YBOCS Scoring

Patient Information

Name:		Date of Assessment:
Gender:		Age:
Clinical History		
BOCS SCORING	(Caara 0 20)	
Obsessive Thoughts ((Score 0-20)	
Score:		
□ 0: None		
☐ 5: Mild		
□ 5: Mild□ 10: Moderate		
_		
10: Moderate		
10: Moderate 15: Severe		
☐ 10: Moderate☐ 15: Severe☐ 20: Extreme		

Compulsive Behaviors (Score 0-20)

Score:	
0: None	
5: Mild	
☐ 10: Moderate	
☐ 15: Severe	
☐ 20: Extreme	
Comments:	
Resistance/Control (Sco	re 0-10)
Score:	
□ 0: Complete control	
☐ 5: Some control	
☐ 10: Little or no control	
Comments:	
Total YBOCS Score (0-50	0)
Total Score:	

Treatment Recommendations
Follow-Up Plan
Additional Notes

Clinical Impression