

Yale-Brown Obsessive-Compulsive Scale (YBOCS)

Reminder: OBSESSIONS are unwelcome and distressing ideas, thoughts, images, or impulses that repeatedly enter your mind. They may seem to occur against your will. They may be repugnant to you, and you may recognize them as senseless, and they may not fit your personality.

Please think about the *last seven days* (including today), and check one answer for each question.

1. Over the last seven days, how much of your time was occupied by obsessive thoughts? How frequently did the obsessive thoughts occur?

- 0 = None (If you checked this answer, also check 0 for questions 2, 3, 4, and 5, and proceed to question 6)
 1 = Less than 1 hour per day, or occasional intrusions (occurred no more than 8 times a day)
 2 = 1 to 3 hours per day, or frequent intrusions (occurred more than 8 times a day, but most hours of the day were free of obsessions)
 3 = More than 3 hours and up to 8 hours per day, or very frequent intrusions (occurred 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 passed without several obsessions occurring)

2. Over the last seven days, how much did your obsessive thoughts interfere with your 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 activities, but overall performance not impaired
 2 = Moderate, definite interference with social or occupational performance, but still manageable
 3 = Severe interference, caused substantial impairment in social or occupational performance
 4 = Extreme, incapacitating interference

3. Over the last seven days, how much distress did your obsessive thoughts cause you?

- 0 = No distress
 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. Over the last seven days, how often did you try to disregard or ignore these obsessive thoughts and let them pass naturally through your mind? (Here we are *not* interested in how successful you were in disregarding your thoughts but only in how much or how often you *tried* to do so.)

- 0 = I always tried to let the obsessions pass naturally through my mind
 1 = I tried to ignore or disregard them most of the time (i.e., more than half the time)
 2 = I made some effort to ignore or disregard them
 3 = I rarely tried to ignore or disregard them
 4 = I never tried to ignore or disregard them

5. Over the last seven days, how *successful* were you at ignoring or disregarding your obsessive thinking? (*Note:* Do not include here obsessions stopped by avoidance or doing *compulsions*.)

- 0 = I was always successful in ignoring or disregarding the obsessions
 1 = I was usually successful in ignoring or disregarding them (i.e., more than half the time)
 2 = I was sometimes successful in ignoring or disregarding them
 3 = I was rarely successful in ignoring or disregarding them
 4 = I was rarely able to disregard them even momentarily

(CONTINUED)

Reminder: COMPULSIONS are behaviors or acts that you feel driven to perform although you may recognize them as senseless or excessive. At times, you may try to resist doing them, but this may prove difficult. You may experience anxiety that does not diminish until the behavior is completed.

Please think about the *last seven days* (including today), and check one answer for each question.

6. Over the last seven days, how much time did you spend performing compulsive behavior? How frequently did you perform compulsions? (If your rituals involve daily living activities, please consider how much longer it took you to complete routine activities because of your rituals.)
- 0 = None (If you checked this answer, also check 0 for questions 7, 8, 9, and 10)
 - 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 were spent performing compulsions, or frequent performance of compulsive behaviors (more than 8 times a day, but most hours of the day were free of compulsions)
 - 3 = More than 3 hours and up to 8 hours per day were spent performing compulsions, 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 passed without several compulsions being performed)
7. Over the last seven days, how much did your compulsive behaviors interfere with your social or work functioning? (If you are currently not 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, caused substantial impairment in social or occupational performance
 - 4 = Extreme, incapacitating interference
8. Over the last seven days, how did you feel or would you have felt if prevented from performing your compulsion(s)? How anxious did you become or 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 prevented
 - 4 = Extreme, incapacitating anxiety from any intervention aimed at reducing the compulsions
9. Over the last seven days, 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 always made an effort to resist (or the symptoms were so minimal that there was no need to actively resist them)
 - 1 = I tried to resist them most of the time (i.e., more than half the time)
 - 2 = I made some effort to resist them
 - 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. Over the last seven days, 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 on which you *did try* to stop the compulsions, in order to answer this question.)
- 0 = I had complete control over the compulsive behavior
 - 1 = Usually I could stop compulsions or rituals with some effort and willpower
 - 2 = Sometimes I could stop the compulsive behavior, but only with difficulty
 - 3 = I could only delay the compulsive behavior, but eventually it had to be carried to completion
 - 4 = I was rarely able to delay performing the compulsive behavior even momentarily