

Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

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NAME: _____

DATE: _____

PHYSICIAN: _____

Note: Scores should reflect the composite effect of all the patient's obsessive compulsive symptoms. Rate the average occurrence of each item during the prior week up to and including the time of interview.

Obsession Rating Scale (circle appropriate score)

Item	Range of Severity				
1. Time Spent on Obsessions Score:	0 hr/day 0	0-1 hr/day 1	1-3 hr/day 2	3-8 hr/day 3	> 8 hr/day 4
2. Interference From Obsessions Score:	None 0	Mild 1	Definite but manageable 2	Substantial impairment 3	Incapacitating 4
3. Distress From Obsessions Score:	None 0	Little 1	Moderate but manageable 2	Severe 3	Near constant, disabling 4
4. Resistance to Obsessions Score:	Always resists 0	Much resistance 1	Some resistance 2	Often yields 3	Completely yields 4
5. Control Over Obsessions Score:	Complete control 0	Much control 1	Some control 2	Little control 3	No control 4

Obsession subtotal (add items 1-5) _____

Compulsion Rating Scale (circle appropriate score)

Item	Range of Severity				
6. Time Spent on Compulsions Score:	0 hr/day 0	0-1 hr/day 1	1-3 hr/day 2	3-8 hr/day 3	> 8 hr/day 4
7. Interference From Compulsions Score:	None 0	Mild 1	Definite but manageable 2	Substantial impairment 3	Incapacitating 4
8. Distress From Compulsions Score:	None 0	Mild 1	Moderate but manageable 2	Severe 3	Near constant, disabling 4
9. Resistance to Compulsions Score:	Always resists 0	Much resistance 1	Some resistance 2	Often yields 3	Completely yields 4
10. Control Over Compulsions Score:	Complete control 0	Much control 1	Some control 2	Little control 3	No control 4

Compulsion subtotal (add items 6-10) _____

Y-BOCS total (add items 1-10)

Total Y-BOCS score range of severity for patients who have both obsessions and compulsions:

0-7 Subclinical 8-15 Mild 16-23 Moderate 24-31 Severe 32-40 Extreme

COMMENTS: _____
