

**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 judgement 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 end 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 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.

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 the 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 I. 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 1b) and 10 (excluding 6b); 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 test 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 1b (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 Scale (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.

PATIENT
NAME

22.

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 overpowering, 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. Check 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 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