Y-BOCS-II Self Report Version

Name_____

Date _____

Many people sometimes experience distressing or unwanted thoughts, ideas, or urges, and can feel the need to perform certain physical or mental actions in order to get rid of or lessen the distress associated with these thoughts. While it is common to experience these thoughts, for some people these thoughts and actions can be upsetting or disruptive.

The questions below are designed to help health professionals evaluate some of these symptoms.

General Instructions

Please answer the below questions as accurately as you can, keeping in mind that there are no right or wrong answers. Answer what you feel is most consistent with you and your own experience, as accurately as you can.

Part A Instructions

The following questions refer to repeated types of thoughts, images, sensations, or urges you may experience. Please indicate whether you have experienced each of the following thoughts, images, or urges **during the last 30 days** by circling "yes" (Y) or "no" (N).

Examples are provided for each type of thought for the sake of clarification, but please note that these are only representative examples—your own thoughts and experiences may be similar, but distinct from the examples given.

Part A			
Y	**N**	**01. Excessive concern with germs**	**e.g.** excessive fear that you will contract an illness from door handles, other people, or objects.
Y	**N**	**02. Excessive concern with contaminants or chemicals**	**e.g.** excessive fear that you will be poisoned or contract cancer from household cleaners, asbestos, radiation, pesticides, or toxic waste.
Y	**N**	**03. Excessive concern that you will harm others by spreading germs or contaminants.**	**e.g.** you are excessively concerned that you will make someone else sick because you transferred germs or chemical residue from yourself or an object you touch.
Y	**N**	**04. Excessive concern or disgust with bodily waste or fluids**	**e.g.** excessive fear or disgust for contact with urine, feces, saliva or blood.
Y	**N**	**05. Excessive concern or disgust with sticky substances or residues**	**e.g.** you are excessively bothered by adhesive residue, chalk dust, or grease.
Y	**N**	**06. Excessive concern with becoming pregnant or of making someone pregnant**	**e.g.** you are afraid of becoming or making someone pregnant if you swim in a public pool.
Y	**N**	**07. Concerned with having an illness or disease.**	**e.g.** you are excessively concerned with the possibility of having HIV or cancer.
Y	**N**	**08. Fear of eating certain foods.** *(Not concern with gaining weight)*	**e.g.** you are excessively fearful that certain foods will make you choke, or will alter your body chemistry.
Y	**N**	**09. Fear of harming yourself or others because you are not careful enough.**	**e.g.** when driving, you are afraid you might hit a pedestrian because of not paying enough attention. You are afraid a customer might get injured because you gave them the wrong materials or information.
Y	**N**	**10. Fear of harming yourself or others on impulse**	**e.g.** you are afraid you might impulsively stab a loved one or drive your car into oncoming traffic for no reason.
Y	**N**	**11. Fear of being responsible for terrible events.**	**e.g.** you are afraid that something terrible like a fire, natural disaster, or burglary was or will be your fault.
Y	**N**	**12. Fear of blurting out obscenities, insults, or something inappropriate**	**e.g.** you are afraid you might shout blasphemies in church, yell "fire!" in a movie theater, or write obscenities in a business email for no good reason.
Y	**N**	**13. Fear of doing something else embarrassing or inappropriate**	**e.g.** you are afraid you might walk out of a store with unpaid merchandise.

