

Y-BOCS Symptom checklist

Contamination obsessions

Never	Ever	Current		Age	Ver
			1. <i>I am concerned or disgusted with bodily waste or secretions (like urine, feces, or saliva).</i> For example, fear of contracting AIDS, cancer or other diseases from public rest rooms, fears of your own urine, feces, semen, or vaginal secretions. (51)		
			2. <i>I am concerned with dirt or germs.</i> For example, getting germs from sitting in certain chairs, shaking hands, or touching door handles.(52)		
			3. <i>I am excessively concerned with environmental contaminants (like asbestos, radiation, or toxic waste).</i> For example, fear of being contaminated by asbestos or radon, fear of radioactive substances, fear of things associated with towns containing toxic waste sites. (53)		
			4. <i>I am excessively concerned with household items.</i> For example, fear of touching/using bleach, cleansers, solvents, detergents, etc.		
			5. <i>I am excessively concerned with animals (or insects).</i> For example, fear of being contaminated by touching a dog, cat, or other animal or insect. (54)		
			6. <i>I am bothered by sticky substances or residues.</i> For example, fear of adhesive tape and other sticky substances that may trap contaminants. (55)		
			7. <i>I am concerned that I will get ill because of contamination.</i> For example, fear of getting ill as a direct result of being contaminated; beliefs about length of time until getting ill vary. (56)		
			8. <i>I am concerned that I will make others ill by spreading contamination.</i> For example, fear that touching someone will make them ill. (also aggressive)		
			9. <i>I fear contamination not because it will make me ill, but because I don't like the feeling.</i> For example, not liking to touch cleansers because the feeling is disturbing.		
			10. <i>I am afraid to take medications because I am afraid that they will make me ill or kill me.</i> This is more than just fearing the side effects of a medication.		
			11. <i>I have other contamination obsessions.</i> Please write an example: _____		

Cleaning/Washing compulsions

Never	Ever	Current		Age	Ver
			12. <i>I have excessive or ritualized hand washing.</i> For example, washes hands numerous times a day, till hands are chapped and raw. Washes hands after shaking hands with someone or touching another person.		
			13. <i>I have excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routines.</i> For example, baths, showers, and other bathroom routines may last for several hours. If the sequence of washing is interrupted, the whole process may have to be restarted (1)		
			14. <i>I have compulsions that involve cleaning household items or other inanimate objects.</i> For example, excessive cleaning of faucets, toilets, floors, kitchen counters, or kitchen utensils. (4)		
			15. <i>I do other things to prevent or remove contact with contaminants.</i> For example, you may have family members remove insecticides, rubbish, gasoline cans, raw meat, paints, varnish, drugs in the medicine cabinet, or cat litter. If you can't avoid these things, you may wear gloves. (5)		
			16. <i>I have other cleaning or washing compulsions.</i> Please write an example: _____		

Aggressive obsessions

Never	Ever	Current		Age	Ver
			17. <i>I fear that I might harm myself.</i> For example, fear of eating with a knife or fork, fear of handling sharp objects, fear of walking near glass windows. (37)		
			18. <i>I have experienced urges to injure myself.</i> Some examples may include touching hot things, or putting a screwdriver between teeth and turning. (48)		
			19. <i>I have knowingly done things to injure myself.</i> Please write an example: _____ _____ (35)		

Aggressive obsessions, cont

Never	Ever	Current		Age	Ver
			20. <i>I fear that I might harm other people.</i> For example, 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 wrong advice. (38)		
			21. <i>I have experienced urges to injure or mutilate others, such as pinching, kicking others.</i> (49)		
			<i>I have injured others, even when I didn't want to.</i> Please write an example: _____ _____ (33)		
			22. <i>I have violent or horrific images in my mind.</i> For example, images of murders or dismembered bodies, disgusting images, car accidents, fires. (39)		
			23. <i>I fear blurting out obscenities.</i> For example, fear of shouting obscenities in public situations like church, fear of writing obscenities. (40)		
			24. <i>I have experienced unreasonable urges to offend others.</i> Examples include shouting in church, or saying insults to others. (50)		
			25. <i>I have done offensive things, even when I didn't want to.</i> Please write an example: _____ _____ (30)		
			26. <i>I fear doing something else embarrassing.</i> For example, fear of appearing foolish in social situations. (41)		
			27. <i>I fear that I will act on an unwanted impulse (like stabbing a friend).</i> For example, fear of driving car into a tree, fear of running someone over. (42)		
			28. <i>I have experienced urges to do sudden and reckless things (behaviors).</i> Some examples may include running into the road, jumping in front of a bus, or dangerously turning the steering wheel while driving. (46)		
			29. <i>I have suddenly done risky things, even when I didn't want to.</i> Please write an example: _____ _____ (30)		
			30. <i>I have experienced unreasonable urges to be destructive, such as tearing clothes, breaking glass.</i> (47)		

Aggressive obsessions, cont.

