVASIVE SLOWNESS/ DISTURBANCE OF INERTIA

0 = None.

I = 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.

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

16. PATHOLOGICAL DOUBTING
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").

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4

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

17. GLOBAL SEVERITY:
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

Interviewer's judgement of the overall severity of the patient's illness. Rated from O (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 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

18. GLOBAL IMPROVEMENT:
0 = Very much worse
1 = Much worse
2 = Minimal worse
3 = No change
4 = Minimally improved
5 = Much improved
6 = Very much improved

Rate total overall improvement present SINCE THE INITIAL RATING whether or not, in your judgement, it is due to drug treatment.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

19. RELIABILITY:
0 = Excellent, no reason to suspect data unreliable . .
1 = Good, factor(s) present that may adversely affect reliability
2 = Fair, factorts) present that definitely reduce reliability
3 = Poor, very low reliability

Rate the overall reliability of the rating scores obtained. Factors that may affect reliability include the patient's cooperativenes 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 ☐ 1 ☐ 2 3

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

Additional infomnation 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 Scaie (YBOCS): Part I. Development, use, and reliability. Arch Gen Psvchiaty (46:1006~1011, 1989). and Goodman WK, Price LH, Rasmussen SA, ct al.: The Yale-Brown Obsessive Compulsive Scale (Y-BOCS): Part II. Validity. Arch Gen Psvchiatry (46:1012-1016, 1989).

Copies of a version of the Y-BOCS modified for usc 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.

Y-BOCS TOTAL(add items 1-10) ☐	Date	Day	Mth.	Year	Rater	

Patient Name		**Patient id**	

	Obsessions	**None**	**Mild**	**Moderate**	**Severe**	**Extreme**
		0	1	2	3	4
1	TIME SPENT ON OBSESSIONS	☐	☐	☐	☐	☐
1b	Obsession-free interval (do not add to subtotal or total score)	☐	☐	☐	☐	☐
2	INTERFERERENCE FROM OBSESSIONS	☐	☐	☐	☐	☐
3	DISTRESS OF OBSESSIONS	☐	☐	☐	☐	☐
4	RESISTANCE	☐	☐	☐	☐	☐
5	CONTROL OVER OBSESSIONS	☐	☐	☐	☐	☐
	OBSESSION SUBTOTAL(add items 1-5)	☐				

	Compulsions	**None**	**Mild**	**Moderate**	**Severe**	**Extreme**
		0	1	2	3	4
6	TIME SPENT ON COMPULSIONS	☐	☐	☐	☐	☐
6b	Compulsion-free interval (do not add to subtotal or total score)	☐	☐	☐	☐	☐
7	INTERFERENCE FROM COMPULSION	☐	☐	☐	☐	☐
8	DISTRESS FROM COMPULSIONS	☐	☐	☐	☐	☐
9	RESISTANCE	☐	☐	☐	☐	☐
10	CONTROL OVER COMPULSIONS	☐	☐	☐	☐	☐
	COMPULSION SUBTOTAL(add items 6-10)	☐				

		None	Mild	Moderate	Severe	Extreme
		0	1	2	3	4
11	INSIGHT INTO O-C SYMPTOMS	☐	☐	☐	☐	☐
12	AVOIDANCE	☐	☐	☐	☐	☐
13	INDECISIVENESS	☐	☐	☐	☐	☐
14	PATHOLOGIC RESPONSIBILITY	☐	☐	☐	☐	☐
15	SLOWNESS	☐	☐	☐	☐	☐
16	PATHOLOGIC DOUBTING	☐	☐	☐	☐	☐
17	GLOBAL SEVERITY	☐	☐	☐	☐	☐

		0	1	2	3	4	5	6
17	GLOBAL SEVERITY	☐	☐	☐	☐	☐	☐	☐
18	GLOBAL IMPROVEMENT	☐	☐	☐	☐	☐	☐	☐
19	RELIABILITY:	Excellent=0 Good=1 Fair=2 Poor=3						