Y	**N**	**14. Violent, horrific, or repulsive images**	**e.g.** disturbing images of car accidents, disfigured people, or corpses enter your thoughts for no apparent reason.
Y	**N**	**15. Excessive concern with right and wrong or scrupulosity**	**e.g.** you have unfounded worries that you might or might have lied or cheated, or prayed 'incorrectly'.
Y	**N**	**16. Concern with sacrilege or blasphemy**	**e.g.** you have unacceptable unwanted thoughts about God or religion; concern about degree of devotion to God.
Y	**N**	**17. Excessive fears of Satan, evil spirits or demonic possession**	**e.g.** you are excessively concerned or preoccupied with the number '666,' sports teams with the word 'devil' in them, or that you or others might be possessed.
Y	**N**	**18. Forbidden or improper sexual thoughts or impulses**	**e.g.** you have intrusive, unwanted sexual thoughts about family members or experience unwanted images of forbidden sexual acts.
Y	**N**	**19. Experiences unwanted sexual impulses**	**e.g.** you are concerned that you might 'snap' and commit a sexual violation.
Y	**N**	**20. Excessive concerns about sexual orientation or gender identity**	**e.g.** you repeatedly wonder if you are gay even though you have every reason to believe you are heterosexual.
Y	**N**	**21. Need for symmetry or exactness**	**e.g.** you are excessively concerned with certain things being touched or moved, or are excessively bothered when things are not lined up perfectly straight.
Y	**N**	**22. Perfection in appearance or grooming**	**e.g.** you are excessively concerned with the appearance of clothing (such as wrinkles, loose threads, lint, clothes matching). You are excessively bothered if your hair is not parted exactly straight.
Y	**N**	**23. Fear of saying the wrong thing**	**e.g.** you excessively think through every possible interpretation of what you are about to say before you answer a question.
Y	**N**	**24. Excessively bothered by things not sounding "just right."**	**e.g.** you might readjust the volume of your stereo until it sounds "just right." Or, you ask family members to say things in just the right way.
Y	**N**	**25. Need to know or remember**	**e.g.** you feel the need to remember insignificant details like license plate numbers, names of actors, or advertising slogans.
Y	**N**	**26. Need to hoard or save things**	**e.g.** you are afraid something valuable might be discarded with recycled newspapers even though all of your valuables are locked up elsewhere.
Y	**N**	**27. Fear of losing objects, information, or a person**	**e.g.** you are excessively worried you might lose your memories, soul, or essence, or something of value.
Y	**N**	**28. Magical or superstitious fears**	**e.g.** certain numbers hold special meaning to you or are associated with good/bad events.
Y	**N**	**29. Intrusive meaningless sounds, words, or music**	**e.g.** words or music of no special significance play over and over in your mind like a broken record.

Part B Instructions

Please answer the following questions regarding the unwanted thoughts, images, or urges that you indicated experiencing in Part A by selecting the option that is most consistent with your experience during the past 30 days, ***circling the most appropriate number from 0 to 5.*** You may refer back to your responses to Part A if needed.

Part B						
How much of your time is occupied by these thoughts?	0 None	1 Less than 1 hour per day	2 1 to 3 hours per day	3 Between 3 and 8 hours per day	4 Between 8 and 12 hours per day	5 More than 12 hours per day, constant, or nearly constant
On average, what is the longest continuous period or block of time during which you are *free* of these thoughts?	0 No obsessive thoughts	1 More than 8 consecutive hours per day	2 Between 3 and 8 consecutive hours per day	3 Between 1 and 3 consecutive hours per day	4 Between a few minutes and 1 hour	5 Constant or nearly constant
How much control do you feel you have over these thoughts? **How successfully can you stop or ignore them when they occur?**	0 Complete control, can dismiss completely	1 Much control, usually able to stop or ignore	2 Moderate control, often able to stop or ignore, but may require some effort/ concentration	3 Some control, sometimes able to stop or ignore thoughts with much effort/ concentration	4 Little control, rarely able to stop or ignore thoughts, and even then only with much difficulty	5 No control. Rarely able to even let go of thoughts for a moment
How much distress, anxiety, or upset do these thoughts cause you?	0 No distress	1 Slightly disturbing	2 Definitely disturbing, but still manageable	3 Often highly disturbing and difficult to manage	4 Most or even all thoughts are highly disturbing and difficult to manage	5 All or nearly all thoughts are highly disturbing Overwhelming and disabling distress whenever a thought occurs
How much do these thoughts interfere with your social, school, or work functioning?	0 No interference	1 Slight interference with social or work activities, but overall performance not impaired	2 Definite interference with social or work activities, but still manageable	3 Significant impairment in one or more (**but not all**) aspects of functioning	4 Significant impairment in **ALL** areas of functioning	5 Incapacitating

Part C Instructions

The following questions refer to behaviors, strategies, or actions people may use to minimize, avoid, or neutralize some of the intrusive or unwanted thoughts portrayed in Part A.

