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CY-BOCS Symptom Checklist

Children's Yale-Brown Obsessive Compulsive Scale

Administering the CY-BOCS Symptom Checklist and CY-BOCS Severity Ratings

1. Establish the diagnosis of obsessive compulsive disorder.
2. Using the CY-BOCS Symptom Checklist (below), ascertain current and past symptoms.
3. Next, administer the 10-item severity ratings (other form) to assess the severity of the OCD during the last week.
4. Readminister the CY-BOCS Severity Rating Scale to monitor progress.

Patient _____ Date _____

CY-BOCS Obsessions Checklist

Check all symptoms that apply (Items marked "*" may or may not be OCD Phenomena)

Current	Past	Contamination Obsessions	Current	Past	Sexual Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Concern with dirt, germs, certain illnesses (e.g., AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	Forbidden or perverse sexual thoughts, images, impulses
<input type="checkbox"/>	<input type="checkbox"/>	Concerns or disgust with bodily waste or secretions (e.g., urine, feces, saliva)	<input type="checkbox"/>	<input type="checkbox"/>	Content involves homosexuality*
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)	<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior towards others (aggressive)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with household items (e.g., cleaners, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concerns about animals/insects	<input type="checkbox"/>	<input type="checkbox"/>	Hoarding/Saving Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Excessively bothered by sticky substances or residues	<input type="checkbox"/>	<input type="checkbox"/>	Fear of losing things
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get ill because of contaminant	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get others ill by spreading contaminant (aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	Magical Thoughts / Superstitious Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	No concern with consequences of contamination other than how it might feel*	<input type="checkbox"/>	<input type="checkbox"/>	Lucky/unlucky numbers, colors, words
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
		Aggressive Obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Somatic Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm self	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with illness or disease*
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm others	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with body part or aspect of appearance (e.g., dysmorphophobia) *
<input type="checkbox"/>	<input type="checkbox"/>	Fear harm will come to self	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fear harm will come to others (maybe because of something child did or did not do)	<input type="checkbox"/>	<input type="checkbox"/>	Religious Obsessions (Scrupulosity)
<input type="checkbox"/>	<input type="checkbox"/>	Violent or horrific images	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern or fear of offending religious objects
<input type="checkbox"/>	<input type="checkbox"/>	Fear of blurting out obscenities or insults	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with right/wrong, morality
<input type="checkbox"/>	<input type="checkbox"/>	Fear of doing something else embarrassing*	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fear will act on unwanted impulses (e.g. to stab a family member)	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Fear will steal things	<input type="checkbox"/>	<input type="checkbox"/>	The need to know or remember
<input type="checkbox"/>	<input type="checkbox"/>	Fear will be responsible for something else terrible happening (e.g., fire, burglary, flood)	<input type="checkbox"/>	<input type="checkbox"/>	Fear of saying certain things
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Fear of not saying just the right thing
			<input type="checkbox"/>	<input type="checkbox"/>	Intrusive (non-violent) images
			<input type="checkbox"/>	<input type="checkbox"/>	Intrusive sounds, words, music or numbers
			<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____

Target Symptom List for Obsessions

OBSSESSIONS (describe, listing by order of severity, with #1 being the most severe, #2 second most severe, etc.):

1. _____
2. _____
3. _____
4. _____

CY-BOCS Compulsions Checklist

Check all symptoms that apply (Items marked "*" may or may not be OCD Phenomena)

