

YBOCS Symptom Checklist

Full Name: _____ Date: _____

Instructions: Generate a Target Symptoms List from the attached YBOCS 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 with an asterisk (*) may or may not be an OCD phenomena.

<i>Current</i>	<i>Past</i>	Aggressive Obsessions	<i>Current</i>	<i>Past</i>	Obsession with Need for Symmetry or Exactness
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm self	<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"/>	Fear might harm others	<input type="checkbox"/>	<input type="checkbox"/>	Not accompanied by magical thinking
<input type="checkbox"/>	<input type="checkbox"/>	Violent or horrific images			
<input type="checkbox"/>	<input type="checkbox"/>	Fear of blurting out obscenities or insults	<i>Current</i>	<i>Past</i>	Miscellaneous Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Fear of doing something else embarrassing*	<input type="checkbox"/>	<input type="checkbox"/>	Need to know or remember
<input type="checkbox"/>	<input type="checkbox"/>	Fear will act on unwanted impulses (e.g., to stab friend)	<input type="checkbox"/>	<input type="checkbox"/>	Fear of saying certain things
<input type="checkbox"/>	<input type="checkbox"/>	Fear will steal things	<input type="checkbox"/>	<input type="checkbox"/>	Fear of not saying just the right thing
<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"/>	Fear of losing things
<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"/>	Intrusive (nonviolent) images
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Intrusive nonsense sounds, words, or music
			<input type="checkbox"/>	<input type="checkbox"/>	Bothered by certain sounds/noises*
<i>Current</i>	<i>Past</i>	Contamination Obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Lucky/unlucky numbers
<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"/>	Colors with special significance 3 superstitious fears
<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)	<i>Current</i>	<i>Past</i>	Somatic Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with household items (e.g., cleansers, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Concern with illness or disease*
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with animals (e.g., insects)	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with body part or aspect of Appearance (e.g., dysmorphophobia)*
<input type="checkbox"/>	<input type="checkbox"/>	Bothered by sticky substances or residues	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get ill because of contaminant	<i>Current</i>	<i>Past</i>	Cleaning/Washing Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get others ill by spreading contaminant(Aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized handwashing
<input type="checkbox"/>	<input type="checkbox"/>	No concern with consequences of contamination other than how it might feel	<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routine
			<input type="checkbox"/>	<input type="checkbox"/>	Involves cleaning of household items or other inanimate objects
<i>Current</i>	<i>Past</i>	Sexual Obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Other measures to prevent or remove contact with contaminants
<input type="checkbox"/>	<input type="checkbox"/>	Forbidden or perverse sexual thoughts, images, or impulses	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Content involves children or incest	<i>Current</i>	<i>Past</i>	Checking Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Content involves homosexuality*	<input type="checkbox"/>	<input type="checkbox"/>	Checking locks, stove, appliances etc.
<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior towards others (Aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	Checking that did rot/will not harm others
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not/will not harm self
<i>Current</i>	<i>Past</i>	Hoarding/Saving Obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Checking that nothing terrible did/will happen
<input type="checkbox"/>	<input type="checkbox"/>	(Distinguish from hobbies and concern with objects of monetary or sentimental value)	<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not make mistake
			<input type="checkbox"/>	<input type="checkbox"/>	Checking tied to somatic obsessions
<i>Current</i>	<i>Past</i>	Religious Obsessions (Scrupulosity)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Concerned with sacrilege and blasphemy			
<input type="checkbox"/>	<input type="checkbox"/>	Excess concern with right/wrong, morality			
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

Adapted from Goodman, W.K., Price, L.H., Rasmussen, S.A. et al.: "The Yale-Brown Obsessive Compulsive Scale." Arch Gen Psychiatry 46:1006 1011,1989

<i>Current</i>	<i>Past</i>	Repeating Rituals	<i>Current</i>	<i>Past</i>	Miscellaneous Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Rereading or rewriting	<input type="checkbox"/>	<input type="checkbox"/>	Mental rituals (other than checking/counting)
<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"/>	Excessive list-making
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Need to tell, ask, or confess
<i>Current</i>	<i>Past</i>	Counting Compulsions	<input type="checkbox"/>	<input type="checkbox"/>	Need to touch, tap, or rub*
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rituals involving blinking or staring*
<i>Current</i>	<i>Past</i>	Ordering/Arranging Compulsions	<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"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ritualized eating behaviors*
<i>Current</i>	<i>Past</i>	Hoarding/Collecting Compulsions	<input type="checkbox"/>	<input type="checkbox"/>	Superstitious behaviors Trichotillomania *
		(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.)	<input type="checkbox"/>	<input type="checkbox"/>	Other self-damaging or self-mutilating behaviors*
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Additional Comments

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