If the any of the thoughts described in Part A have caused you to engage in any of the minimizing, neutralizing, or avoiding actions or behaviors listed below **during the last 30 days**, please indicate so by circling "yes" (Y) or "no" (N). You may refer back to your answers for Part A if needed.

Again, some examples are provided for each type of action/behavior for the sake of clarification, but please note that these are only representative examples—your own behaviors or experiences may be similar, but distinct from the examples given.

Part C			
Y	**N**	**30. Excessive or ritualized hygiene**	**e.g.** excessive handwashing or cleaning rituals
Y	**N**	**31. Cleaning of household items, inanimate objects, or pets**	**e.g.** you vacuum your floors several times per day.
Y	**N**	**32. Checking locks, stove, appliances, emergency brake, faucets, etc.**	**e.g.** you have to check several times that your doors are locked before leaving the house. You have returned home after leaving to make sure that you remembered to turn the stove off.
Y	**N**	**33. Checking that nothing terrible did or will happen**	**e.g.** you will circle back around the block to make sure you have not run over a pedestrian.
Y	**N**	**34. Checking that you did not make a mistake**	**e.g.** you will excessively check over homework, writing, or answers on forms before turning them in.
Y	**N**	**35. Checking tied to bodily concerns**	**e.g.** you spend excessive time scrutinizing your body for moles or signs of skin cancer.
Y	**N**	**36. Need to repeat routine activities or boundary crossings**	**e.g.** you have to cross back and forth through a doorway multiple times when entering a room. You have to turn your car on and off several times before you feel comfortable.
Y	**N**	**37. Need to make things even or balanced**	**e.g.** you need to adjust the lengths of your shoe laces so that they are exactly the same.
Y	**N**	**38. Need to re-read or re-write**	**e.g.** you rewrite a sentence until the letters look perfect. You will doubt information that you just read unless you re-read a sentence or page several times.
Y	**N**	**39. Counting compulsions**	**e.g.** you spend excessive time counting ceiling or floor tiles, books in a bookcase, or words in a sentence.
Y	**N**	**40. Ritualized activity of daily living routines**	**e.g.** you feel the need to put clothes on in a certain order. You feel you can only brush your teeth after you have followed an elaborate series of steps beforehand.
Y	**N**	**41. Excessive religious rituals**	**e.g.** you will repeat prayers or passages from a religious text an excessive number of times.
Y	**N**	**42. Ordering or arranging compulsions**	**e.g.** you will repeatedly straighten piles of papers on your desktop or adjust books in a bookcase until they seem 'right.'
Y	**N**	**43. Repeating what someone else has said**	**e.g.** you repeat words, phrases, or sounds someone else has just said.
Y	**N**	**44. Asking for reassurance**	**e.g.** you repeatedly ask other people if you said something or performed a routine correctly.
Y	**N**	**45.Ritualized eating behaviors**	**e.g.** you arrange or eat food in a very particular way to avoid a feared consequence *other than gaining weight.*
Y	**N**	**46. Saving or collecting useless items**	**e.g.** you pile up old newspapers or collect objects you do not have a use for, or that have no monetary value.
Y	**N**	**47. Picking up objects that most people would pass by**	**e.g.** you might pick up and save shards of broken glass, nails, or pieces of paper with writing on them while walking down the sidewalk.
Y	**N**	**48. Examining things that leave your possession**	**e.g.** you sift through your own garbage or will hesitate to throw away used items to ensure you don't accidentally throw away something of value.
Y	**N**	**49. Buying many unneeded items**	**e.g.** you might buy 20 umbrellas or 50 boxes of tissues at a time, to the extent that you waste a lot of money, or fill closets full of unnecessary items.
Y	**N**	**50. Need to tell, ask, or confess things**	**e.g.** you feel the need to confess or sins or wrongs that you did not commit. You feel you must describe every detail so that nothing is left out, or repeat the same question in different ways to make sure it was understood.
Y	**N**	**51. Need to do something until it feels "just right"**	**e.g.** you adjust your car seat, straighten pictures, or arrange papers on a desk until you feel an internal signal that it's OK or 'just right.'
Y	**N**	**52. Need to touch, tap, or rub**	**e.g.** you have the urge to run your finger along surfaces or edges, or to lightly touch other people. You feel the need to tap objects a certain number of times.
Y	**N**	**53. Staring or blinking rituals**	**e.g.** you feel the need to blink a certain number of times or stare at something for a certain length of time to avoid something bad happening.

