

# THE CHILDREN'S YALE-BROWN OBSESSIVE COMPULSIVE SCALE (CY-BOCS)

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## GENERAL INSTRUCTIONS

### **Overview:**

This scale is designed to rate the severity of obsessive and compulsive symptoms in children and adolescents, ages 6 to 17 years. It can be administered by a clinician or trained interviewer in a semi-structured fashion. In general, the ratings depend on the child's and parents' report; however, the final rating is based on the clinical judgment of the interviewer. Rate the characteristics of each item over the prior week up until, and including, the time of the interview. Scores should reflect the average of each item for the entire week, unless otherwise specified.

### **Informants:**

Information should be obtained by interviewing the parent(s) (or guardian) and the child together. Sometimes, however, it may also be useful to interview the child or parent alone. Interviewing strategy may vary depending on the age and developmental level of the child or adolescent. All information should be combined to estimate the score for each item. Whenever the CY-BOCS is administered more than once to the same child, as in a medication trial, consistent reporting can be ensured by having the same informant(s) present at each rating session.

### **Definitions:**

Before proceeding with the questions, define "obsessions" and "compulsions" for the child and primary caretaker as follows (sometimes, particularly with younger children, the interviewer may prefer using the terms "worries" and "habits"):

"OBSESSIONS: are thoughts, ideas, or pictures that keep coming into your mind even though you do not want them to. They may be unpleasant, silly or embarrassing."

"AN EXAMPLE OF AN OBSESSION IS: the repeated thought that germs or dirt are harming you or other people, or that something unpleasant might happen to you or someone in your family or someone special to you. These are thoughts that keep coming back, over and over again."

"COMPULSIONS: are things that you feel you have to do although you may know that they do not make sense. Sometimes you may try to stop from doing them but this might not be possible. You might feel worried or angry or frustrated until you have finished what you have to do."

"AN EXAMPLE OF A COMPULSION IS" the need to wash your hands over and over again even though are not really dirty, or the need to count up to a certain number while you do certain things."

"Do you have any questions about what these words called and compulsions mean?"

**Symptom Specificity and Continuity:**

In some cases, it may be difficult to delineate obsessions and compulsions from other closely related symptoms such as phobias, anxious worries, depressive ruminations or complex tics. Separate assessment of these symptoms may be necessary. Although potentially difficult, the delineation of obsessions and compulsions from these closely related symptoms is an essential task of the interviewer. (A full discussion of how to make this determination is beyond the scope and purpose of this introduction). Items marked with an asterisk are items where this delineation may be especially troublesome.

Once the interviewer has decided whether or not a particular symptom will be included as an obsession or compulsion on the checklist, every effort should be made to maintain consistency in subsequent rating(s). In a study with multiple ratings over time, it may be useful to review the initial Target Symptom List (see below) at the beginning of subsequent ratings (prior severity scores should not be reviewed).

**Procedure:**

Symptom Checklist: After reviewing with the child and parent(s) the definitions of obsessions and compulsions, the interview should proceed with a detailed inquiry about the child's symptoms using the Compulsions Checklist and Obsessions Checklist as guides. It may not be necessary to ask about each and every item on the checklist, but each symptom area should be covered to ensure that symptoms are not missed. For most children and adolescents, it is usually easier to begin with compulsions (page 3).

Target Symptom List: After the Compulsions Checklist is complete, list the four most severe compulsions on the Target Symptom List on page 4. Repeat this process, listing the most severe obsessions on the Target Symptom List on page 4.

Severity Rating: After completing the Checklist and Target Symptom List for compulsions, inquire about the severity items: Time Spent, Distress, Resistance, Interference, and Degree of Control (questions 1 through 5 on page 6). There are examples of probe questions for each item. Ratings for these items should reflect the interviewer's best estimate from all available information from the past week, with special emphasis on the Target Symptoms. Repeat the above procedure for obsessions (pages 5). Finally, inquire about and rate questions 11 through 19 on page 7. Scores can be recorded on the scoring sheet on page 7. All ratings should be in whole integers.

**Scoring:**

All 19 items are rated but only items 1-10 are used to determine the total score. The **total CY-BOCS score** is the sum of items 1-10; the **obsession and compulsion subtotals** are the sums of items 1-5 and 6-10, respectively. At this time, items 1A and 6A are not being used in the scoring.