Never	Ever	Current		Age	Ver
			<p>31. <i>I have destroyed things, even when I didn't want to.</i> Please write an example:</p> <p>_____</p> <p>_____ (32)</p>		
			<p>32. <i>I fear I will steal things.</i> For example, fear of "cheating" cashier, fear of shoplifting. (43)</p>		
			<p>33. <i>I fear I will harm others because I am not careful enough (like a hit and run motor vehicle accident).</i> For example, fear of causing an accident without being aware of it. (44)</p>		
			<p>34. <i>I fear bad things happening (such as fire or burglary).</i> For example, fear of causing a fire or burglary because of not being careful in checking the house before leaving. (45)</p>		
			<p>35. <i>I have other aggressive obsessions.</i> Please write an example:</p> <p>_____</p> <p>_____</p>		

Somatic obsessions

Never	Ever	Current		Age	Ver
			<p>36. <i>I am concerned with illness or disease.</i> For example, worries that you have an illness like cancer, heart disease, AIDS, despite reassurance from doctors. (79)</p>		
			<p>37. <i>I am extremely sensitive to certain textures or types of clothing.</i> For example, won't wear socks because the seams are so uncomfortable. Or won't wear clothes with elastic waistbands, or collars.</p>		
			<p>38. <i>I am excessively concerned with a part of my body or an aspect of my appearance.</i> For example, worries that your face, ears, nose, eyes, or other part of your body is hideously ugly, despite reassurance. (80)</p>		
			<p>39. <i>I am overly aware of sensations from various parts of my body, even when I am thinking about other things.</i> Please write an example:</p> <p>_____</p> <p>_____ (34)</p>		
			<p>40. <i>I am extremely sensitive to certain smells.</i> For example, you can't be in the room when someone is cooking because the smells are overpowering.</p>		
			<p>41. <i>I have other somatic obsessions.</i> Please write an example: _____</p> <p>_____</p>		

Sexual obsessions

Never	Ever	Current		Age	Ver
			42. <i>I have forbidden or upsetting sexual thoughts, images, or impulses.</i> For example, unwanted thoughts about strangers, family or friends. (57)		
			43. <i>I have forbidden or upsetting sexual thoughts, images, or impulse about children.</i> For example, thoughts about having sex with children.		
			44. <i>I have forbidden or upsetting sexual thoughts, images, or impulses about homosexuality.</i> Note: only applies to those who are not self-identified as homosexual.		
			45. <i>I have experienced urges to behave aggressively in a sexual manner towards others.</i> Examples include urges to rape or force sexual acts on others. (also aggressive)		
			46. <i>I have other sexual obsessions.</i> Please write an example: _____ _____		

Religious obsessions (scrupulosity)

Never	Ever	Current		Age	Ver
			47. <i>I am concerned with upsetting thoughts having to do with God, religious teachings or beliefs.</i> For example, worries about having such (blasphemous) thoughts, saying sacrilegious things, or being punished for these things. Another example would be thinking that God is an idiot, and feeling guilty or upset about this thought. (59)		
			48. <i>I am excessively concerned with right or wrong (morality).</i> For example, worries about always doing "the right thing", worries about having told a lie or cheated someone. (60)		
			49. <i>I have other religious obsessions.</i> Please write an example: _____ _____		

Hoarding/Saving obsessions

Never	Ever	Current		Age	Ver
			<p>50. <i>I have obsessions about hoarding or saving things. For example, worries about throwing unimportant things away because you might need them in the future, urges to pick up and collect useless things such as candy wrappers, rubber bands, etc. (58) Note: this does not include collecting for a hobby.</i></p>		