Y	**N**	**54. Superstitious behaviors**	**e.g.** you go out of your way to step over sidewalk cracks, or make sure sentences never contain 13 words. You feel the need to make the sign of a cross before dialing a phone number containing '666.'
Y	**N**	**55. Mental rituals (other than checking or counting)**	**e.g.** you might silently recite a prayer, song, or nonsense words to cancel out an unwanted or negative thought.
Y	**N**	**56. Pervasive slowness**	**e.g.** it is excessively difficult for you to start, execute, or finish a wide range of routine tasks. You may be unable to complete, or become 'paralyzed' while trying to finish a task.
Y	**N**	**57. Ritualized avoidance**	**e.g.** you plan a course on a map or GPS to stay at least 1 mile away from a chemical factory or hospital.
Y	**N**	**58. Actively taking measures to avoid contact with contaminants or other feared objects**	**e.g.** you will refuse to shake hands with strangers, or will avoid going near someone who has a cut.
Y	**N**	**59. Avoiding doing things, going places, or being with someone because of intrusive, senseless, or unwanted thoughts**	
Y	**N**	**60. Avoiding contact with dirty or contaminated objects or people**	
Y	**N**	**61. Avoiding handling sharp or dangerous objects, or operating vehicles or machinery, out of concern that you might harm others**	
Y	**N**	**62. Avoiding contact with people, children, or animals because of unwanted impulses**	
Y	**N**	**63. Avoiding talking to or writing to others for fear you will say or write the wrong thing**	
Y	**N**	**64. Avoiding watching TV, listening to radio, or reading the newspaper to shield yourself from disturbing information**	
Y	**N**	**65. Avoiding going shopping out of concern you will buy extra items that aren't needed**	
Y	**N**	**66. Avoiding doing things, going places, or being with someone that would trigger unwanted impulses or ritualized actions**	
Y	**N**	**67. Avoiding reading or writing because it may bring on the urge to repeatedly re-read or re-write**	

Part D Instructions

Lastly, please answer the following questions pertaining to the minimizing, neutralizing, or avoiding behaviors that you indicated experiencing in Part C by selecting the option that is most consistent with your experience during the past 30 days, ***circling the most appropriate number from 0 to 5.*** You may refer back to your responses to Part C if needed.

