

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 OCD phenomena.

AGGRESSIVE OBSESSIONS

- | | | |
|---------|------|---------------------------------------------------------------------------------------|
| Current | Past | |
| ___ | ___ | 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 (eg, to stab friend) |
| ___ | ___ | Fear will steal things |
| ___ | ___ | Fear will harm others because not careful enough (eg, hit/run motor vehicle accident) |
| ___ | ___ | Fear will be responsible for something else terrible happening (eg, fire, burglary) |
| ___ | ___ | Other _____ |

CONTAMINATION OBSESSIONS

- | | | |
|-----|-----|------------------------------------------------------------------------------------------|
| ___ | ___ | Concerns or disgust with bodily waste or secretions (eg, urine, feces, saliva) |
| ___ | ___ | Concern with dirt or germs |
| ___ | ___ | Excessive concern with environmental contaminants (eg, asbestos, radiation, toxic waste) |
| ___ | ___ | Excessive concern with household items (eg, cleansers, solvents) |
| ___ | ___ | Excessive concern with animals (eg, 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 |
| ___ | ___ | Other _____ |

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 _____ |

OBSESSIONS WITH NEED FOR SYMMETRY OR EXACTNESS

- | | | |
|-----|-----|----------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | Accompanied by magical thinking (eg, concerned that another will have accident unless 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 |
| ___ | ___ | Superstitious fears |
| ___ | ___ | Other _____ |

SOMATIC OBSESSIONS

- | | | |
|---------|------|---------------------------------------------------------------------------------|
| Current | Past | |
| ___ | ___ | 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 (eg, 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 (eg, 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 _____ |

Please see complete Prescribing Information enclosed.