Current	Past		Current	Past	
<input type="checkbox"/>	<input type="checkbox"/>	Washing/Cleaning Compulsions			Hoarding/Saving Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized handwashing			[distinguish from hobbies and concern with objects of monetary or sentimental value]
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized showering, bathing, toothbrushing, grooming, toilet routine	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty throwing things away, saving bits of paper, string, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Excessive cleaning of items, such as personal clothes or important objects	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Other measures to prevent or remove contact with contaminants	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Games / Superstitious Behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	[distinguish from age appropriate magical games (e.g., array of behavior, such as stepping over certain spots on a floor, touching an object/self certain number of times as a routine game to avoid something bad from happening)]
<input type="checkbox"/>	<input type="checkbox"/>	Checking compulsions			Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking locks, toys, school books/items, etc.			Rituals Involving Other Persons
<input type="checkbox"/>	<input type="checkbox"/>	Checking associated with getting washed, dressed, or undressed	<input type="checkbox"/>	<input type="checkbox"/>	The need to involve another person (usually a parent) in ritual (e.g., asking a parent to repeatedly answer the same question, making mother perform certain meal-time rituals involving specific utensils)*
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not/will not harm others			Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not/will not harm self			Miscellaneous Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Checking that nothing terrible did/will happen	<input type="checkbox"/>	<input type="checkbox"/>	Mental rituals (other than checking/counting)
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not make mistake	<input type="checkbox"/>	<input type="checkbox"/>	Need to tell, ask, or confess
<input type="checkbox"/>	<input type="checkbox"/>	Checking tied to somatic obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Measures (not checking) to prevent harm to self <input type="checkbox"/> ; harm to others <input type="checkbox"/> ; terrible consequences <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Ritualized eating behaviors*
<input type="checkbox"/>	<input type="checkbox"/>	Repeating Rituals	<input type="checkbox"/>	<input type="checkbox"/>	Excessive list making *
<input type="checkbox"/>	<input type="checkbox"/>	Rereading, erasing, or rewriting	<input type="checkbox"/>	<input type="checkbox"/>	Need to touch, tap, rub*
<input type="checkbox"/>	<input type="checkbox"/>	Need to repeat routine activities (e.g., in/out of doorway, up/down from chair)	<input type="checkbox"/>	<input type="checkbox"/>	Need to do things (e.g., touch or arrange until it feels just right)*
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Rituals involving blinking or staring*
<input type="checkbox"/>	<input type="checkbox"/>	Counting Compulsions	<input type="checkbox"/>	<input type="checkbox"/>	Trichotillomania (hair-pulling)*
<input type="checkbox"/>	<input type="checkbox"/>	Objects, certain numbers, words, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Other self-damaging or self-mutilating behaviors*
<input type="checkbox"/>	<input type="checkbox"/>	Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Ordering/Arranging			
<input type="checkbox"/>	<input type="checkbox"/>	Need for symmetry/evening up (e.g., lining items up a certain way or arranging personal items in specific patterns)			
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____			

Target Symptom List for Compulsions

COMPULSIONS (describe, listing by order of severity, with #1 being the most severe, #2 second most severe, etc.):

1. _____
2. _____
3. _____
4. _____

Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) utilized with permission from Wayne K. Goodman, MD. © 1996.



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CY-BOCS Severity Ratings

Children's Yale-Brown Obsessive Compulsive Scale

Administering the CY-BOCS Symptom Checklist and CY-BOCS Severity Ratings

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4. Readminister the CY-BOCS Severity Rating Scale to monitor progress.

Patient _____

Date 1st Report _____ Date This Report _____

Obsession Rating Scale (circle appropriate score)

Note: Scores should reflect the composite effect of all the patient's obsessive compulsive symptoms.
Rate the average occurrence of each item during the prior week up to and including the time of interview.

QUESTIONS ON OBSESSIONS (ITEMS 1-5) "I AM NOW GOING TO ASK YOU QUESTIONS ABOUT THE THOUGHTS YOU CANNOT STOP THINKING ABOUT."
(Review for the informant(s) the Target Symptoms and refer to them while asking questions 1-5).

1. Time Occupied by Obsessive Thoughts

(Be sure to exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated))

	None	Mild less than 1 hr/day or occasional intrusion	Moderate 1 to 3 hrs/day or frequent intrusion	Severe greater than 3 and up to 8 hrs/day or very frequent intrusion	Extreme greater than 8 hrs/day or near constant intrusion
Score	0	1	2	3	4

2. Interference Due to Obsessive Thoughts

- How much do these thoughts get in the way of school or doing things with friends?
- Is there anything that you don't do because of them? (If currently not in school, determine how much performance would be affected if patient were in school)

	None	Mild slight interference with social or school activities, but overall performance not impaired	Moderate definite interference with social or school performance, but still manageable	Severe causes substantial impairment in social or school performance	Extreme incapacitating
Score	0	1	2	3	4

3. Distress Associated with Obsessive Thoughts

	None	Mild infrequent, and not too disturbing	Moderate frequent, and disturbing, but still manageable	Severe very frequent, and very disturbing	Extreme near constant, and disabling distress/frustration
Score	0	1	2	3	4

4. Resistance Against Obsessions

- How hard do you try to stop the thoughts or ignore them? (Only rate effort made to resist, not success or failure in actually controlling the obsessions. If the obsessions are minimal, the patient may not feel the need to resist them. In such cases, a rating of "0" should be given.)

