

Yale-Brown Obsessive Compulsive Scale Checklist (Y-BOCS)

Client Name: _____ Date of Birth: _____ Today's Date: _____

Name and relationship of person completing this form (if not self): _____

Please indicate if you have ever exhibited any of the obsessions or compulsions listed below. Remember, obsessions are unwanted, intrusive thoughts. Compulsions are repetitive behaviors or thoughts that a person uses with the intention of making their obsessions go away.

Obsessions

Contamination

	Current	Past Only
Concern or disgust with bodily waste or secretions	<input type="checkbox"/>	<input type="checkbox"/>
Concern with dirt or germs	<input type="checkbox"/>	<input type="checkbox"/>
Excessive concern with household items (e.g., cleansers solvents)	<input type="checkbox"/>	<input type="checkbox"/>
Excessive concern with environmental contaminants	<input type="checkbox"/>	<input type="checkbox"/>
Bothered by sticky substances or residues	<input type="checkbox"/>	<input type="checkbox"/>
Concerned with getting ill (e.g., AIDS)	<input type="checkbox"/>	<input type="checkbox"/>
Concerned you will get others ill by spreading germs	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Aggressive/Harming

	Current	Past Only
Fear might harm self	<input type="checkbox"/>	<input type="checkbox"/>
Fear might harm others	<input type="checkbox"/>	<input type="checkbox"/>
Violent or horrific images	<input type="checkbox"/>	<input type="checkbox"/>
Fear of blurting out obscenities or insults	<input type="checkbox"/>	<input type="checkbox"/>
Fear will harm others because not careful enough (e.g., accidentally running over someone with car)	<input type="checkbox"/>	<input type="checkbox"/>
Fear of being responsible for something else terrible happening (e.g., fire, burglary)	<input type="checkbox"/>	<input type="checkbox"/>
Fear of doing something else embarrassing	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Hoarding/Saving

	Current	Past Only
Excessive collecting or saving	<input type="checkbox"/>	<input type="checkbox"/>
Fear of losing or throwing out items by mistake	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Need for Symmetry or Exactness

	Current	Past Only
Bothered by things not lined up or being in order	<input type="checkbox"/>	<input type="checkbox"/>
The need for things to be perfect or "just right"	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Moral or Religious Obsessions (Scrupulosity)

Excessive concern with sacrilege or blasphemy (offending God)

Current **Past Only**

Excessive concern with right/wrong, morality

Other: _____

Sexual Obsessions

Personally unacceptable sexual thoughts/images/impulses

Current **Past Only**

Content involves children or incest

Content involves homosexuality

Content involves aggressive sexual behavior toward others

Other: _____

Somatic

Excessive concern with illness or disease

Current **Past Only**

Excessive concern with body part(s) or appearance

Other: _____

Other

Magical thoughts or superstitions (e.g., lucky or unlucky numbers, words, etc.)

Current **Past Only**

The need to tell or confess

Intrusive sounds, words, music, or images

After completing routine activities, doubts whether performed or not

Other: _____

Compulsions:

Cleaning/Washing Compulsions

Excessive or ritualized hand washing

Current **Past Only**

Excessive or ritualized bathing, toothbrushing, grooming, or toilet routine

Cleaning of household items or other inanimate objects

Other: _____

Checking Compulsions

Checking locks, stove, appliances, water faucets, school/work items

Current **Past Only**

Checking that did not harm self

Checking that did not harm others

Checking that did not make mistake (e.g., balancing checkbook over and over)

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Checking related to somatic obsessions (e.g., self for signs of cancer)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Repeating Compulsions	Current	Past Only
Rereading or rewriting	<input type="checkbox"/>	<input type="checkbox"/>
Repeats same question	<input type="checkbox"/>	<input type="checkbox"/>
Need to repeat routine activities (e.g., opening door, turning items on/off)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hoarding/Collecting Compulsions	Current	Past Only
Difficulty throwing things away	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Ordering/Arranging Compulsions	Current	Past Only
Lines up items in fixed order	<input type="checkbox"/>	<input type="checkbox"/>
Need for symmetry (e.g., shoelaces must be at same tension, socks at same height)	<input type="checkbox"/>	<input type="checkbox"/>
Can't complete activity until just right	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Compulsions	Current	Past Only
Mental rituals	<input type="checkbox"/>	<input type="checkbox"/>
Counting compulsions	<input type="checkbox"/>	<input type="checkbox"/>
Excessive list making	<input type="checkbox"/>	<input type="checkbox"/>
Pathological slowness	<input type="checkbox"/>	<input type="checkbox"/>
Need to tell, ask, confess	<input type="checkbox"/>	<input type="checkbox"/>
Superstitious behaviors	<input type="checkbox"/>	<input type="checkbox"/>
Asking for reassurance over and over	<input type="checkbox"/>	<input type="checkbox"/>
Self-damaging behaviors	<input type="checkbox"/>	<input type="checkbox"/>
Rituals involving blinking or staring	<input type="checkbox"/>	<input type="checkbox"/>
Need to touch, tap, or rub	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>