PATIENT 22.

N**AME** **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 over-powering, rarely able to even momentarily delay activity.

TOTAL SCORE _____

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

___ ___ Fear might harm self
___ ___ Fear might harm others
___ ___ Violent or horrific images
___ ___ Fear of blurting out obscenities or insults
___ ___ Fear of doing something else embarrassing*
___ ___ Fear will act on unwanted impulses (e.g., to stab friend)
___ ___ Fear will steal things
___ ___ Fear will harm others because not careful enough (e.g. hit/run motor vehicle accident)
___ ___ Fear will be responsible for something else terrible happening (e.g., fire, burglary
Other:

CONTAMINATION OBSESSIONS

___ ___ 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 animals (e.g., insects)
___ ___ Bothered by sticky substances or residues
___ ___ Concerned will get ill because of contaminant
___ ___ Concerned will get others ill by spreading 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 homosexuality*
___ ___ Sexual behavior towards others (Aggressive)*
___ ___ Other:

HOARDING/SAVING OBSESSIONS

(distinguish from hobbies and concern with objects of monetary or sentimental value)

___ ___ _____

RELIGIOUS OBSESSIONS (Scrupulosity)

___ ___ Concerned with sacrilege and blasphemy
___ ___ Excess concern with right/wrong, morality
___ ___ Other:

OBSESSION 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
___ ___ 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:

Current Past

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 nothing terrible did/will happen
___ ___ Checking that did not make mistake
___ ___ Checking tied to somatic obsessions
___ ___ Other:

REPEATING RITUALS

___ ___ Rereading or rewriting
___ ___ Need to repeat routine activities jog, in/out door, up/down from chair)
___ ___ Other _____

COUNTING COMPULSIONS

___ ___ _____

ORDERING/ARRANGING COMPULSIONS

___ ___ _____

HOARDING/COLLECTING COMPULSIONS

(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.)

___ _____

MISCELLANEOUS COMPULSIONS

___ ___ 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