

Name: _____

Date: _____

YBOCS

While completing the inventories below, please keep in mind the following definitions of obsessions and compulsions.

OBSESSIONS are unwelcomed and distressing ideas, thoughts, 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.

Examples of an obsession are recurrent thought or impulses to do harm to a child even though you never would and the idea that household cleansers may lead to contamination and serious illness.

Obsessions differ from worries in that worries are about possible negative things related to life problems that you are afraid might happen. For example, you may worry about failing an exam, about finances, health, or personal relationships. In contrast to obsessions, your worries don't usually seem totally senseless, repugnant, or inconsistent with 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. Usually compulsions are performed in response to an obsession, or according to certain rules or in a stereotyped fashion. At times, you may try to resist doing them but this may prove difficult. You may experience discomfort that does not diminish until the behavior is completed.

Examples of a compulsions are the need to repeatedly check appliances, water faucets, and the lock on the front door before you can leave the house and repeated handwashing. 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.

Compulsions, as we define them here, are not to be confused with other kinds of compulsive behavior such as overeating, gambling, drinking alcohol, overshopping, or other "addictive behaviors."

Give the above definitions, please read carefully each item on the checklist below and 1) place a check mark beside each obsession and compulsion that you currently experience and that you have experienced at some time in the past. If you placed a check mark beside obsessions or compulsions that you currently experience; 2) circle the 2 most upsetting obsessions that you currently experience; and 3) circle the 2 most upsetting compulsions that you are currently engaged in.

YALE BROWN OBSESSIVE-COMPULSIVE SCALE SYMPTOM CHECKLIST

(GOODMAN, RASMUSSEN, ET AL.)

OBSESSIONS:

Aggressive Obsessions:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|--|---|
| ===== | ===== | 1. I fear I might harm myself | Fear of eating with a knife or fork, fear of handling sharp objects, fear of walking near glass windows |
| ===== | ===== | 2. I fear I might harm other people | 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 giving bad advice. |
| ===== | ===== | 3. I have violent or horrific images in my mind | Images of murder, dismembered bodies, or other disgusting scenes |
| ===== | ===== | 4. I fear I will blurt out obscenities in class | Fear of shouting obscenities in public situations like church, fear of writing obscenities |
| ===== | ===== | 5. I fear doing something embarrassing | Fear of appearing foolish in social situations |
| ===== | ===== | 6. I fear I will act on an unwanted impulse | Fear of driving a car into a tree, fear of running someone over, fear of stabbing a friend |
| ===== | ===== | 7. I fear I will steal things | Fear of "cheating" a cashier, fear of shoplifting inexpensive items |
| ===== | ===== | 8. I fear that I'll harm others because I'm not careful enough | Fear of causing an accident without being aware of it (such as a hit-and-run accident) |
| ===== | ===== | 9. I fear I'll 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 |

Contamination Obsessions:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|---|---|
| ===== | ===== | 10. I am concerned or disgusted with bodily waste or secretions | Fear of contracting AIDS, cancer, or other diseases from public rest rooms; fear of your own saliva, urine, feces, semen, or vaginal secretions |
| ===== | ===== | 11. I am concerned with dirt or germs | Fear of picking up germs from sitting in certain chairs, shaking hands, or touching door handles |

| <u>Past</u> | <u>Current</u> | <u>Examples</u> |
|-------------|----------------|---|
| ===== | ===== | 12. I am excessively concerned 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 |
| ===== | ===== | 13. I am excessively concerned with certain household cleansers Fear of poisonous kitchen or bathroom cleansers, solvents, insect spray or turpentine |
| ===== | ===== | 14. I am excessively concerned with animals Fear of being contaminated by touching an insect, dog, cat, or other animal |
| ===== | ===== | 15. I am bothered by sticky substances or residues Fear of adhesive tape or other sticky substances that may trap contaminants |
| ===== | ===== | 16. I am concerned that I will get ill because of contamination Fear of getting ill as a direct result of being contaminated (beliefs vary about how long the disease will take to appear) |
| ===== | ===== | 17. I am concerned that I will contaminate others Fear of touching other people or preparing their food after you touch poisonous substances (like gasoline) or after you touch your own body |

