

# Y-BOCS Symptom Checklist

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Generate a Target Symptoms List from the attached Y-BOCS Symptom Checklist by asking the patient about specific obsessions and compulsions. Check all that apply. Distinguish between current and past symptoms. Mark principal symptoms with a "p". These will form the basis of the Target Symptoms List. Items marked may "\*" or may not be an OCD phenomena.

Current	Past		Current	Past	
<input type="checkbox"/>	<input type="checkbox"/>	<b>AGGRESSIVE OBSESSIONS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS OBSESSIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm self	<input type="checkbox"/>	<input type="checkbox"/>	Need to know or remember
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm others	<input type="checkbox"/>	<input type="checkbox"/>	Fear of saying certain things
<input type="checkbox"/>	<input type="checkbox"/>	Violent or horrific images	<input type="checkbox"/>	<input type="checkbox"/>	Fear of not saying just the right thing
<input type="checkbox"/>	<input type="checkbox"/>	Fear of blurting out obscenities or insults	<input type="checkbox"/>	<input type="checkbox"/>	Fear of losing things Intrusive (nonviolent) images
<input type="checkbox"/>	<input type="checkbox"/>	Fear of doing something else embarrassing*	<input type="checkbox"/>	<input type="checkbox"/>	Intrusive nonsense sounds, words, or music
<input type="checkbox"/>	<input type="checkbox"/>	Fear will act on unwanted impulses (e.g., to stab friend)	<input type="checkbox"/>	<input type="checkbox"/>	Bothered by certain sounds/noises*
<input type="checkbox"/>	<input type="checkbox"/>	Fear will steal things	<input type="checkbox"/>	<input type="checkbox"/>	Lucky/unlucky numbers
<input type="checkbox"/>	<input type="checkbox"/>	Fear will harm others because not careful enough (e.g. hit/run motor vehicle accident)	<input type="checkbox"/>	<input type="checkbox"/>	Colors with special significance 3 superstitious fears
<input type="checkbox"/>	<input type="checkbox"/>	Fear will be responsible for something else terrible happening (e.g., fire, burglary)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<b>SOMATIC OBSESSIONS</b>
		<b>CONTAMINATION OBSESSIONS</b>	<input type="checkbox"/>	<input type="checkbox"/>	Concern with illness or disease*
<input type="checkbox"/>	<input type="checkbox"/>	Concerns or disgust w/ with bodily waste or secretions (e.g., urine, feces, saliva)	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with body part or aspect of Appearance (eg., dysmorphophobia)*
<input type="checkbox"/>	<input type="checkbox"/>	Concern with dirt or germs	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with environmental contaminants (e.g. asbestos, radiation toxic waste)	<input type="checkbox"/>	<input type="checkbox"/>	<b>CLEANING/WASHING COMPULSIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with household items (e.g., cleansers solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized handwashing
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with animals (e.g., insects)	<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized showering, bathing, toothbrushing grooming, or toilet routine
<input type="checkbox"/>	<input type="checkbox"/>	Bothered by sticky substances or residues	<input type="checkbox"/>	<input type="checkbox"/>	Involves cleaning of household items or other inanimate objects
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get ill because of contaminant	<input type="checkbox"/>	<input type="checkbox"/>	Other measures to prevent or remove contact with contaminants
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get others ill by spreading contaminant (Aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	No concern with consequences of contamination other than how it might feel	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHECKING COMPULSIONS</b>
		<b>SEXUAL OBSESSIONS</b>	<input type="checkbox"/>	<input type="checkbox"/>	Checking locks, stove, appliances etc.
<input type="checkbox"/>	<input type="checkbox"/>	Forbidden or perverse sexual thoughts. images. or impulses	<input type="checkbox"/>	<input type="checkbox"/>	Checking that did rot/will not harm others
<input type="checkbox"/>	<input type="checkbox"/>	Content involves children or incest	<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not/will not harm self
<input type="checkbox"/>	<input type="checkbox"/>	Content involves homosexuality*	<input type="checkbox"/>	<input type="checkbox"/>	Checking that nothing terrible did/will happen
<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior towards others (Aggressive)*	<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not make mistake
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Checking tied to somatic obsessions
		<b>HOARDING/SAVING OBSESSIONS</b>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	(distinguish from hobbies and concern with objects of monetary or sentimental value)	<input type="checkbox"/>	<input type="checkbox"/>	<b>REPEATING RITUALS</b>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rereading or rewriting
		<b>RELIGIOUS OBSESSIONS (Scrupulosity)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Need to repeat routine activities jog, in/out door, up/down from chair)
<input type="checkbox"/>	<input type="checkbox"/>	Concerned with sacrilege and blasphemy	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Excess concern with right/wrong, morality	<input type="checkbox"/>	<input type="checkbox"/>	<b>COUNTING COMPULSIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<b>OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ORDERING/ARRANGING COMPULSIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Accompanied by magical thinking (e.g., concerned that another will have accident dent unless less things are in the right place)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Not accompanied by magical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<b>HOARDING/COLLECTING COMPULSIONS</b>
					(distinguish from hobbies and concern with objects of monetary or sentimental value (e.g., carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects.)
					_____

- | Current                  | Past                     | MISCELLANEOUS COMPULSIONS                                                               |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Mental rituals (other than checking/counting)                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive listmaking                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Need to tell, ask, or confess                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Need to touch, tap, or rub*                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Rituals involving blinking or staring*                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Measures (not checking) to prevent: harm to self - harm to others terrible consequences |
| <input type="checkbox"/> | <input type="checkbox"/> | Ritualized eating behaviors*                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Superstitious behaviors                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Trichotillomania *                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Other self-damaging or self-mutilating behaviors*                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                                                                            |

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**Additional Comments**