

Yale Brown Obsessive-Compulsive Scale (Y-BOCS)

Patient's Full Name: _____ Date Assessed: _____

Clinician's Full Name: _____

Instructions: Please select the answer that best represents you per item.

	(0)	(1)	(2)	(3)	(4)
Obsessions These are recurring intrusive thoughts, fears, urges, and even images.					
1. How much time do you spend on obsessive thoughts?	<input type="radio"/> None	<input type="radio"/> 0-1 hrs/day	<input type="radio"/> 1-3 hrs/day	<input type="radio"/> 3-8 hrs/day	<input type="radio"/> More than 8 hrs/day
2. How much do your obsessive thoughts interfere with your personal, social, or work life?	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Definite but manageable	<input type="radio"/> Substantial interference	<input type="radio"/> Severe
3. How much do your obsessive thoughts distress you?	<input type="radio"/> None	<input type="radio"/> Little	<input type="radio"/> Moderate but manageable	<input type="radio"/> Severe	<input type="radio"/> Nearly constant, Disabling
4. How hard do you try to resist your obsessions?	<input type="radio"/> Always try	<input type="radio"/> Try much of the time	<input type="radio"/> Try some of the time	<input type="radio"/> Rarely try. Often yield	<input type="radio"/> Never try. Completely yield
5. How much control do you have over your obsessive thoughts?	<input type="radio"/> Complete control	<input type="radio"/> Much control	<input type="radio"/> Some control	<input type="radio"/> Little control	<input type="radio"/> No control
Compulsions Specific behaviors that you repeat from time to time to lessen your distress and anxiety.					
6. How much time do you spend performing compulsive behaviors?	<input type="radio"/> None	<input type="radio"/> 0-1 hrs/day	<input type="radio"/> 1-3 hrs/day	<input type="radio"/> 3-8 hrs/day	<input type="radio"/> More than 8 hrs/day
7. How much do your compulsive behaviors interfere with your personal, social, or work life?	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Definite but manageable	<input type="radio"/> Substantial interference	<input type="radio"/> Severe
8. How anxious would you feel if you were prevented from performing your compulsive behaviors?	<input type="radio"/> None	<input type="radio"/> Little	<input type="radio"/> Moderate but manageable	<input type="radio"/> Severe	<input type="radio"/> Nearly constant, Disabling
9. How hard do you try to resist your compulsive behaviors?	<input type="radio"/> Always try	<input type="radio"/> Try much of the time	<input type="radio"/> Try some of the time	<input type="radio"/> Rarely try. Often yield	<input type="radio"/> Never try. Completely yield
10. How much control do you have over your compulsive behaviors?	<input type="radio"/> Complete control	<input type="radio"/> Much control	<input type="radio"/> Some control	<input type="radio"/> Little control	<input type="radio"/> No control

Total Score: _____

Scoring

- 8-15 = Mild Obsessive-Compulsive Disorder
- 16-23 = Moderate Obsessive-Compulsive Disorder
- 24-31 = Severe Obsessive-Compulsive Disorder
- 32-40 = Extreme Obsessive-Compulsive Disorder

References

- Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., et al., The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Arch Gen Psychiatry*, 1989. 46(11): p. 1006-11.
- Rapp, A. M., Bergman, R. L., Piacentini, J., & McGuire, J. F., Evidence-Based Assessment of Obsessive-Compulsive Disorder. *J Cent Nerv Syst Dis*, 2016. 8: p. 13-29. PMC4994744.