Yale Brown Obsessive Compulsive Scale
Symptom Checklist
(Goodman, Rasmussen, et al.)

Check only those symptoms that are bothering you right now. Items marked with an asterisk (*) may or may not be OCD symptoms. To decide whether you have a particular symptom, refer to the description or examples of each item in the right-hand column.
### Yale Brown Obsessive-Compulsive Scale Symptom Checklist

#### Aggressive Obsessions

<table>
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<tr>
<th>Past</th>
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1. I fear I might harm myself.  
2. I fear I might harm other people.  
3. I have violent or horrific images in my mind.  
4. I fear I will blurt out obscenities in class.  
5. I fear doing something else embarrassing.  
6. I fear I will act on an unwanted impulse.  
7. I fear I will steal things.  
8. I fear that I’ll harm others because I’m not careful enough  
9. I fear I’ll be responsible for something else terrible happening.  

#### Contamination Obsessions

|     |         |
10. I am concerned or disgusted with bodily waste or secretions.  
11. I am concerned with dirt or germs.  
12. I am excessively concerned with environmental contaminants.  

#### Examples

- Fear of eating with a knife or fork, fear of handling sharp objects, fear of walking near glass windows.
- Fear of poisoning other people's food, fear of harming babies, fear of pushing someone in front of a train, fear of hurting someone’s feelings, fear of being responsible by not providing assistance for some imagined catastrophe, fear of causing harm by giving bad advice.
- Images of murders, dismembered bodies, or other disgusting scenes.
- Fear of shouting obscenities in public situations like church, fear of writing obscenities.
- Fear of appearing foolish in social situations.
- Fear of driving a car into a tree, fear of running someone over, fear of stabbing a friend.
- Fear of cheating a cashier, fear of shoplifting inexpensive items.
- Fear of causing an accident without being aware of it (such as hit-and-run automobile accident).
- Fear of causing a fire or burglary because of not being careful enough in checking the house before leaving.
- Fear of contracting AIDS, cancer, or other diseases from public rest rooms; fears of your own saliva, feces, semen, or vaginal secretions.
- Fear of picking up germs from sitting in certain chairs, shaking hands, or touching door handles.
- Fear of being contaminated by asbestos or radon, fear of radioactive substances, fear of things associated with towns containing toxic waste sights.
Obsessions with the Need for Symmetry or Exactness

**Past** | **Current**
---|---

25. I have obsessions about symmetry or exactness.

Examples

Worries about papers and books being properly aligned, worries about calculations or handwriting being perfect.

Miscellaneous Obsessions

26. I feel that I need to know or remember certain things.

Belief that you need to remember insignificant things, like license plate numbers, the names of actors on television shows, old telephone numbers, bumper sticker or t-shirt slogans.

27. I fear saying certain things.

Fear saying certain words (such as “thirteen”) because of superstitions, fear of saying something that might be disrespectful to a dead person, fear of using words with an apostrophe (because this denotes possession).

28. I fear not saying just the right thing.

Fear of having said the wrong thing, fear of not using the “perfect” word.

29. I fear losing things.

Worries about losing a wallet or other unimportant objects, like a scrap of note paper.

30. I am bothered by intrusive (neutral) mental images.

Random, unwanted images in your mind.

31. I am bothered by intrusive mental nonsense sounds, words, or music.

Words, songs, or music in your mind that you can’t stop.

32. I am bothered by certain sounds or noises.

Worries about the sounds of clocks ticking loudly or voices in another room that may interfere with sleeping.

33. I have lucky and unlucky numbers.

Worries about common numbers (like thirteen) that may cause you to perform activities a certain number of times or to postpone an action until a certain lucky hour of the day.

34. Certain colors have special significance for me.

Fear of using objects of certain colors (e.g., black may be associated with death, red with blood and injury).

35. I have superstitious fears.

Fear of passing a cemetery, hearse, black cat; fear of omens associated with death.

