

PATIENT
NAME

22.

DATE

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)*

Questions 1 to 5 are about your obsessive thoughts

Obsessions are unwanted ideas, images or impulses that intrude on thinking against your wishes and efforts to resist them. They usually involve themes of harm, risk and danger. Common obsessions are excessive fears of contamination; recurring doubts about danger, extreme concern with order, symmetry, or exactness; fear of losing important things.

Please answer each question by circling the appropriate number.

1. TIME OCCUPIED BY OBSESSIVE THOUGHTS **SCORE** _____

How much of your time is occupied by obsessive thoughts?

- | | | |
|---|---|--|
| 0 | = | None |
| 1 | = | Less than 1 hr/day or occasional occurrence |
| 2 | = | 1 to 3 hrs/day or frequent |
| 3 | = | Greater than 3 and up to 8 hrs/day or very frequent occurrence |
| 4 | = | Greater than 8 hrs/day or nearly constant occurrence |

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS **SCORE** _____

How much do your obsessive thoughts interfere with your work, school, social, or other important role functioning? Is there anything that you don't do because of them?

- | | | |
|---|---|---|
| 0 | = | None |
| 1 | = | Slight interference with social or other activities, but overall performance not impaired |
| 2 | = | Definite interference with social or occupational performance, but still manageable |
| 3 | = | Causes substantial impairment in social or occupational performance |
| 4 | = | Incapacitating |

3. DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS **SCORE** _____

How much distress do your obsessive thoughts cause you?

- | | | |
|---|---|--------------------------------------|
| 0 | = | None |
| 1 | = | Not too disturbing |
| 2 | = | Disturbing, but still manageable |
| 3 | = | Very disturbing |
| 4 | = | Near constant and disabling distress |

4. RESISTANCE AGAINST OBSESSIONS **SCORE** _____

How much of an effort do you make to resist the obsessive thoughts? How often do you try to disregard or turn your attention away from these thoughts as they enter your mind?

- | | | |
|---|---|--|
| 0 | = | Try to resist all the time |
| 1 | = | Try to resist most of the time |
| 2 | = | Make some effort to resist |
| 3 | = | Yield to all obsessions without attempting to control them, but with some reluctance |
| 4 | = | Completely and willingly yield to all obsessions |

5. DEGREE OF CONTROL OVER OBSESSIVE THOUGHTS

SCORE _____

How much control do you have over your obsessive thoughts? How successful are you in stopping or diverting your obsessive thinking? Can you dismiss them?

- | | | |
|---|---|---|
| 0 | = | Complete control |
| 1 | = | Usually able to stop or divert obsessions with some effort and concentration |
| 2 | = | Sometimes able to stop or divert obsessions |
| 3 | = | Rarely successful in stopping or dismissing obsessions, can only divert attention with difficulty |
| 4 | = | Obsessions are completely involuntary, rarely able to even momentarily alter obsessive thinking. |

The next several questions are about your compulsive behaviors.

Compulsions are urges that people have to do something to lessen feelings of anxiety or other discomfort. Often they do repetitive, purposeful, intentional behaviors called rituals. The behavior itself may seem appropriate but it becomes a ritual when done to excess. Washing, checking, repeating, straightening, hoarding and many other behaviors can be rituals. Some rituals are mental. For example, thinking or saying things over and over under your breath.

6. TIME SPENT PERFORMING COMPULSIVE BEHAVIORS

SCORE _____

How much time do you spend performing compulsive behaviors? How much longer than most people does it take to complete routine activities because of your rituals? How frequently do you do rituals?

- | | | |
|---|---|---|
| 0 | = | None |
| 1 | = | Less than 1 hr/day or occasional performance of compulsive behaviors |
| 2 | = | From 1 to 3 hrs/day, or frequent performance of compulsive behaviors |
| 3 | = | More than 3 and up to 8 hrs/day, or very frequent performance of compulsive behaviors |
| 4 | = | More than 8 hrs/day, or near constant performance of compulsive behaviors (too numerous to count) |

7. INTERFERENCE DUE TO COMPULSIVE BEHAVIORS

SCORE _____

How much do your compulsive behaviors interfere with your work, school, social, or other important role functioning? Is there anything that you don't do because of the compulsions?

- | | | |
|---|---|---|
| 0 | = | None |
| 1 | = | Slight interference with social or other activities, but overall performance not impaired |
| 2 | = | Definite interference with social or occupational performance, but still manageable |
| 3 | = | Causes substantial impairment in social or occupational performance |
| 4 | = | Incapacitating |

8. DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIOR

SCORE _____

How would you feel if prevented from performing your compulsion(s)? How anxious would you become?

- | | | |
|---|---|--|
| 0 | = | None |
| 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 interrupted |
| 4 | = | Incapacitating anxiety from any intervention aimed at modifying activity |

9. RESISTANCE AGAINST COMPULSIONS

SCORE _____

How much of an effort do you make to resist the compulsions?