Hoarding/Saving compulsions

Never	Ever	Current		Age	Ver
			<p>51. <i>I have compulsions to hoard or collect things. For example, you may have rooms filled with old newspapers, notes, cans, paper towels, wrappers and empty bottles. You don't throw these things away because you fear that you may one day need them. You may also pick up useless objects from the street or from the garbage cans. (19)</i></p>		

Obsession with need for symmetry or exactness

Never	Ever	Current		Age	Ver
			<p>52. <i>I have obsessions about symmetry or need certain things to be symmetrical (such as pictures on a wall, or cushions on a sofa). For example, objects on the mantel need to be exactly symmetrical. I will alter such things if they are not symmetrical. (17,62)</i></p>		
			<p>53. <i>I have obsessions about exactness. For example, worries about papers and books being straight or properly aligned, worries about calculations being done perfectly or handwriting being perfect. (61)</i></p>		
			<p>54. <i>I often have thoughts about lining things up. For example, thoughts about having objects such as tools, utensils, or items on a desktop in an exact line or clothes in color coordinated patterns in the closet, or arranged in a specific order. Or, I visually line up things in the environment. For example, standing in such a way on the street so that all of the street lamps are visually aligned. (64)</i></p>		

Obsessions with symmetry/exactness, cont.

Never	Ever	Current		Age	Ver
			<i>55. I often have thoughts about evening things up. For example, thoughts about having the same things occur on one side of the body as the other, like brushing up against a doorway with the left shoulder and needing to even things up by wanting to go back and brush up against the doorway with the right shoulder. Or tying and retying shoelaces on both feet until the sensation of pressure is the same. (67, 18)</i>		
			<i>56. Something bad will happen if I am not able to make things symmetrical or line things up. For example, my mother will have an accident if the pictures on the wall are crooked.</i>		
			<i>57. When I tell a story or give an answer, I have to give excruciating detail, more than my listeners need or want to know. I have trouble giving less detail, even when asked to do so.</i>		
			<i>58. I am a perfectionist. I will spend hours making sure that my projects are exactly perfect. Often I can't finish a project because it won't be perfect or I won't be able to be satisfied with it.</i>		

Ordering/arranging compulsions

Never	Ever	Current		Age	Ver
			<i>59. I have ordering or arranging compulsions. For example, you may straighten paper items and pens on a desktop or books in a bookcase. You may waste hours arranging things in your house in an "order" and you may become very upset if this order is disturbed. (16)</i>		

Checking compulsions

Never	Ever	Current		Age	Ver
			60. I check (more than once) on things such as gas (stove, oven, heaters), and electrical (coffee/tea pots, curling iron) appliances, door locks, etc. (10)		
			61. I check that I did not or will not harm others. For example, 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. (6)		
			62. I check that I did not or will not harm myself. For example, looking for injuries or bleeding after handling sharp or breakable objects. You may frequently ask for reassurance that you haven't hurt yourself. (7)		
			63. I check that nothing terrible did happen or will happen. For example, you may listen to the radio or television for news about some catastrophe you believed you caused. You may also ask people for reassurance. (8)		
			64. I check that I did not make mistakes. For example, repeated checking while reading, writing, or doing simple calculations to make sure you didn't make a mistake. You can't be sure you didn't make a mistake. (9)		
			65. I check that I did not or will not lose things. For example, repeated checking for your wallet or keys.		

Checking compulsions, cont.

Never	Ever	Current		Age	Ver
			66. I check something related to obsessions about my body. For example, you seek reassurance from friends or doctors that you aren't having a heart attack or getting cancer. You repeatedly take your pulse, blood pressure, or temperature. You check yourself for body odors or check in a mirror, looking for ugly features. (11)		
			67. I have other checking compulsions. Please write an example: _____ _____		

Repeating rituals

Never	Ever	Current		Age	Ver
			68. <i>I re-read or re-write things.</i> For example, you may take 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 re-reading. You may search for a "perfect" word or phrase, or worry that you didn't understand something you just read, or have obsessions about the shape of certain letters. Written items may be erased and rewritten until the paper is worn through. (12)		
			69. <i>I need to repeat routine activities (like going in and out of a doorway or getting up and down from a chair).</i> For example, you may repeat routine activities like turning appliances on and off, combing hair, or looking in a particular direction. You may not feel "right" unless you do these things the "right" number of times. (13)		
			70. <i>I have to do things in the same way every time.</i> For example, bedtime rituals, or washing and dressing rituals. (3)		
			71. <i>I have to keep a strict timetable or routine for doing ordinary activities.</i> (2)		