Somatic Obsessions

36. I am concerned with illness or disease.

Worries that you have an illness like cancer, heart disease, ALS, despite reassurance from doctors that you do not.
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<td>37. I am excessively concerned with a part of my body or an aspect of my appearance (dysmorphophobia).</td>
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<td></td>
<td>Examples: Worries that your face, ears, nose, eyes, or another part of your body is hideous, ugly, despite reassurances to the contrary.</td>
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<td><strong>COMPULSIONS</strong></td>
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**Cleaning/Washing Compulsions**

|      | 38. I wash my hands excessively or in a ritualized way. |
|      | Washing your hands many times a day or for long periods of time after touching, or thinking you have touched, a contaminated object. This may include washing the entire length of your arms. |
|      | 39. I have excessive or ritualized showering, bathing, tooth brushing, grooming, or toilet routines. |
|      | Taking showers or baths or performing other bathroom routines that may last for several hours. If the sequence is interrupted, the entire process may have to be restarted. |
|      | 40. I have compulsions that involve cleaning household items or other inanimate objects. |
|      | Excessive cleaning of faucets, toilets, floors, kitchen counters, or kitchen utensils. |
|      | 41. I do other things to prevent or remove contact with contaminants. |
|      | Asking family members to handle or remove insecticides, garbage, gasoline cans, raw meat, paints, varnish, drugs in the medicine cabinet, or kitty litter. If you can’t avoid these things, you may wear gloves to handle them, such as when using a self-service gasoline pump. |

**Checking Compulsions**

|      | 42. I check that I did not harm others. |
|      | Checking that you haven’t hurt someone without knowing it. You may ask others for reassurance or telephone to make sure that everything is all right. |
|      | 43. I check that I did not harm myself. |
|      | Looking for injuries of bleeding after handling sharp or breakable objects. You may frequently go to doctors to ask for reassurance that you haven’t hurt yourself. |
|      | 44. I check that nothing terrible happened. |
|      | Searching the newspaper or listening to the radio or television for news about some catastrophe that you believe you caused. You may also ask people for reassurance that you didn’t cause an accident. |
|      | 45. I check that I didn’t make a mistake. |
|      | Repeated checking of door locks, stoves, electrical outlets, before leaving home; repeated checking while reading, writing, or doing simple calculations to make sure that you didn’t make a mistake (you can’t be certain that you didn’t). |
Past  Current

46. I check that some aspect of my physical condition tied to my obsessions about my body.

Examples
Seeking reassurance from friends or doctors that you aren’t having a heart attack or getting cancer; repeatedly taking your pulse, blood pressure, or temperature; checking yourself for body odors; checking your appearance in a mirror, looking for ugly features.

47. I reread or rewrite things.

Taking hours to read a few pages in a book or to write a short letter because you get caught in a cycle of reading and rereading; worrying that you didn’t understand something you just read; searching for a “perfect” word or phrase; having obsessive thoughts about the shape of certain printed letters in a book.

48. I need to repeat routine activities.

Repeating activities like turning appliances on and off, combing you hair, going in and out of a doorway, or looking in a particular direction; not feeling comfortable unless you do these things the “right” number of times.

49. I have counting compulsions.

Counting objects like ceiling or floor tiles, books in a bookcase, nails in a wall, or even grains of sand on a beach; counting when you repeat certain activities, like washing.

50. I have ordering or arranging compulsions.

Straightening paper and pens on a desktop or books in a bookcase, wasting hours arranging things in your house in “order” and then becoming very upset if this order is disturbed.

51. I have compulsions to hoard or collect things.

Saving old newspapers, notes, cans, paper towels, wrappers, and empty bottles for fear that if you throw them away you may one day need them; picking up useless objects from the street or from garbage cans.

52. I have mental rituals (other than checking/counting).

Performing rituals in your head, like saying prayers or thinking a “good” thought to undo a “bad” thought. These are different from obsessions, because you perform them intentionally to reduce anxiety or feel better.
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<tr>
<td>53.</td>
<td>I need to tell, ask, or confess things.</td>
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<tr>
<td>54.</td>
<td>I need to touch, tap, or rub things.</td>
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<tr>
<td>55.</td>
<td>I take measures (other than checking) to prevent harm or terrible consequences to myself and others.</td>
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<tr>
<td>56.</td>
<td>I have ritualized eating behaviors.</td>
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<tr>
<td>57.</td>
<td>I have superstitious behaviors.</td>
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<tr>
<td>58.</td>
<td>I pull my hair out (trichotillomania).</td>
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**Examples**

Asking other people to reassure you, confessing to wrong behaviors you never even did, believing that you have to tell other people certain words to feel better.