Part D						
How much time do you spend engaging in these activities in response to unwanted thoughts or actively avoiding things that trigger those thoughts?	0 None	1 Less than 1 hour per day	2 1 to 3 hours per day	3 Between 3 and 8 hours per day	4 Between 8 and 12 hours per day	5 More than 12 hours per day, constant, or nearly constant
Do you give in to the urge to perform these behaviors, or do you try to resist them? **How much of an effort do you make to try to *resist* engaging in these behaviors or avoiding things?**	0 Always make an effort to resist, or symptoms are so minimal you don't need to resist	1 You try to resist most of the time	2 You make a moderate effort to resist	3 You make some effort to resist	4 You give in to almost all of these urges without trying to control them, but you might hesitate	5 You completely give in to all urges. The urge to engage in these behaviors is almost involuntary
How strong is the drive to perform these behaviors (or avoiding things)? **How much control do you feel you have over whether or not you engage in the behaviors (or avoiding) when an unwanted thought comes to mind?**	0 Complete control, can dismiss urges to perform behaviors completely	1 Much control, usually able to resist urges to perform behaviors	2 Moderate control; you feel pressure to perform behaviors but are often able to control them	3 Some control; you feel a strong drive to perform behaviors, but are *sometimes* able to control them	4 Little control, rarely able to stop behaviors. You can only delay behaviors with much difficulty	5 No control. The drive to carry out behaviors is completely overpowering, or even involuntary You are rarely able to delay the behaviors even momentarily
How would you feel if you were prevented or interrupted from performing these behaviors (or avoiding) when you felt you needed to perform them? **How distressed would you become?**	0 No distress	1 You would become slightly anxious if behaviors or avoidance were prevented	2 Anxiety would definitely increase, but would remain manageable if behaviors or avoidance were prevented	3 You would experience much anxiety if *certain* behaviors or avoidance were prevented	4 You would experience much anxiety if *almost any* of these behaviors or avoidance were prevented	5 You experience overwhelming anxiety from any attempt to delay, interrupt, or modify behaviors or avoidance
How much do these behaviors or avoidance interfere with your social, school, or work functioning?	0 None	1 Slight interference with social or work activities, but overall performance not impaired	2 Definite interference with social or work activities, but still manageable	3 Significant impairment in one or more (**not all**) aspects of functioning	4 Significant impairment in **ALL** areas of functioning	5 Incapacitating. limits life activities in **ALL** areas

Yale-Brown Obsessive Compulsive Scale - II - SR

PATIENT NAME_____ DATE_____
PATIENT ID_____

Y-BOCS-II-SR Total

Add items 1 to 10

	None	Mild	Moderate	Severe	Very Severe	Extreme
		<1hr	1-3 hrs	3-8 hrs	8-12 hrs	12 h - constant
1. TIME SPENT ON OBSESSIONS	0	1	2	3	4	5

	Uninterrupted	Long	Moderate	Short	Very Short	None
	No symptoms	>8 hrs	3-8 hrs	1-3 hrs	minutes to <1 hr	constant
2. OBSESSION-FREE INTERVAL	0	1	2	3	4	5

	Complete control	Much control	Moderate control	Some control	Minimal control	No control
3. CONTROL OVER OBSESSIONS	0	1	2	3	4	5

	None	Mild	Moderate	Severe	Very Severe	Extreme
		slightly disturbing	disturbing still manageable	some difficult to manage & highly disturbing	most difficult to manage & highly disturbing	overwhelming
4. DISTRESS OF OBSESSIONS	0	1	2	3	4	5

	None	Mild	Moderate	Severe	Very Severe	Extreme
		slight	definite interference still manageable	substantial in one or more areas	substantial in all areas	incapacitated
5. INTERFERENCE FROM OBSESSIONS*	0	1	2	3	4	5

Obsession Subtotal (add items 1-5)

	None	Mild	Moderate	Severe	Very Severe	Extreme
		<1hr	1-3 hrs	3-8 hrs	8 –12 hrs	12 h - constant
6. TIME SPENT ON COMPULSIONS*	0	1	2	3	4	5

	Always resists	Resists most of the time	Moderate effort to resist	Some effort to resist	Yields to most	Completely yields to all
	or no need to resist					
7. RESISTANCE TO COMPULSIONS	0	1	2	3	4	5

	Complete control	Much control	Moderate control	Some control	Minimal control	No control
8. CONTROL OVER COMPULSIONS	0	1	2	3	4	5

	None	Mild	Moderate	Severe	Very Severe	Extreme
		slight distress	disturbing still manageable	marked distress for some	marked distress for all	overwhelming anxiety if delayed
9. DISTRESS IF COMPULSIONS PREVENTED*	0	1	2	3	4	5

	None	Mild	Moderate	Severe	Very Severe	Extreme
		slight	definite interference still manageable	substantial in one or more areas	substantial in all areas	incapacitated
10. INTERFERENCE FROM COMPULSIONS*	0	1	2	3	4	5

*CONSIDER MEDIATING ROLE OF AVOIDANCE

Compulsion Subtotal (add items 6-10)

YBOCS-II-SR Total Score (add items 1-10)