Sexual Obsessions:

| <u>Past</u> | <u>Current</u> | <u>Examples</u> |
|-------------|----------------|---|
| ===== | ===== | 18. I have forbidden or perverse sexual thoughts, images, or impulses Unwanted sexual thoughts about strangers, family, or friends |
| ===== | ===== | 19. I have sexual obsessions that involve children or incest Unwanted thoughts about sexually molesting either your own children or other children |
| ===== | ===== | 20. I have obsessions about homosexuality Worries like "Am I a homosexual?" or "What if I suddenly become gay?" when there is no basis for these thoughts |
| ===== | ===== | 21. I have obsessions about aggressive sexual behavior toward other people Unwanted images of violent sexual behavior toward adult strangers, friends, or family members |

Hoarding/Saving Obsessions:

| <u>Past</u> | <u>Current</u> | <u>Examples</u> |
|-------------|----------------|--|
| ===== | ===== | 22. 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:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|---|---|
| ===== | ===== | 23. I am concerned with sacrilege and blasphemy | Worries about having blasphemous thoughts, saying blasphemous things, or being punished for such things |
| ===== | ===== | 24. I am excessively concerned with morality | Worries about always doing “the right thing,” having told a lie, or having cheated someone |

Obsession with need for Symmetry or Exactness:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|---|--|
| ===== | ===== | 25. I have obsessions about symmetry or exactness | Worries about papers and books being properly aligned, worries about calculations or handwriting being perfect |

Miscellaneous Obsessions:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|---|---|
| ===== | ===== | 26. I feel that I 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 stickers or t-shirt slogans |
| ===== | ===== | 27. I fear saying certain things | Fear of saying certain words (such as “thirteen”) because of superstitions, fear of saying something that might be disrespectful to a dead person, fear of using words with an apostrophe (because this denotes possession) |
| ===== | ===== | 28. I fear not saying just the right thing | Fear of having said the wrong thing, fear of not using the “perfect” word |
| ===== | ===== | 29. I fear losing things | Worries about losing a wallet or other unimportant objects, like a scrap of note paper |
| ===== | ===== | 30. I am bothered by intrusive (neutral) mental images | Random, unwanted images in your mind |
| ===== | ===== | 31. I am bothered by intrusive mental nonsense sounds, words or music | Words, songs, or music in your mind that you can’t stop |
| ===== | ===== | 32. I am bothered by certain sounds or noises | Worries about the sounds of clocks ticking loudly or voices in another room that may interfere with sleeping |

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|--|--|
| ===== | ===== | 33. I have lucky and 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 |
| ===== | ===== | 34. Certain colors have special significance to me | Fear of using objects of certain colors (e.g. black may be associated with death, red with blood or injury) |
| ===== | ===== | 35. I have superstitious fears | Fear of passing a cemetery, hearse, or black cat; fear of omens associated with death |

Somatic Obsessions:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|---|---|
| ===== | ===== | 36. I am concerned with illness or disease | Worries that you have an illness like cancer, heart disease or AIDS, despite reassurance from doctors that you do not |
| ===== | ===== | 37. I am excessively concerned with a part of my body or an aspect of my appearance (dysmorphophobia) | Worries that your face, ears, nose, eyes, or another part of your body is hideous, ugly, despite reassurances to the contrary |

COMPULSIONS:

Cleaning/Washing Compulsions:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|---|--|
| ===== | ===== | 38. I wash my hands excessively or in a ritualized way | 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 |
| ===== | ===== | 39. I have excessive or ritualized showering, bathing, tooth brushing, grooming, or toilet routines | 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 |
| ===== | ===== | 40. I have compulsions that involve cleaning household items or other inanimate objects | Excessive cleaning of faucets, toilets, floors, kitchen counters, or kitchen utensils |
| ===== | ===== | 41. I do other things 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 gas pump |

Checking Compulsions:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|--|---|
| ===== | ===== | 42. I check that I did not harm others | Checking that you haven't hurt someone without knowing it. You may ask others for reassurance or telephone to make sure that everything is all right |
| ===== | ===== | 43. I check that I did not harm myself | Looking for injuries of bleeding after handling sharp or breakable objects. You may frequently go to doctors to ask for reassurance that you haven't hurt yourself |
| ===== | ===== | 44. I check that nothing terrible happened | 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 |
| ===== | ===== | 45. I check that I did not make a 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) |
| ===== | ===== | 46. I check some aspect of my physical condition tied to my obsessions about my body | Seeking reassurance from friends or doctors that you aren't having a heart attack or getting cancer; repeatedly taking pulse, blood pressure, or temperature; checking your appearance in a mirror, looking for ugly features |