Counting compulsions

Never	Ever	Current		Age	Ver
			72. <i>I have counting compulsions.</i> For example, you may count objects like ceiling or floor tiles, books in a book case, nails in a wall, or even grains of sand on the beach. You may also count when you repeat certain activities, like washing. (15)		

Miscellaneous obsessions

Never	Ever	Current		Age	Ver
			<i>73. I feel like I need to know or remember certain things.</i> For example, thinking you need to remember insignificant things like license plate numbers, bumper stickers, or tee shirt slogans. (68)		
			<i>74. I fear saying certain things.</i> For example, fear of saying certain words because of superstitious fears, fear of saying "thirteen", fear of saying something that might be disrespectful to a dead person, fear of using words with an apostrophe (because this denotes "possession"). (69)		
			<i>75. I fear not saying just the right thing.</i> For example, fear of having said the wrong thing, fear of not using the "perfect" word. (70)		
			<i>76. I fail to explain things properly in spite of having planned beforehand exactly what I want to say.</i> (71)		
			<i>77. I have intrusive (neutral or non-violent) images come into my mind.</i> For example, random, unwanted images such as innocuous advertisements. (73)		
			<i>78. I often pass the time with pleasurable, useless, repetitive thoughts or images.</i> For example, visual, auditory, word, or number games. (66)		
			<i>79. Intrusive nonsense sounds, words, or music come into my mind.</i> For example, hearing words, songs or music in your mind that you can't stop. (74)		
			<i>80. I am bothered by certain sounds or noises.</i> For example, worries about the sounds of clocks ticking loudly, or voices in another room which may interfere with sleeping. (75)		
			<i>81. I have lucky or unlucky numbers.</i> For example, worries about common numbers like thirteen, having to do activities a certain "lucky" number of times, or having to start an activity only at a certain lucky hour of the day. (76)		
			<i>82. I have colors with special significance.</i> For example, black may be associated with death, red may be associated with blood and injury. You may avoid using objects with certain colors, or only wear certain colors on certain days. (77)		

Miscellaneous obsessions, cont

Never	Ever	Current		Age	Ver
			<p>83. <i>I have silly thoughts that I may influence the outcome of some events if I do certain things.</i> Even though I know these thoughts are not really true, I still can't resist acting on them. An example is thinking that if I run around the basketball court three times, I will get an A on my math test. Please write an example:</p> <p>_____</p> <p>_____ (29,65)</p>		
			<p>84. <i>I have superstitious fears.</i> For example, fear of passing a cemetery, a black cat, walking under a ladder, fear of omens associated with death. (78)</p>		
			<p>85. <i>I have mental rituals (other than checking or counting).</i> For example, mental rituals are like compulsions you do "in your head", like saying prayers excessively, or thinking of a "good" thought to undo a "bad" thought. These differ a bit from obsessions because you do them intentionally to reduce anxiety or feel better. (20)</p>		
			<p>86. <i>I make lists excessively.</i> For example, making lists of everything I have to do in a day, and re-writing it over and over again as things get checked off.</p>		
			<p>87. <i>I need to tell, ask or confess things.</i> For example, you may ask others to reassure you. You may confess to wrong behaviors you never even did. You may feel you have to tell other people certain words to feel better. (22)</p>		
			<p>88. <i>I need to touch, tap or rub things.</i> For example, you may feel the urge to touch rough surfaces like wood, or hot surfaces like an oven. You may feel the urge to lightly touch other people. You might feel you have to touch an object like a telephone to prevent an illness in your family. (24)</p>		
			<p>89. <i>I have rituals involving blinking or staring.</i> (21)</p>		
			<p>90. <i>I take measures (other than checking) to prevent harm to myself or others, or terrible consequences.</i> For example, you may stay away from sharp or breakable objects. You may not handle knives or scissors, and you may stay away from fragile glass. (25)</p>		

Miscellaneous compulsions, cont

Never	Ever	Current		Age	Ver
			<p>91. <i>I have ritualized eating behaviors.</i> For example, you may have to arrange your food, knife and fork in a particular order before eating. You may have to eat according to a strict ritual, or you may not be able to eat until the hands of a clock are exactly on a certain time. (27)</p>		
			<p>92. <i>I have superstitious behaviors.</i> For example, you may not take a bus or train if its number contains an "unlucky" number like 13. You may not leave the house on the 13th of the month. You may throw away clothes you wore while passing a funeral home or cemetery. (28)</p>		
			<p>93. <i>I pull my hair out.</i> For example, you may pull your hair from your scalp, eyebrows, eyelashes, or pubic area. You may use your fingers or tweezers to pull your hair. You may produce bald spots on your scalp that require a wig, or pluck your eyelashes or eyebrows smooth. (36)</p>		
			<p>94. <i>I have other self-damaging or self-mutilating compulsions.</i> For example, you may need to cut or scratch yourself with a sharp object over and over, or to bang your head against a wall.</p>		
			<p>95. <i>I pick at my skin or cuticles.</i> For example, I need to pick at skin imperfections or pimples until they bleed or scar.</p>		

SYMPTOM LIST

Obsessions: _____

Compulsions: _____

Please write your impression of the major category that the OCD symptoms fall into for this individual (i.e., predominantly somatic, predominantly repeating rituals, etc). Please take into account the amount of distress or the impact it has as well as the number of different symptoms present in a particular category.

OBSESSIVE THOUGHTS:

Age of first obsessive thought: _____ years old.

Describe first obsessive thought: _____

Age of worst obsessive thoughts: _____ years old.

COMPULSIVE ACTIONS:

Age of first compulsion: _____ years old.

Describe first compulsive action: _____

Age of worst compulsions: _____ years old.

Have you ever sought help for obsessions or compulsions?

Yes **No**

Have you ever been diagnosed as having Obsessive Compulsive Disorder (OCD)?

Yes **No**

If yes, by whom? _____

How old were you? _____ years old.

Have you ever taken medication for obsessions or compulsions?

Yes **No**

If you have had other treatments (besides medication) for obsessions or compulsions, such as behavioral therapy, please describe:

These questions refer to the "worst ever" time - the time when your symptoms were the very worst.

1. Time occupied by obsessive thoughts. 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 terms of total hours. In such cases, estimate time by determining how frequently they occur. Consider both the number of times the intrusions occur and how many hours of the day are affected. Do not include ruminations and preoccupations that, unlike obsessions, are exaggerated, but not uncomfortable.

- 0 = None
- 1 = Mild, less than 1 hour/day or occasional intrusion
- 2 = Moderate, 1 to 3 hours/day or frequent intrusion
- 3 = Severe, greater than 3 and up to 8 hours/day or very frequent intrusion
- 4 = Extreme, greater than 8 hours/day or near constant intrusion

1b. Obsession-free interval. On average, what is the longest number of consecutive waking hours per day that you are completely free of obsessive thoughts?

- 0 = No symptoms
- 1 = Long symptom-free interval, more than 8 consecutive waking hours per day symptom-free.
- 2 = Moderately long symptom-free interval, between 3 and 8 consecutive hours/day symptom-free.
- 3 = Short symptom-free interval, from 1 to 3 consecutive hours/day symptom-free.
- 4 = Extremely short symptom-free interval, less than 1 consecutive hour/day symptom-free.

2. Interference due to obsessive thoughts. 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, how much would your performance be impaired if you were working?

- 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.

3. Distress associated with obsessive thoughts. How much distress do your obsessive thoughts cause you? This can be anxiety caused by obsessions, or other forms of distress caused by obsessions.

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

4. Resistance against obsessions. 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. This is not necessarily related to your ability to control the obsessive thoughts, which can vary. What is important here is whether or not you try to resist them.

- () 0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist them.
- () 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.

5. Degree of control over obsessive thoughts. 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 = 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.

These questions refer to the "worst ever" time - the time when your symptoms were the very worst.

The next several questions are about your compulsive behaviors.

6. Time spent performing compulsive behaviors. 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? If compulsions occur as brief, intermittent behaviors, estimate time by determining how frequently they are performed, including both the number of times compulsions are performed and how many hours of the day are affected. Count separate occurrences of compulsive behaviors, not repetitions. A person who goes to the bathroom 20 different times a day to wash his hands 5 times performs 20 compulsions a day, not 5 or $5 \times 20 = 100$.

