

Y-BOCS Symptom Checklist

Instructions: Generate a *Target Symptoms List* from the attached Y-BOCS Symptom Checklist by asking the patient about specific obsessions and compulsions. Check all that apply. Distinguish between current and past symptoms. Mark principal symptoms with a "p". These will form the basis of the *Target Symptoms List*. Items marked may "*" or may not be an OCD phenomena.

Current Past

AGGRESSIVE OBSESSIONS

- | | | |
|-----|-----|--|
| ___ | ___ | Fear might harm self |
| ___ | ___ | Fear might harm others |
| ___ | ___ | Violent or horrific images |
| ___ | ___ | Fear of blurring out obscenities or insults |
| ___ | ___ | Fear of doing something else embarrassing* |
| ___ | ___ | Fear will act on unwanted impulses (e.g., to stab friend) |
| ___ | ___ | Fear will steal things |
| ___ | ___ | Fear will harm others because not careful enough (e.g. hit/run motor vehicle accident) |
| ___ | ___ | Fear will be responsible for something else terrible happening (e.g., fire, burglary) |

Other: _____

CONTAMINATION OBSESSIONS

- | | | |
|-----|-----|---|
| ___ | ___ | Concerns or disgust w/ with bodily waste or secretions (e.g., urine, feces, saliva Concern with dirt or germs |
| ___ | ___ | Excessive concern with environmental contaminants (e.g. asbestos, radiation toxic waste) |
| ___ | ___ | Excessive concern with household items (e.g., cleansers solvents) |
| ___ | ___ | Excessive concern with animals (e.g., insects) |
| ___ | ___ | Bothered by sticky substances or residues |
| ___ | ___ | Concerned will get ill because of contaminant |
| ___ | ___ | Concerned will get others ill by spreading contaminant (Aggressive) |
| ___ | ___ | No concern with consequences of contamination other than how it might feel |

SEXUAL OBSESSIONS

- | | | |
|-----|-----|--|
| ___ | ___ | Forbidden or perverse sexual thoughts. images. or impulses |
| ___ | ___ | Content involves children or incest |
| ___ | ___ | Content involves homosexuality* |
| ___ | ___ | Sexual behavior towards others (Aggressive)* |
| ___ | ___ | Other: _____ |

HOARDING/SAVING OBSESSIONS

(distinguish from hobbies and concern with objects of monetary or sentimental value)

RELIGIOUS OBSESSIONS (Scrupulosity)

- | | | |
|-----|-----|---|
| ___ | ___ | Concerned with sacrilege and blasphemy |
| ___ | ___ | Excess concern with right/wrong, morality |
| ___ | ___ | Other: _____ |

OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

- | | | |
|-----|-----|--|
| ___ | ___ | Accompanied by magical thinking (e.g., concerned that another will have accident dent unless less things are in the right place) |
| ___ | ___ | Not accompanied by magical thinking |

MISCELLANEOUS OBSESSIONS

- | | | |
|-----|-----|--|
| ___ | ___ | Need to know or remember |
| ___ | ___ | Fear of saying certain things |
| ___ | ___ | Fear of not saying just the right thing |
| ___ | ___ | Fear of losing things |
| ___ | ___ | Intrusive (nonviolent) images |
| ___ | ___ | Intrusive nonsense sounds, words, or music |
| ___ | ___ | Bothered by certain sounds/noises* |
| ___ | ___ | Lucky/unlucky numbers |
| ___ | ___ | Colors with special significance |
| ___ | ___ | 3 superstitious fears |
| ___ | ___ | Other: _____ |

Current Past

SOMATIC OBSESSIONS

- | | | |
|-----|-----|--|
| ___ | ___ | Concern with illness or disease* |
| ___ | ___ | Excessive concern with body part or aspect of Appearance (eg., dysmorphophobia)* |
| ___ | ___ | Other _____ |

CLEANING/WASHING COMPULSIONS

- | | | |
|-----|-----|---|
| ___ | ___ | Excessive or ritualized handwashing |
| ___ | ___ | Excessive or ritualized showering, bathing, toothbrushing grooming, or toilet routine Involves cleaning of household items or other inanimate objects |
| ___ | ___ | Other measures to prevent or remove contact with contaminants |
| ___ | ___ | Other _____ |

CHECKING COMPULSIONS

- | | | |
|-----|-----|--|
| ___ | ___ | Checking locks, stove, appliances etc. |
| ___ | ___ | Checking that did not/will not harm others |
| ___ | ___ | Checking that did not/will not harm self |
| ___ | ___ | Checking that nothing terrible did/will happen |
| ___ | ___ | Checking that did not make mistake |
| ___ | ___ | Checking tied to somatic obsessions |
| ___ | ___ | Other: _____ |

REPEATING RITUALS

- | | | |
|-----|-----|---|
| ___ | ___ | Rereading or rewriting |
| ___ | ___ | Need to repeat routine activities jog, in/out door, up/down from chair) |
| ___ | ___ | Other _____ |

COUNTING COMPULSIONS

- | | | |
|-----|-----|-------|
| ___ | ___ | _____ |
| ___ | ___ | _____ |

ORDERING/ARRANGING COMPULSIONS

- | | | |
|-----|-----|-------|
| ___ | ___ | _____ |
| ___ | ___ | _____ |

MISCELLANEOUS COMPULSIONS

- | | | |
|-----|-----|---|
| ___ | ___ | Mental rituals (other than checking/counting) |
| ___ | ___ | Excessive listmaking |
| ___ | ___ | Need to tell, ask, or confess |
| ___ | ___ | Need to touch, tap, or rub* |
| ___ | ___ | Rituals involving blinking or staring* |
| ___ | ___ | Measures (not checking) to prevent: harm to self - harm to others terrible consequences |
| ___ | ___ | Ritualized eating behaviors* |
| ___ | ___ | Superstitious behaviors |
| ___ | ___ | Trichotillomania * |
| ___ | ___ | Other self-damaging or self-mutilating behaviors* |
| ___ | ___ | Other _____ |