

## Y-B Obsessive Compulsive Scale

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Obsessions Checklist:

Current	Past	Contamination Obsessions	Current	Past	Sexual Obsessions
___	___	Concern with dirt, germs, certain illnesses	___	___	Forbidden or perverse sexual thoughts, images, impulses
___	___	Concerns or disgust with bodily wastes or secretions (urine, feces, saliva)	___	___	Content involves homosexuality
___	___	Excessive concern with environmental contaminants (asbestos, radiation, toxic waste)	___	___	Sexual behavior towards others (aggressive)
___	___	Excessive concerns with household items (cleaners, solvents)	___	___	Other (describe) _____
___	___	Excessive concerns about animals/insects	___	___	<b>Hoarding/Saving Obsessions</b>
___	___	Excessive bothered by sticky substances, residues	___	___	Fear of losing things
___	___	Concerned will get ill because of contaminants	___	___	Others (describe) _____
___	___	Concerned will get others ill by spreading contaminants (aggressive)	___	___	<b>Magical Thoughts/Superstitious Obsessions</b>
___	___	No concern with consequences of contamination other than how it might feel	___	___	Lucky/Unlucky numbers, colors, words
___	___	Other (describe) _____	___	___	Others (describe) _____
___	___	<b>Aggressive Obsessions</b>	___	___	<b>Somatic Obsessions</b>
___	___	Fear might harm self	___	___	Excessive concern with illness or disease
___	___	Fear might harm others	___	___	Excessive concern with body part or aspect of appearance (dysmorphophobia)
___	___	Fear harm will come to self	___	___	Other (describe) _____
___	___	Fear harm will come to others (maybe because of something you did or did not do)	___	___	<b>Religious Obsessions (Scrupulosity)</b>
___	___	Violent or horrific images	___	___	Excessive concern or fear of offending religious objects
___	___	Fear of blurting out obscenities or insults	___	___	Excessive concern with right/wrong, morality
___	___	Fear of doing something else embarrassing	___	___	Other (describe) _____
___	___	Fear will act on unwanted impulses (stab a family member)	___	___	<b>Miscellaneous Obsessions</b>
___	___	Fear will steal things	___	___	The need to know or remember
___	___	Fear will be responsible for something else terrible happening (fire, burglary, flood)	___	___	Fear of saying certain things
___	___	Other (describe) _____	___	___	Fear of not saying just the right thing
					Intrusive (non-violent) images
					Intrusive sounds, words, music or numbers
					Other (describe) _____

## Y-B Severity Ratings

### Yale-Brown Obsessive Compulsive Scale

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Obsession Rating Scale (circle appropriate score)

1. Time Occupied by Obsessive Thoughts

	None	Mild Less than 1 hour/day or occasional intrusion	Moderate 1 to 3 hours/day frequent intrusion	Severe greater than 3 up to 8 hours/day or very frequent intrusions	Extreme greater than 8 hours/day or near constant intrusion
Score	0	1	2	3	4

2. Interference due to Obsessive Thoughts

		<ul style="list-style-type: none"> <li>• How much do these thoughts get in the way of school, work or doing things with friends?</li> <li>• Is there anything that you don't do because of them?</li> </ul>			
	None	Mild Slight interference with social, school, work activities but <b>overall performance not impaired</b>	Moderate definite interference but <b>still manageable</b>	Severe causes <b>substantial impairment</b>	Extreme <b>incapacitating</b>
Score	0	1	2	3	4

3. Distress Associate with Obsessive Thoughts

	None	Mild Infrequent and <b>not too disturbing</b>	Moderate frequent, disturbing but <b>still manageable</b>	Severe very frequent and <b>very disturbing</b>	Extreme near constant and disabling <b>distress/frustration</b>
Score	0	1	2	3	4

4. Resistance Against Obsessions

	<ul style="list-style-type: none"> <li>• How hard do you try to stop the thoughts or ignore them? (Only rate effort made to resist, not success or failure in actually controlling the obsessions. If the obsessions are minimal, you may not feel the need to resist them. In such cases, a rating of "0" should be given.)</li> </ul>				
	None Make an effort to always resist, or symptoms so minimal, don't need to actively resist	Mild try to resist most of the time	Moderate make some effort to resist	Severe yield to all obsessions without attempting to control them, but do so with some reluctance	Extreme completely and willingly yield to all obsessions
Score	0	1	2	3	4

5. Degree of Control Over Obsessive Thoughts

	Complete Control	Much Control Usually able to stop Or divert obsessions with some effort, concentration	Moderate Control sometimes able to stop or divert obsessions	Little Control rarely successful in stopping obsessions, can only divert attention with difficulty	No Control experienced as completely involuntary, rarely able to even momentarily divert thinking
Score	0	1	2	3	4

**Obsession subtotal (add items 1-5) \_\_\_\_\_**

## Y-B Obsessive Compulsive Scale

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Compulsions Checklist:

<b>Current</b>	<b>Past</b>		<b>Current</b>	<b>Past</b>	
___	___	<b>Washing/Cleaning Compulsions</b>	___	___	<b>Hoarding/Saving Compulsions</b>
___	___	Excessive or ritualized handwashing	___	___	[distinguish from hobbies and concern with
___	___	Excessive or ritualized showering, bathing,	___	___	objects of monetary or sentimental value]
___	___	Toothbrushing, grooming, toilet routine	___	___	Difficulty throwing things away, saving bits of
___	___	Excessive cleaning of items, such as personal clothes	___	___	paper, string, pencil etc
___	___	or important objects	___	___	Other (describe) _____
___	___	Other measures to prevent or remove contact with	___	___	<b>Excessive Games / Superstitious Behavior</b>
___	___	contaminants	___	___	[distinguish from age appropriate magical games
___	___	Other (describe) _____	___	___	(array of behavior: stepping over certain spots on
___	___	<b>Checking Compulsions</b>	___	___	the floor, touching an object/self certain number
___	___	Checking locks, toys, school books/items etc.	___	___	of times as a routine game to avoid something
___	___	Checking associated with getting washed, dressed	___	___	bad from happening)]
___	___	or undressed	___	___	Other (describe) _____
___	___	Checking that did not/will not harm others	___	___	<b>Rituals Involving Other Persons</b>
___	___	Checking that did not/will not harm self	___	___	The need to involve another person (usually a
___	___	Checking that nothing terrible did/will happen	___	___	parent) in ritual (asking a parent to repeatedly
___	___	Checking that did not make mistake	___	___	answer the same question, making mother
___	___	Checking tied to somatic obsessions	___	___	perform certain mealtime rituals involving
___	___	Other (describe) _____	___	___	specific utensils, bedtime rituals)
___	___	<b>Repeating Rituals</b>	___	___	<b>Miscellaneous Compulsions</b>
___	___	Rereading, erasing or rewriting	___	___	Mental rituals (other than checking/counting)
___	___	Need to repeat routine activities (in/out of doorway	___	___	Need to tell, ask, or confess
___	___	up/down from chair)	___	___	Measures (not checking) to prevent harm to
___	___	Other (describe) _____	___	___	self ___; harm to others ___; terrible
___	___	<b>Counting Compulsions</b>	___	___	consequences ___
___	___	Objects, certain numbers, words etc	___	___	Ritualized eating behaviors
___	___	<b>Ordering/Arranging</b>	___	___	Excessive list making
___	___	Need for symmetry/evening up (lining items up a	___	___	Trichotillomania (hair-pulling)
___	___	certain way, arranging personal items specific patterns)	___	___	Rituals (blinking, staring, touching, tap, rub)
___	___	Other (describe) _____	___	___	Self-damaging/mutilating behavior

## Y-B Severity Ratings

### Yale-Brown Obsessive Compulsive Scale

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Compulsion Rating Scale (circle appropriate score)**

**6. Time Spent Performing Compulsive Behaviors**

	None	Mild Less than 1 hour/day	Moderate 1 to 3 hours/day	Severe greater than 3 up to 8 hours/day	Extreme greater than 8 hours/day
Score	0	1	2	3	4

**7. Interference due to Compulsive Behaviors**

- How much do these habits get in the way of school, work or doing things with friends?
- Is there anything that you don't do because of them?

	None	Mild Slight interference with social, school, work activities but <b>overall performance not impaired</b>	Moderate definite interference but <b>still manageable</b>	Severe causes <b>substantial impairment</b>	Extreme <b>incapacitating</b>
Score	0	1	2	3	4

**8. Distress Associated with Compulsive Behaviors**

- How would you feel if prevented from carrying out your habits? How upset would you become?

	None	Mild Only slightly anxious if compulsions prevented	Moderate Anxiety would mount but remain manageable if compulsions prevented	Severe Prominent and very disturbing increase in anxiety if compulsions interrupted	Extreme Incapacitating anxiety from any intervention aimed at modifying activity
Score	0	1	2	3	4

**9. Resistance Against Compulsions**

- How much do you try to fight the habits? (Only rate effort made to resist, not success or failure in actually controlling the compulsions.)

	None	Mild	Moderate	Severe	Extreme
	Make an effort to always resist, or symptoms so minimal, don't need to actively resist	try to resist most of the time	make some effort to resist	yield to all compulsions without attempting to control them, but do so with some reluctance	completely and willingly yield to all compulsions
Score	0	1	2	3	4

**10. Degree of Control Over Compulsive Behavior**

	Complete Control	Much Control Experience pressure to perform the behavior but <b>usually able to exercise voluntary control over it</b>	Moderate Control Strong pressure to perform behavior, <b>can control it only with difficulty</b>	Little Control Very strong drive to perform behavior, <b>must be carried to completion, can only delay with difficulty</b>	No Control drive to perform behavior experienced as <b>completely involuntary, overpowering, rarely able to delay activity [even momentarily]</b>
Score	0	1	2	3	4

**Compulsion subtotal (add items 6-10) \_\_\_\_\_**

**Y-B OCS Total (Add items 1-10) \_\_\_\_\_**

Range of Severity for Patients who have both Obsessions and Compulsions

0-7	Subclinical	24-31	Severe
8-15	Mild	32-40	Extreme
16-23	Moderate		