

Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Patient Code: _____	Date of visit: / /
Clinician: _____	Type of Assessment: Pre () Post ()

Note: Score should reflect the composite effect of all the patient's obsessive compulsive symptoms. Rate the average occurrence of each item during the prior week up to and including the time of interview.

Part1: Obsession Rating Scale (Circle appropriate Score)

Item	Range of Severity					
1.Time Spent on Obsessions: How much of your time is occupied by obsessive thoughts?	Score	0hr/day	0-1hr/day	1-3hr/day	3-8hr/day	>8hr/day
		0	1	2	3	4
2.Interference from Obsessions: How much do your obsessive thoughts interfere with your social or work (or role) functioning?	Score	None	Mild (slight interference)	Moderate (still manageable)	Severe (substantial impairment)	Extreme (incapacitating)
		0	1	2	3	4
3.Distress from Obsessions: How much distress do your obsessive thoughts cause you?	Score	None	Mild (little)	Moderate (but manageable)	Severe (very disturbing)	Extreme (near constant disabling)
		0	1	2	3	4
4.Resistance to Obsessions: How much of an effort do you make to resist the obsessive thoughts?	Score	Always resists	Much resistance	Some resistance	Often yields (without control)	Completely yields (without control)
		0	1	2	3	4
5.Degrees of Control over Obsessions How much control do you have over your obsessive thoughts?	Score	Complete control	Much control	Some control	Little control	No control
		0	1	2	3	4
Subtotal Score of Obsession	(Items 1-5)					

Part2: Compulsion Rating Scale (Circle appropriate Score)

Item	Range of Severity					
6.Time Spent on Compulsions: How much do you spend performing compulsive behaviours?	Score	0hr/day	0-1hr/day	1-3hr/day	3-8hr/day	>8hr/day
		0	1	2	3	4
7.Interference from Compulsions: How much do your compulsive thoughts interfere with your social or work (or role) functioning?	Score	None	Mild (slight interference)	Moderate (still manageable)	Severe (substantial impairment)	Extreme (incapacitating)
		0	1	2	3	4
8.Distress from Compulsions: How much distress do your obsessive thoughts cause you?	Score	None	Mild (little)	Moderate (but manageable)	Severe (very disturbing)	Extreme (near constant disabling)
		0	1	2	3	4
9.Resistance Compulsions: How much of an effort do you make to resist the compulsions?	Score	Always resists	Much resistance	Some resistance	Often yields (without control)	Completely yields (without control)
		0	1	2	3	4
10.Degrees of Control over Compulsions How strong is the drive to perform the compulsive behaviour?	Score	Complete control	Much control	Some control	Little control	No control
		0	1	2	3	4
Subtotal Score of Compulsions	(Items 6-10)					
Total Score of Y-B.OCD	(Items 1-10)					

Total Y-B.OCD score range of severity for patients who have both obsessions and compulsions:

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