YBOCS Scoring

Patient Information

Name:	Date of Assessment:
Gender:	Age:

Clinical History

YBOCS SCORING

Obsessive Thoughts (Score 0-20)

Score:	

- ☐ 0: None
- ☐ 5: Mild
- ☐ 10: Moderate
- ☐ 15: Severe
- ☐ 20: Extreme

Comments:

Compulsive Behaviors (Score 0-20)

Score:	

- [ ] 0: None
- [ ] 5: Mild
- [ ] 10: Moderate
- [ ] 15: Severe
- [ ] 20: Extreme

Comments:

Resistance/Control (Score 0-10)

Score:	

- [ ] 0: Complete control
- [ ] 5: Some control
- [ ] 10: Little or no control.

Comments:

Total YBOCS Score (0-50)

Total Score:	

Clinical Impression

Treatment Recommendations

Follow-Up Plan

Additional Notes