This is a Sample version of the

Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

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The full complete version includes –

- Overview & administration guide.
- Scoring Instructions
- Y-BOCS Symptom Checklist
- Complete 21 item sets questioner/Test
- Scoring forms

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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 judgment 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 cad 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 occu r 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 tie 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 admuista the Y-BOCS twice: once for conventional obsessivecompulsive 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 lb and 6b) are used to determine the total score. The total Y-BOCS score is the sum of items 1-10 (excluding lb and 6b), whereas the obsession and compulsion subtotals are the sums of items 1-5 (excluding lb) and 10 (excluding 6b3; respectively.

The Y-BOCS of Goodman et al. 1989 is not used to make a diagnosis, but to assess the severity of the symptoms of obsessive-compulsive disorder (OCD), and to follow response to treatment. Intensity of symptoms, subjective distress, control, resistance, and interference are rated for the previous 7 days. Interference of activities is the impairment of social and occupational function. Feelings of resistance indicate the patient's effort in countering obsessional thinking and compulsive behavior.
To be able to determine changes over time and maintain consistency, symptoms are to be rated for the last week, not for a specific time and not specifically on the day of testing. The Y-BOCS is divided into two sections: obsessive and compulsive. The scores for each section range from 0 to 20. When the two sections of the Y-BOCS are added, a score of 25 or more is considered moderately severe, a score of 30 or more is considered severe, and a score of more than 35 is considered very severe.
I have found that it takes a considerable amount of time to feel comfortable using the Y-BOCS. For many patients, estimating the time spent thinking about an obsession or compulsion is a difficult task. It is much easier to use on an inpatient unit, or when significant others can be asked for input. Otherwise, both patient and rater must work together over time to learn to make consistent ratings.
Generally the Y-BOCS is more sensitive to changes in obsessive-compulsive symptoms than to symptoms of anxiety and depression, although at times they will seem to go hand in hand. The scale might also be used when patients with psychotic disorders improve. It is not uncommon for them to become more obsessive and at times compulsive. For some patients, this result is a way of ordering what has been a disorderly life; for others, it may be a medication side effect, such as occurs with higher doses of clozapine.

Yale-Brown Obsessive Compulsive Scale (YBOCS) The YBOCS was developed in the late 1980s to measure the severity of symptoms in obsessive-compulsive disorder. It has 10 items rated on the basis of a semistructured interview. The first five items concern obsessions: the amount of time they consume, the degree to which they interfere with normal functioning, the distress they cause, the patient's attempts to resist them, and the patient's ability to control them. The remaining five items ask parallel questions about compulsions. Each item has a set of item-specific anchors scored 0 to 4, so total scores for obsessions and compulsions each range from 0 to 20, and overall total score ranges from 0 to 40. Typical scores for patients with obsessive-compulsive disorder are in the 16 to 30 range, and a threshold of 16 is typically used for inclusion in drug trials. The semistructured interview and ratings can be completed in 15 minutes or less. A self-administered version has recently been developed and can be completed in 10 to 15 minutes. Computerized and telephone use also provide acceptable ratings. Prior to the first use of the YBOCS, an associated 64-item checklist is administered to provide a more detailed assessment of the specific content of the patient's obsessions and delusions. Reliability studies of the YBOCS show good internal consistency, interrater reliability, and test-retest reliability over a 1-week interval. Validity appears good, although data are fairly limited in this developing field. The YBOCS has become the standard instrument for assessing obsessive-compulsive disorder severity and is used in virtually every drug trial. It may also be used clinically to monitor treatment response.

Y-BOCS SYMPTOM CHECKLIST

Check all that apply, but clearly mark the principal symptoms with a "P", (Rater must ascertain whether reported behaviors are bona fide symptoms of OCD, and not symptoms of another disorder er such as Simple Phobia or Hypochondriasis. Items married "*" may or may not be OCD phenomena.)

AGGRESSIVE OBSESSIONS	Current	Past
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 MVA)	☐	☐
Fear will be responsible for some thing else terrible happening (e.g. fire, burglary)	☐	☐
Other	☐	☐

This is the end of the Sample version of Y-BOCS SYMPTOM CHECKLIST. Full version contains 15 sets if question criteria.

TARGET SYMPTOM LIST

Obsessions:	
	1.
	2.
	3.

COMPULSIONS:	
	1.
	2.
	3.

AVOIDANCE:	
	1.
	2.
	3.

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"I am now going to ask several questions about your obsessive thoughts." [Make specific reference to the patient's target obsessions.]

1. TIME OCCUPED BY OBSESSIVE THOUGHTS

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

Q: 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. Ask:1 How frequently do the obsessive thoughts occur? [Be sure to exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated).]	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

I b. OBSESSION-FREE INTERVAL (not included in total score)

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

Q: On the average, what is the longest number of consecutive waking hours per day that you are completely free of obsessive thoughts? [If necessary, ask:1 What is the longest block of time in which obsessive thoughts are absent?	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

This is the end of the Sample version of YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS). Full version contains 21 sets of question criteria. Plus complete scoring form.