

Name: _____

Date: _____

Y-BOCS SYMPTOM CHECKLIST

Check all that apply, but clearly mark the principal symptoms with a "P".

| AGGRESSIVE OBSESSIONS | Current | Past |
|--|--------------------------|--------------------------|
| Fear might harm self | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear might harm others | <input type="checkbox"/> | <input type="checkbox"/> |
| Violent or horrific images | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of blurting out obscenities or insults | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of doing something else embarrassing * | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear will act on unwanted impulses (e.g. to stab friend) | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear will steal things | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear will harm others because not careful enough (e.g. hit/run MVA) | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear will be responsible for something else terrible happening (e.g. fire, burglary) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Explain): | <input type="checkbox"/> | <input type="checkbox"/> |

| CONTAMINATION OBSESSIONS | Current | Past |
|---|--------------------------|--------------------------|
| Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva) | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern with dirt or germs | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive concern with environmental contaminants (e.g. asbestos, radiation, toxic waste) | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive concern with household items (e.g. cleansers, solvents,) | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive concern with animals (e.g. insects) | <input type="checkbox"/> | <input type="checkbox"/> |
| Bothered by sticky substances or residues | <input type="checkbox"/> | <input type="checkbox"/> |
| Concerned will get ill because of contaminant | <input type="checkbox"/> | <input type="checkbox"/> |
| Concerned will get others ill by spreading contaminant (Aggressive) | <input type="checkbox"/> | <input type="checkbox"/> |
| No concern with consequences of contamination other than how it might feel | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Explain): | <input type="checkbox"/> | <input type="checkbox"/> |

| SEXUAL OBSESSIONS | Current | Past |
|--|--------------------------|--------------------------|
| Forbidden or perverse sexual thoughts, images, or impulses | <input type="checkbox"/> | <input type="checkbox"/> |
| Content involves children or incest | <input type="checkbox"/> | <input type="checkbox"/> |
| Content involves homosexuality * | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual behavior toward others (Aggressive)* | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

| HOARDING/SAVING OBSESSIONS | Current | Past |
|---|--------------------------|--------------------------|
| Keeping items despite others believing it is trash, has no value, you have multiple similar items, you won't use them, or similar. [distinguish from hobbies and concern with objects of monetary or sentimental value] | <input type="checkbox"/> | <input type="checkbox"/> |

| RELIGIOUS OBSESSIONS | Current | Past |
|---|--------------------------|--------------------------|
| (Scrupulosity) Concerned with sacrilege and blasphemy | <input type="checkbox"/> | <input type="checkbox"/> |
| Excess concern with right/wrong, morality | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

| OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS | Current | Past |
|--|--------------------------|--------------------------|
| Accompanied by magical thinking (e.g., concerned the mother will have accident unless things are in the right place) | <input type="checkbox"/> | <input type="checkbox"/> |
| Not accompanied by magical thinking | <input type="checkbox"/> | <input type="checkbox"/> |

| MISCELLANEOUS OBSESSIONS | Current | Past |
|--|--------------------------|--------------------------|
| Need to know or remember | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of saying certain things | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of not saying just the right thing | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of losing things | <input type="checkbox"/> | <input type="checkbox"/> |
| Intrusive (non-violent) images | <input type="checkbox"/> | <input type="checkbox"/> |
| Intrusive nonsense sounds, words, or music | <input type="checkbox"/> | <input type="checkbox"/> |
| Bothered by certain sounds/noises * | <input type="checkbox"/> | <input type="checkbox"/> |
| Lucky/unlucky numbers | <input type="checkbox"/> | <input type="checkbox"/> |
| Colors with special significance superstitious fears | <input type="checkbox"/> | <input type="checkbox"/> |

| SOMATIC OBSESSIONS | Current | Past |
|---|--------------------------|--------------------------|
| Concern with illness or disease * | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia) * | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

| CLEANING/WASHING COMPULSIONS | Current | Past |
|---|--------------------------|--------------------------|
| Excessive or ritualized handwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routine. Involves cleaning of household items or other inanimate objects | <input type="checkbox"/> | <input type="checkbox"/> |
| Other measures to prevent or remove contact with contaminants | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

| CHECKING COMPULSIONS | Current | Past |
|--|--------------------------|--------------------------|
| Checking locks, stove, appliances, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking that did not/will not harm others | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking that did not/will not harm self | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking that nothing terrible did/will happen | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking that did not make mistake | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking tied to somatic obsessions | <input type="checkbox"/> | <input type="checkbox"/> |
| Others | <input type="checkbox"/> | <input type="checkbox"/> |

| REPEATING RITUALS | Current | Past |
|---|--------------------------|--------------------------|
| Re-reading or re-writing | <input type="checkbox"/> | <input type="checkbox"/> |
| Need to repeat routine activities (e.g. in/outdoor, up/down from chair) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

| COUNTING COMPULSIONS | Current | Past |
|-----------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |

| ORDERING/ARRANGING COMPULSIONS | Current | Past |
|---------------------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |

| HOARDING/COLLECTING COMPULSIONS | Current | Past |
|--|--------------------------|--------------------------|
| 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) | <input type="checkbox"/> | <input type="checkbox"/> |

| MISCELLANEOUS COMPULSIONS Mental Rituals (other than checking/counting) | Current | Past |
|--|--------------------------|--------------------------|
| Excessive list making | <input type="checkbox"/> | <input type="checkbox"/> |
| Need to tell, ask, or confess | <input type="checkbox"/> | <input type="checkbox"/> |
| Need to touch, tap, or rub * | <input type="checkbox"/> | <input type="checkbox"/> |
| Rituals involving blinking or staring * | <input type="checkbox"/> | <input type="checkbox"/> |
| Measures (not checking) to prevent: | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Harm to self <input type="checkbox"/> Harm to others <input type="checkbox"/> Terrible consequences | <input type="checkbox"/> | <input type="checkbox"/> |
| Ritualized eating behaviors * | <input type="checkbox"/> | <input type="checkbox"/> |
| Superstitious behaviors | <input type="checkbox"/> | <input type="checkbox"/> |
| Trichotillomania * | <input type="checkbox"/> | <input type="checkbox"/> |
| Other self-damaging or self-mutilating behaviors * | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |