

# YBOCS OBSESSIVE COMPULSIVE SCALE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check each category that applies to obsessions you've experienced that have interfered with your daily thought or functioning either currently or in the past.

## Contamination Obsessions

- | Now   | Past  |  |
|-------|-------|--|
| _____ | _____ | Concerns/Disgust with bodily wastes/secretions   |
| _____ | _____ | Concerned with dirt or germs                     |
| _____ | _____ | Excess concern w/environmental contaminants      |
| _____ | _____ | Excess concern w/household items (cleaners)      |
| _____ | _____ | Bothered by sticky substances/residues           |
| _____ | _____ | Concerned will get ill (e.g. AIDS)               |
| _____ | _____ | Concerned will get others ill by spreading germs |
| _____ | _____ | Somatic Obsessions                               |
| _____ | _____ | Other _____                                      |

## Aggressive Obsessions

- | Now   | Past  |  |
|-------|-------|--|
| _____ | _____ | Violent or horrific images   |
| _____ | _____ | Fear will act on unwanted impulses (eg stab a friend)                                |
| _____ | _____ | Fear will harm other because not careful enough (eg hit and run)                     |
| _____ | _____ | Fear will be responsible for something else terrible happening (e.g. burglary, fire) |
| _____ | _____ | Other _____  |

## Religious Obsessions

- | Now   | Past  |   |
|-------|-------|---|
| _____ | _____ | Concerned with Sacrilege and blasphemy        |
| _____ | _____ | Excess concern with right and wrong, morality |

## Sexual Obsessions

- | Now   | Past  |   |
|-------|-------|---|
| _____ | _____ | Personally unacceptable sexual thoughts |

## Pathological Doubt

- | Now   | Past  |  |
|-------|-------|--|
| _____ | _____ | After completing routine activities, doubts whether or not performed (eg whether signed check to pay bill) |
| _____ | _____ | Other _____  |

## Hoarding/Saving Obsession

- | Now   | Past  |  |
|-------|-------|--|
| _____ | _____ | Collects useless items, eg, old newspapers             |
| _____ | _____ | Concerned with losing or throwing items out by mistake |
| _____ | _____ | Other _____  |

## Obsession with Exactness/Symmetry

- | Now   | Past  |   |
|-------|-------|---|
| _____ | _____ | Bothered by things not being lined up or being in order |
| _____ | _____ | Other _____   |

## Other

- | Now   | Past  |   |
|-------|-------|---|
| _____ | _____ | Superstitious fears (eg lucky or unlucky numbers) |
| _____ | _____ | Other _____                                       |

**Compulsions Scale:** Circle the appropriate score that reflects the average occurrence of compulsive symptoms over the past week.

- |   |                           |
|---|---------------------------|
| 0 | 0 hours daily spent daily |
| 1 | 0-1 hours spent daily     |
| 2 | 1-3 hours spent daily     |
| 3 | 3-8 hours spent daily     |
| 4 | >8 hours spent daily      |

Time spent on Obsessions	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Interference from Obsessions	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Distress from Obsessions	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Resistance to Obsessions	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Control over Obsessions	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Total Score</b> _____