

CY-BOCS Symptom Checklist

Children's Yale-Brown Obsessive Compulsive Scale

Administering the CY-BOCS Symptom Checklist and CY-BOCS Severity Ratings

1. Establish the diagnosis of obsessive compulsive disorder.
2. Using the CY-BOCS Symptom Checklist (below), ascertain current and past symptoms.
3. Next, administer the 10 item severity ratings (other form) to assess the severity of the OCD during the last week.
4. Re-administer the CY-BOCS Severity Rating Scale to monitor progress.

Patient _____ Date _____

CY-BOCS Symptom Checklist

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CY-BOCS Obsessions Checklist

Check all symptoms that apply (Items marked "*" may or may not be OCD Phenomena)

Current	Past	Contamination Obsessions	Current	Past	Sexual Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Concern with dirt, germs, certain illnesses (e.g., AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	Forbidden or perverse sexual thoughts, images, impulses
<input type="checkbox"/>	<input type="checkbox"/>	Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva)	<input type="checkbox"/>	<input type="checkbox"/>	Content involves homosexuality
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)	<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior towards others (aggressive)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with household items (e.g., cleaners, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern about animals / insects	<input type="checkbox"/>	<input type="checkbox"/>	Hoarding / Saving Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Excessively bothered by sticky substances or residues	<input type="checkbox"/>	<input type="checkbox"/>	Fear of losing things
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get ill because of contaminant	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get others ill by spreading contaminant (aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	Magical Thoughts / Superstitious Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	No concern with consequences of contamination other than how it might feel *	<input type="checkbox"/>	<input type="checkbox"/>	Lucky / unlucky numbers, colors, words
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
		Aggressive Obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Somatic Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm self	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with illness or disease *
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm others	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia) *
<input type="checkbox"/>	<input type="checkbox"/>	Fear harm will come to self	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fear harm will come to others (maybe because of something child did or did not do)	<input type="checkbox"/>	<input type="checkbox"/>	Religious Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Violent or horrific images	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern or fear of offending religious objects
<input type="checkbox"/>	<input type="checkbox"/>	Fear of blurting out obscenities or insults	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with right / wrong morally
<input type="checkbox"/>	<input type="checkbox"/>	Fear of doing something embarrassing *	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fear will act on unwanted impulses (e.g., to stab a family member)	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Fear will steal things	<input type="checkbox"/>	<input type="checkbox"/>	The need to know or remember
<input type="checkbox"/>	<input type="checkbox"/>	Fear will be responsible for something else terrible happening (e.g. ,fire, burglary, flood)	<input type="checkbox"/>	<input type="checkbox"/>	Fear of saying certain things
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Fear of not saying just the right thing
			<input type="checkbox"/>	<input type="checkbox"/>	Intrusive (non-violent) images
			<input type="checkbox"/>	<input type="checkbox"/>	Intrusive sounds, words, music or numbers
			<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____

Target Symptom List for Obsessions

OBSESSIONS (describe, listing by order of severity, with #1 being the most sever, #2 second most severe, etc):

1. _____
2. _____
3. _____
4. _____

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CY-BOCS Compulsions Checklist

Check all symptoms that apply (Items marked "*" may or may not be OCD Phenomena)

Current	Past	Washing / Cleaning Compulsions	Current	Past	Hoarding / Saving Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized hand washing			Distinguish from hobbies and concern with objects of monetary or sentimental value.
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized showering, bathing, tooth brushing, grooming, toilet routine	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty throwing things away, saving bits of paper, string, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Excessive cleaning of items, such as personal clothes or important objects	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Other measures to prevent or remove contact with contaminants			Excessive Games / Superstitious Behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Distinguish from age appropriate magical games (e.g. array of behavior, such as sleeping over certain spots on a floor, touching an object / self certain number of times as a routine game to avoid something bad from happening)
		Checking Compulsions	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking locks, toys, school books / items, etc.			Rituals Involving Other Persons
<input type="checkbox"/>	<input type="checkbox"/>	Checking associated with getting washed, dressed, or undressed	<input type="checkbox"/>	<input type="checkbox"/>	The need to involve another person (usually a parent) in ritual (e.g. asking a parent to repeatedly answer the same question, making mother perform certain mealtime rituals involving specific utensils) *
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not / will not harm others	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not / will not harm self	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Checking that nothing terrible did / will happen	<input type="checkbox"/>	<input type="checkbox"/>	Mental rituals other than checking / counting
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not make mistake	<input type="checkbox"/>	<input type="checkbox"/>	Need to tell, ask or confess
<input type="checkbox"/>	<input type="checkbox"/>	Checking tied to somatic obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Measures (not checking) to prevent :
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	harm to self
		Repeating Rituals	<input type="checkbox"/>	<input type="checkbox"/>	harm to others
<input type="checkbox"/>	<input type="checkbox"/>	Rereading, erasing, or rewriting	<input type="checkbox"/>	<input type="checkbox"/>	terrible consequences
<input type="checkbox"/>	<input type="checkbox"/>	Need to repeat activities (e.g. in / out of doorway, up / down from chair)	<input type="checkbox"/>	<input type="checkbox"/>	Ritualized eating behaviors *
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Excessive list making *
		Counting Compulsions	<input type="checkbox"/>	<input type="checkbox"/>	Need to touch, tap, rub *
<input type="checkbox"/>	<input type="checkbox"/>	Objects, certain numbers, words, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Need to do things (e.g. touch or arrange until it feels just right) *
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Rituals involving blinking or staring *
		Ordering / Arranging	<input type="checkbox"/>	<input type="checkbox"/>	Trichotillomania (hair-pulling)
<input type="checkbox"/>	<input type="checkbox"/>	Need for symmetry / evening up (e.g. lining items up a certain way or arranging personal items in specific patterns)	<input type="checkbox"/>	<input type="checkbox"/>	Other self-damaging or self-mutilating behaviors *
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____

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Target Symptom List for Compulsions

COMPULSIONS (describe, listing by order of severity, with #1 being the most severe, #2 second most severe, etc):

1. _____
2. _____
3. _____
4. _____

CY-RICS Severity Ratings