Giving in to the urge to touch rough surfaces, like wood, or hot surfaces, like a stove top; giving in to the urge to lightly touch other people; believing you need to touch an object like a telephone to prevent an illness in your family.

Staying away from sharp or breakable objects, such as knives, scissors, and fragile glass.

Arranging you food, knife, and fork in a particular order before being able to eat, eating according to a strict ritual, not being able to eat until the hands of a clock point exactly at a certain time.

Not taking a bus or train if its number contains an “unlucky” number (like thirteen), staying in your house on the thirteenth of the month, throwing away clothes you wore while passing a funeral home or cemetery.

Pulling hair from your scalp, eyelids, eyelashes, or pubic areas, using your fingers or tweezers. You may produce bald spots that require you to wear a wig, or you may pluck your eyebrows or eyelids smooth.


The Y-BOCS Symptom Checklist was also developed by Dr. Wayne Goodman and associates. The self-report version contained herein was taken was Baer’s Getting Control: Overcoming your obsessions and compulsions.

We extend our appreciation to Dr. Goodman and Dr. Baer for granting permission to use these materials for clinical and research purposes.
YBOCS Scale Instructions

Thank you for completing the Y-BOCS checklist. Please make sure you circled the 2 most upsetting obsessions that you currently experience and that you circled the 2 compulsions that cause you the most difficulty.

Next, please turn to the next page and complete the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). Remember the definition of obsessions and compulsions and the examples of each that you may have noted on the checklist. Please place a check mark by the appropriate number from 0 to 4 under each question.

If you are currently not experiencing any obsessions and compulsions, you do not need to complete the scale on the next pages.

Thank you very much!
YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

OBSESSIVE THOUGHTS

Review the obsessions you check on the Y-BOCS Symptom Checklist to help you answer the first five questions. Please think about the last seven days (including today), and check one answer for each question.

1. How much of your time was occupied by obsessive thoughts? How frequently do the obsessive thoughts occur?
   0 = None – if you checked this answer, also check for questions 2, 3, 4, and 5 and proceed to question 6
   1 = Less than 1 hour per day, or occasional intrusions (occur no more than 8 times a day)
   2 = 1 to 3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
   3 = More than 3 hours and up to 8 hours per day, or very frequent intrusions (occur more than 8 times a day and during most hours of the day)
   4 = More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

2. How much did your obsessive thoughts interfere with you social or work functioning? (If you are currently not working, please think about how much the obsessions interfered with your everyday activities.) (In answering this question, please consider whether there was anything that you didn’t do, or that you did less, because of the obsessions.)
   0 = No interference
   1 = Mild, slight interference with social or occupational performance, but still performance not impaired
   2 = Moderate, definite interference with social or occupational performance, but still manageable
   3 = Severe, causes substantial impairment in social or occupational performance
   4 = Extreme, incapacitating interference

3. How much distress do your obsessive thoughts cause you?
   0 = None
   1 = Mild, infrequent, and not too disturbing distress
   2 = Moderate, frequent and disturbing distress, but still manageable
   3 = Severe, very frequent and very disturbing distress
   4 = Extreme, near-constant and disabling distress

4. How much of an effort did you make to resist the obsessive thoughts? How often did you try to disregard or turn your attention away from those thoughts as they entered your mind? (Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so.)
   0 = I made an effort to always resist (or the obsessions are so minimal that there is no need to actively resist them)
   1 = I tried to resist most of the time (i.e., more than half the time I tried to resist.)
   2 = I made some effort to resist
   3 = I allowed all obsessions to fill my mind without attempting to control them, but I did so with some reluctance
   4 = I completely and willingly gave in to all obsessions
5. How much control did you have over your obsessive thoughts? How successful were you in stopping or diverting your obsessive thinking? (If you rarely tried to resist, in order to answer this question, please think about those rare occasions on which you did try to stop the obsessions.)

**NOTE:** Do not include here obsessions stopped by doing compulsions

- **0 =** Complete control
- **1 =** Much control; usually I could stop or divert obsessions with some effort and concentration
- **2 =** Moderate control; sometimes I could stop or divert obsessions
- **3 =** Little control; I was rarely successful in stopping obsessions and could only divert attention with great difficulty
- **4 =** No control; I was rarely able to even momentarily ignore the obsessions

**COMPULSIONS**

Review the compulsions you checked on the Y-BOCS Symptom Checklist to help you answer these five questions. Please think about the last seven days (including today), and check one answer for each question.

6. How much time did you spend performing compulsive behaviors? How frequently did you perform compulsions? (If your rituals involved daily living activities, please consider how much longer it too you to complete routine activities because of your rituals.)

- **0 =** None. If you checked this answer, then also check 0 for questions 7, 8, 9, and 10, then answer 11 and 12.
- **1 =** Less than 1 hour per day was spent performing compulsions, or occasional performance of compulsive behaviors (no more than 8 times a day)
- **2 =** 1 to 3 hours per day was spent performing compulsions, or frequent performance of compulsive behaviors (more than 8 times a day, but most hours were free of compulsions)
- **3 =** More than 3 hours and up to 8 hours per day were spent performing compulsion, or very frequent performance of compulsive behaviors (more than 8 times a day and during most hours of the day)
- **4 =** More than 8 hours per day were spent performing compulsions, or near-constant performance of compulsive behaviors (too numerous to count, and an hour rarely passes without several compulsions being performed)

7. How much did your compulsive behaviors interfere with your social or work functioning? (If you are not currently working, please think about your everyday activities.)

- **0 =** No interference
- **1 =** Mild, slight interference with social or occupational activities, but overall performance not impaired
- **2 =** Moderate, definite interference with social or occupational performance, but still manageable
- **3 =** Severe interference, substantial impairment in social or occupational performance
- **4 =** Extreme, incapacitating interference

8. How would you have felt if prevented from performing your compulsion(s)? How anxious would you have become?

- **0 =** Not at all anxious
- **1 =** Only slightly anxious if compulsions prevented
- **2 =** Anxiety would mount but remain manageable if compulsions prevented
- **3 =** Prominent and very disturbing increase in anxiety if compulsions interrupted
- **4 =** Extreme, incapacitating anxiety from any intervention aimed at reducing compulsions
9. How much of an effort did you make to resist the compulsions? Or how often did you try to stop the compulsions? (Rate only how often or how much you tried to resist your compulsions, not how successful you actually were in stopping them.)

0 = I made an effort to always resist (or the symptoms were so minimal that there was no need to actively resist them)
1 = I tried to resist most of the time (i.e., more than half the time)
2 = I made some effort to resist
3 = I yielded to almost all compulsions without attempting to control them, but I did so with some reluctance
4 = I completely and willingly yielded to all compulsions

10. How much control did you have over the compulsive behavior? How successful were you in stopping the ritual(s)? (If you rarely tried to resist, please think about those rare occasions in which you did try to stop the compulsions, in order to answer this question.)

0 = I had complete control
1 = Usually could stop compulsions or rituals with some effort and willpower
2 = Sometimes I could stop compulsive behavior but only with difficulty
3 = I could only delay the compulsive behavior, but eventually it had to be carried out to completion
4 = I was rarely able to even momentarily delay performing the compulsive behavior

11. Do you think your obsessions or compulsion are reasonable or rational? Would there be anything besides anxiety to worry about if you resisted them? Do you think something would really happen?

0 = I think my obsessions or compulsions are unreasonable or excessive
1 = I think my obsessions or compulsions are unreasonable or excessive, but I’m not completely convinced that they aren’t necessary
2 = I think my obsessions or compulsions may be unreasonable or excessive
3 = I don’t think my obsessions or compulsions are unreasonable or excessive
4 = I am sure my obsessions or compulsions are reasonable, no matter what anyone says

12. Have you been avoiding doing anything, going any place, or being with anyone because of your obsessional thoughts or because you were afraid you would perform compulsions?

0 = I haven’t been avoiding anything
1 = I have been avoiding doing a few important things
2 = I have been avoiding some important things
3 = I have been avoiding many important things
4 = I have been avoiding doing most everything