	None makes an effort to always resist, or symptoms so minimal doesn't need to actively resist	Mild tries to resist most of the time	Moderate makes some effort to resist	Severe yields to all obsessions without attempting to control them, but does so with some reluctance	Extreme completely and willingly yields to all obsessions
Score	0	1	2	3	4

5. Degree of Control Over Obsessive Thoughts

	Complete Control	Much Control usually able to stop or divert obsessions with some effort and concentration	Moderate Control sometimes able to stop or divert obsessions	Little Control rarely successful in stopping obsessions, can only divert attention with difficulty	No Control experienced as completely involuntary, rarely able to even momentarily divert thinking
Score	0	1	2	3	4

Obsession subtotal (add items 1-5) _____

QUESTIONS ON COMPULSIONS (ITEMS 6-10) "I AM NOW GOING TO ASK YOU QUESTIONS ABOUT THE HABITS YOU CAN'T STOP"
 (Review for the informant(s) the Target Symptoms and refer to them while asking questions 6-10)

Score	0	1	2	3	4
	None	Mild	Moderate	Severe	Extreme
		less than 1 hr/day	1 to 3 hrs/day	greater than 3 & up to 8 hrs/day	greater than 8 hrs/day

Score	0	1	2	3	4
	None	Mild	Moderate	Severe	Extreme
	Is there anything you don't do because of them? (if currently not in school, determine how much performance would be affected if patient were in school.)	Slight interference with social or school activities, but overall performance not impaired	definite interference with social or school performance, but still manageable	causes substantial impairment in social or school performance	incapacitating

Score	0	1	2	3	4
	None	Mild	Moderate	Severe	Extreme
	How much do these habits get in the way of school or doing things with friends?	only slightly anxious	anxiety would mount but remain manageable	prominent and very disturbing increase in anxiety	incapacitating anxiety from any intervention aimed at modifying activity

Score	0	1	2	3	4
	None	Mild	Moderate	Severe	Extreme
	How much do you try to fight the habits? (Only rate effort made to resist, not success or failure in actually controlling the compulsions.)	tries to resist most of the time	makes some effort to resist	yields to all obsessions without attempting to control them, but does so with some reluctance	completely and willingly yields to all obsessions

Score	0	1	2	3	4
	Complete Control	Much Control	Moderate Control	Little Control	No Control
	experiences pressure to perform the behavior, but usually able to exercise voluntary control over it	strong pressure to perform behavior, can control it only with difficulty	little control, very strong drive to perform behavior, must be carried to completion, can only delay with difficulty	no control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to delay activity (even momentarily)	

Score	0	1	2	3	4
	0	1	2	3	4
	When you try to fight them, what happens?				

10. Degree of Control Over Compulsive Thoughts
 ● How strong is the feeling that you have to carry out the habit(s)?
 ● When you try to fight them, what happens?

9. Resistance Against Compulsions
 ● How much do you try to fight the habits? (Only rate effort made to resist, not success or failure in actually controlling the compulsions.)

8. Distress Associated with Compulsive Behavior
 ● How upset would you become if compulsions prevented only slightly anxious
 ● How would you feel if prevented from carrying out your habits? How upset would you become?

7. Interference Due to Compulsive Behaviors
 ● How much do these habits get in the way of school or doing things with friends?
 ● Is there anything you don't do because of them? (if currently not in school, determine how much performance would be affected if patient were in school.)

6. Time Spent Performing Compulsive Behaviors

Total CY-BOCS score: range of severity for patients who have both obsessions and compulsions
 0-7 Subclinical
 8-15 Mild
 16-23 Moderate
 24-31 Severe
 32-40 Extreme

CY-BOCS total (add items 1-10)

Compulsion subtotal (add items 6-10)

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