- | | | |
|---|---|--|
| 0 | = | Always try to resist |
| 1 | = | Try to resist most of the time |
| 2 | = | Make some effort to resist |
| 3 | = | Yield to almost all compulsions without attempting to control them, but with some reluctance |
| 4 | = | Completely and willingly yield to all compulsions |

10. DEGREE OF CONTROL OVER COMPULSIVE BEHAVIOR

SCORE _____

How strong is the drive to perform the compulsive behavior? How much control do you have over the compulsions?

- | | | |
|---|---|---|
| 0 | = | Complete control |
| 1 | = | Pressure to perform the behavior but usually able to exercise voluntary control over it |
| 2 | = | Strong pressure to perform behavior, can control it only with difficulty |
| 3 | = | Very strong drive to perform behavior, must be carried to completion, can only delay with difficulty |
| 4 | = | Drive to perform behavior experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity. |

 TOTAL SCORE _____

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 blurting 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 rot/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

HOARDING/COLLECTING COMPULSIONS

(distinguish from hobbies and concern with objects of monetary or sentimental value (e.g., carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects.)

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 _____

Adapted from Goodman, W.K., Price, L.H., Rasmussen, S.A. et al.:
"The Yale-Brown Obsessive Compulsive Scale."
Arch Gen Psychiatry 46:1006-1011,1989

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

Measure: Severity Measure for Specific Phobia—Adult

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Severity Measure for Specific Phobia—Adult

Name: _____ Age: _____ Sex: Male ☐ Female ☐ Date: _____

<p>The following questions ask about thoughts, feelings, and behaviors that you may have had in a variety of situations. Please check (✓) the item below that makes you most anxious. <u>Choose only one item and make your ratings based on the situations included in that item.</u></p>									
<input type="checkbox"/> Driving, flying, tunnels, bridges, or enclosed spaces		<input type="checkbox"/> Animals or insects		<input type="checkbox"/> Heights, storms, or water		<input type="checkbox"/> Blood, needles, or injections		<input type="checkbox"/> Choking or vomiting	
<p>Please respond to each item by marking (✓ or x) one box per row.</p> <p>During the PAST 7 DAYS, I have...</p>									Clinician Use
				Never	Occasionally	Half of the time	Most of the time	All of the time	Item score
1.	felt moments of sudden terror, fear, or fright in these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2.	felt anxious, worried, or nervous about these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3.	had thoughts of being injured, overcome with fear, or other bad things happening in these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6.	avoided, or did not approach or enter, these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	moved away from these situations or left them early			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	spent a lot of time preparing for, or procrastinating about (i.e., putting off), these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9.	distracted myself to avoid thinking about these situations			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10.	needed help to cope with these situations (e.g., alcohol or medications, superstitious objects, other people)			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Total/Partial Raw Score:									
Prorated Total Raw Score: (if 1-2 items left unanswered)									
Average Total Score:									

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Instructions to Clinicians

The Severity Measure for Specific Phobia—Adult is a 10-item measure that assesses the severity of specific phobia in individuals age 18 and older. The measure was designed to be completed by an individual upon receiving a diagnosis of specific phobia (or clinically significant specific phobia symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the individual to rate the severity of his or her specific phobia **during the past 7 days**.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40 with higher scores indicating greater severity of specific phobia. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual’s specific phobia in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

Note: If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual receiving care should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Specific Phobia (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{(\text{Raw sum} \times 10)}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

Frequency of Use

To track changes in the severity of the individual’s specific phobia over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

Severity Measure for Separation Anxiety Disorder—Adult

Name: _____ Age: _____ Sex: Male ☐ Female ☐ Date: _____

Instructions: The following questions ask about thoughts, feelings, and behaviors that you may have had about being separated from home or from people who are important to you. Please rate how often the following statements are true for you. **Please respond to each item by marking (✓ or x) one box per row.**

							Clinician Use
	During the PAST 7 DAYS, I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Item score
1.	felt moments of sudden terror, fear, or fright when separated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2.	felt anxious, worried, or nervous about being separated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3.	have had thoughts of bad things happening to people important to me or bad things happening to me when separated from them (e.g., getting lost, accidents)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky when separated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping when separated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6.	avoided going places where I would be separated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	when separated, left places early to go home	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	spent a lot of time preparing for how to deal with separation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9.	distracted myself to avoid thinking about being separated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10.	needed help to cope with separation (e.g., alcohol or medications, superstitious objects)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Total/Partial Raw Score:							
Prorated Total Raw Score: (if 1-2 items left unanswered)							
Average Total Score:							

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Instructions to Clinicians

The Severity Measure for Separation Anxiety Disorder—Adult is a 10-item measure that assesses the severity of symptoms of separation anxiety disorder in individuals age 18 and older. The measure was designed to be completed by an individual upon receiving a diagnosis of separation anxiety disorder (or clinically significant separation anxiety symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the individual to rate the severity of his or her separation anxiety disorder **during the past 7 days**.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of separation anxiety disorder. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual’s separation anxiety disorder in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

Note: If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual receiving care should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Separation Anxiety Disorder (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{(\text{Raw sum} \times 10)}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

Frequency of Use

To track changes in the severity of the individual’s separation anxiety disorder over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.