

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	0	1	2	3	4	
Interference from Obsessions	0	1	2	3	4	
Distress from Obsessions	0	1	2	3	4	
Resistance to Obsessions	0	1	2	3	4	
Control over Obsessions	0	1	2	3	4	Total Score _____