Repeating Rituals:

| <u>Past</u> | <u>Current</u> | | <u>Examples</u> |
|-------------|----------------|---|---|
| ===== | ===== | 47. I reread or rewrite things | 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 |
| ===== | ===== | 48. I 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 |

Counting Compulsions:

| <u>Past</u> | <u>Current</u> | |
|-------------|----------------|---------------------------------|
| _____ | _____ | 49. I have counting compulsions |

Examples

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:

| <u>Past</u> | <u>Current</u> | |
|-------------|----------------|--|
| _____ | _____ | 50. I have ordering or arranging compulsions |

Examples

Straightening paper and pens on a desktop or books in a bookcase, wasting hours arranging things in your house in "order" and then becoming very upset if this order is disturbed

Hoarding/Collecting Compulsions:

| <u>Past</u> | <u>Current</u> | |
|-------------|----------------|---|
| _____ | _____ | 51. I have compulsions to hoard or collect things |

Examples

Saving old newspapers, notes, cans, paper towels, wrappers and empty bottles for fear that if you throw them away you may need them; picking up useless objects from the street or from garbage cans

Miscellaneous Compulsions:

| <u>Past</u> | <u>Current</u> | |
|-------------|----------------|--|
| _____ | _____ | 52. I have mental rituals (other than checking/counting) |

Examples

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 feel better

| | | |
|-------|-------|-------------------------------------|
| _____ | _____ | 53. I 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

| | | |
|-------|-------|---|
| _____ | _____ | 54. I need to touch, tap, or rub things |
|-------|-------|---|

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

Past Current

Examples

_____ 55. I take measures (other than checking) to prevent harm or terrible consequences to myself or family

Staying away from sharp or breakable objects, such as knives, scissors, and fragile glass

_____ 56. I have 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 at a certain time

===== 57. I have 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

===== 58. I pull my hair out (trichotillomania)

Pulling hair from your scalp, eyelids, eyelashes, or pubic areas, using your fingers or tweezers. You may produce bad spots that require you to wear a wig, or you may pluck your eyebrows or eyelids smooth

Acknowledgments: The Y-BOCS was developed by Goodman, W.K., Price, L.H., Rasmussen, S.A., et al. (1989). The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) Part 1: Development, use and reliability. *Archives of General Psychiatry*, 46 1006-1011. It was modified for computer administration by John Greist and associates, (1992). A computer administered version of the Yale-Brown Obsessive Compulsive Scale. *Psychological Assessment*, 4 329-332. The self-report version contained herein was developed by Lee Baer (1991). *Getting Control: Overcoming your obsessions and compulsions*. Boston: Little, Brown, & Co. The Y-BOCS Symptom Checklist was also developed by Dr. Wayne Goodman and associates. We extend our appreciation to Dr. Goodman and Dr. Baer for granting us permission to use these materials for clinical and research purposes

YALE BROWN OBSESSIVE-COMPULSIVE SCALE (Y-BOCS) – Part 2

Thank you for completing the Y-BOCS checklist. Please make sure you circle the 2 most upsetting obsessions that you currently experience and that you circled the 2 compulsions that cause you the most difficulty. Remember the definitions of obsessions and compulsions and the examples of each that you may have noted on the checklist. Please place a check mark by the appropriate number from 0-4 under each question below. If you are currently not experiencing any obsession or compulsions, you may simply enter zeros for the questions, then continue to the next question.

OBSESSIVE THOUGHTS: Review the obsessions you checked on the Y-BOCS Symptom Checklist to help you answer the first five questions. Please think about the last seven days (including today), and check one answer for each question.

1. TIME OCCUPIED BY OBSESSIVE THOUGHTS: How much of your time was occupied by obsessive thoughts? How frequently did these thoughts occur?

- _____ 0 = None
- _____ 1 = Less than 1 hour per day, or occasional intrusions (occur no more than 8 times a day)
- _____ 2 = 1-3 hours per day, or frequent intrusions (most of the day are free of obsessions)
- _____ 3 = More than 3 hours and up to 8 hours per day, or very frequent intrusions
- _____ 4 = More than 8 hours per day, or near-constant intrusions

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS: How much did these thoughts interfere with your social or work functioning? Is there anything that you didn't do because of them?

- _____ 0 = No interference
- _____ 1 = Mild, slight interference with social or occupational performance, but still performance not impaired
- _____ 2 = Moderate, definitive interference with social or occupational performance, but still manageable
- _____ 3 = Severe interference, causes substantial impairment in social or occupational performance
- _____ 4 = Extreme, incapacitating interference

3. DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS: How much distress did your obsessive thoughts cause you?

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

4. RESISTANCE AGAINST OBSESSIONS: How much effort did you make to resist the obsessive thought? How often did you try to disregard or turn your attention away from those thoughts as they entered your mind?

- _____ 0 = I made an effort to always resist (or the obsessions are so minimal that there is no need to actively resist them)
- _____ 1 = I tried to resist most of the time (e.g. more than half the time I tried to resist)
- _____ 2 = I made some effort to resist
- _____ 3 = I allowed all obsessions to fill my mind without attempting to control them, but I did so with some reluctance
- _____ 4 = I completely and willingly gave in to all obsessions

5. DEGREES OF CONTROL OVER OBSESSIVE THOUGHTS: How much control did you have over your obsessive thoughts? How successful were you in stopping or diverting your obsessive thinking?

- _____ 0 = Complete control
- _____ 1 = Much control; usually I could stop or divert obsessions with some effort and concentration
- _____ 2 = Moderate control; sometimes I could stop or divert obsessions
- _____ 3 = Little control; I was rarely successful in stopping obsessions and could only divert attention with great difficulty
- _____ 4 = No control; I was rarely able to even momentarily ignore the obsessions

OBSESSION SUPTOTAL (Add items 1-5) _____

COMPULSIONS: Review the compulsions you checked on the Y-BOCS Symptom Checklist to help you answer these five questions. Please think about the last seven days (including today), and check one answer for each question.

6. TIME SPENT PERFORMING COMPULSIVE BEHAVIORS: How much time did you spend performing compulsive behavior? How frequently did you perform compulsions?

- _____ 0 = None
- _____ 1 = Less than 1 hour per day was spent performing compulsions, or occasional performance of compulsive behaviors (no more than 8 times per day)
- _____ 2 = 1-3 hours per day was spent performing compulsions, or frequent performance of compulsive behaviors (most hours were free of compulsions)
- _____ 3 = More than 3 hours and up to 8 hours per day were spent performing compulsions, or very frequent performance of compulsive behaviors (during most hours of the day)
- _____ 4 = More than 8 hours were spent performing compulsions, or near-constant performance of compulsive behaviors (hour rarely passes without several compulsions being performed)

7. INTERFERENCE DUE TO COMPULSIVE BEHAVIOR: How much did your compulsive behaviors interfere with your social or work functioning?

- _____ 0 = No interference
- _____ 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 interference, substantial impairment in social or occupational performance
- _____ 4 = Extreme, incapacitation interference

8. DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIOR: How would you have felt if prevented from performing your compulsion(s)? How anxious would you have become?

- _____ 0 = Not at all anxious
- _____ 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 = Extreme, incapacitating anxiety from any intervention aimed at reducing the compulsions

9. RESISTANCE: How much effort did you make to resist the compulsions? Or how often did you try to stop the compulsions?

- _____ 0 = I made effort to always resist (or the symptoms were so minimal that there was no need to actively resist them)
- _____ 1 = I tried to resist most of the time (e.g. more than half the time)
- _____ 2 = I made some effort to resist
- _____ 3 = I yielded to almost all compulsions without attempting to control them, but I did so with some reluctance
- _____ 4 = I completely and willingly yielded to all compulsions

10. DEGREES OF CONTROL OVER COMPULSIVE BEHAVIOR: How much control did you have over the compulsive behavior? How successful were you in stopping the ritual(s)?

- _____ 0 = I had complete control
- _____ 1 = Usually I could stop compulsions or rituals with some effort and willpower
- _____ 2 = Sometimes I could stop compulsive behavior but only with difficulty
- _____ 3 = I could only delay the compulsive behavior, but eventually it had to be carried out to completion
- _____ 4 = I was rarely able to even momentarily delay performing the compulsive behavior

COMPULSIVE SUBTOTAL (Add items 6-10) _____