- () 0 = None
- () 1 = Mild (spends less than one hour/day performing compulsions) or occasional performance of compulsive behaviors (no more than 5 times a day).
- () 2 = Moderate (spends from 1 to 3 hours/day performing compulsions), or frequent performance of compulsive behaviors (more than 8 times a day, but most of the day is free of these behaviors).
- () 3 = Severe (spends more than 3 and up to 8 hours/day performing compulsions) or very frequent performance of compulsive behaviors (occur more than 8 times a day).
- () 4 = Extreme (spends more than 8 hours/day performing compulsions) or near constant performance of compulsive behaviors (too numerous to count).

6b. Compulsion-free interval. On average, what is the longest number of consecutive waking hours per day that you are completely free of compulsive behavior?

- () 0 = No symptoms
- () 1 = Long symptom-free interval, more than 8 consecutive waking hours per day symptom-free.
- () 2 = Moderately long symptom-free interval, between 3 and 8 consecutive hours/day symptom-free.
- () 3 = Short symptom-free interval, from 1 to 3 consecutive hours/day symptom-free.
- () 4 = Extremely short symptom-free interval, less than 1 consecutive hour/day symptom-free.

7. Interference due to compulsive behaviors. 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 them? If currently not working, how much would your performance be impaired if you were working?

- () 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.

8. Distress associated with compulsive behaviors. How would you feel if prevented from performing your compulsions? How anxious do you get while performing compulsions until you are satisfied?

- () 0 = None
- () 1 = Mild, only slightly anxious if compulsions prevented, or only slight anxiety during performance of compulsions.
- () 2 = Moderate, anxiety would increase if compulsions prevented, or anxiety increases, but still manageable during performance of compulsions.
- () 3 = Severe, prominent and very disturbing increase in anxiety if compulsions interrupted, or prominent and very disturbing increase in anxiety during performance of compulsions.
- () 4 = Extreme, incapacitating anxiety from any intervention aimed at modifying the activity, or incapacitating anxiety develops during performance of compulsions.

9. Resistance against compulsions. How much of an effort do you make to resist the compulsions? This is not necessarily related to your ability to control the compulsions, which can vary. What is important here is whether or not you try to resist them.

- () 0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist them.
- () 1 = Tries to resist most of the time.
- () 2 = Makes some effort to resist.
- () 3 = Yields to all compulsions without attempting to control them, but does so with some reluctance..
- () 4 = completely and willingly yields to all compulsions.

10. Degree of control over compulsive behavior. How much control do you have over your compulsions?

- () 0 = Complete control
- () 1 = 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 experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity.

11. Insight into obsessions and compulsions. Do you think your concerns or behaviors are reasonable? What do you think would happen if you did not perform the compulsions? Are you convinced that something would really happen?

- () 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 behaviors are reasonable, unresponsive to contrary evidence.

12. Avoidance. 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, how much do you avoid?

- () 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.

13. Degree of indecisiveness. 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)?

- () 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.

14. Overvalued sense of responsibility. 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?

- () 0 = None
- () 1 = Mild, only mentioned on questioning, slight sense of over-responsibility.
- () 2 = Moderate control, 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/her 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).

15. Pervasive slowness/disturbance of inertia. Do you have difficulty starting or finishing tasks? Do many routine activities take longer than they should? (Not due to psychomotor retardation due to depression).

- () 0 = None
- () 1 = 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.

16. Pathological doubting. 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 = 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 (i.e., patient states "my mind doesn't trust what my eyes see").

17. Global severity. Interviewer's judgement of the overall severity of the patient's illness. Rated from 0 (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.

- () 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 to severe symptoms, limited functioning.
- () 5 = Severe symptoms, functions mainly with assistance.
- () 6 = Extremely severe symptoms, completely nonfunctional.

19. Reliability. Rate the overall reliability of the rating scores obtained. Factors that may affect reliability include the patient's cooperativeness and his/her natural ability to communicate. The type and severity of obsessive-compulsive symptoms may interfere with the patient's concentration, attention, or freedom to speak spontaneously.

- () 0 = Excellent, no reason to suspect data unreliable.
- () 1 = Good, factors present that may adversely affect reliability.
- () 2 = Fair, factors present that definitely reduce reliability.
- () 3 = Poor, very low reliability.

Scores:

Obsession subtotal: (add scores 1-5, excluding 1b) _____

Compulsion subtotal: (add scores 6-10, excluding 6b) _____

Y-BOCS total (add scores 1-10, excluding 1b and 6b) _____