Items 17 (global severity) and 18 (global improvement) are adapted from the Clinical Global Impression Scale (Guy, W., 1976) to provide measures of overall functional impairment associated with the presence of obsessive-compulsive symptoms.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### CY-BOCS OBSESSIONS & COMPULSIONS CHECKLIST

Check all symptoms that apply (Items marked “\*” may or may not be OCD phenomena)

<u>Current</u>	<u>Past</u>	<u>Washing/Cleaning Compulsions</u>
_____	_____	Excessive or ritualized handwashing
_____	_____	Excessive or ritualized showering, bathing, toothbrushing, grooming, toilet routine
_____	_____	Excessive cleaning of items, such as personal clothes or important objects
_____	_____	Other measures to prevent or remove contact with contaminants
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Checking Compulsions</u>
_____	_____	Checking locks, toys, school books/items etc.
_____	_____	Checking associated with getting washed, dressed, or undressed
_____	_____	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 a mistake
_____	_____	Checking tied to somatic obsessions
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Repeating Rituals</u>
_____	_____	Rereading, erasing or rewriting
_____	_____	Need to repeat routine activities (e.g. in/out of doorway, up/down from chair)
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Counting Compulsions</u>
_____	_____	Objects, certain numbers, words etc.
_____	_____	Describe _____
<u>Current</u>	<u>Past</u>	<u>Ordering/Arranging</u>
_____	_____	Need for symmetry/evening up (e.g. lining items up in a certain way or arranging personal items in specific patterns)
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Hoarding/Saving Compulsion</u>
_____	_____	<i>(distinguish from hobbies and concerns with objects of monetary or sentimental value)</i>
_____	_____	Difficulty throwing things away, saving bits of paper, string etc.
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Excessive Games/Superstitious Behaviors</u>
_____	_____	<i>(distinguish from age appropriate magical games)</i>
_____	_____	e.g. array of behavior, such as stepping over certain spots on a floor, touching any object/self certain no. of times as a routine to avoid something bad happening
_____	_____	Describe _____
<u>Current</u>	<u>Past</u>	<u>Rituals Involving Other Persons</u>
_____	_____	The need to involve another person (usually a parent) in ritual (e.g. asking a parent to repeatedly ask the same question, making mother perform certain meal-time rituals involving specific utensils) *
_____	_____	Describe _____
<u>Current</u>	<u>Past</u>	<u>Miscellaneous Compulsions</u>
_____	_____	Mental rituals (other than checking/counting)
_____	_____	Need to tell, ask or confess
_____	_____	Measures (not checking) to prevent harm to self ____; others ____; terrible consequences ____.
_____	_____	Ritualized eating behaviors *
_____	_____	Excessive list making *
_____	_____	Need to touch, tap, rub *
_____	_____	Need to do things (e.g. touch or arrange) until it feels just right *
_____	_____	Rituals involving blinking or staring *
_____	_____	Trichotillomania (hair-pulling) *
_____	_____	Other self-damaging or self-mutilating behavior *
_____	_____	Other (describe) _____

<u>Current</u>	<u>Past</u>	<u>Contamination Obsessions</u>
_____	_____	Concern with dirt, germs, certain illnesses (e.g. AIDS)
_____	_____	Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva)
_____	_____	Excessive concern with environmental contaminants (e.g. asbestos, radiation, toxic waste)
_____	_____	Excessive concern with household items (e.g. cleaners, solvents)
_____	_____	Excessive concern about animals/insects
_____	_____	Excessively 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 (describe) _____
<u>Current</u>	<u>Past</u>	<u>Aggressive Obsessions</u>
_____	_____	Fear might harm self
_____	_____	Fear might harm others
_____	_____	Fear harm will come to self
_____	_____	Fear harm will come to others (maybe because of something child did or did not do)
_____	_____	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 a family member)
_____	_____	Fear will steal things
_____	_____	Fear will be responsible for something else terrible happening (e.g. fire, burglary, flood)
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Sexual Obsessions</u>
_____	_____	Are you having any sexual thoughts? If yes, are they routine or are they repetitive thoughts you would rather not have or find disturbing? If yes, are they:
_____	_____	Forbidden or perverse sexual thoughts, images, impulses
_____	_____	Content involves homosexuality *
_____	_____	Sexual behavior towards others (aggressive)
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Hoarding/Saving Obsessions</u>
_____	_____	Fear of losing things
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Magical Thoughts/Superstitious Obsessions</u>
_____	_____	Lucky/unlucky numbers, colors, words
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Somatic Obsessions</u>
_____	_____	Excessive concern with illness or disease *
_____	_____	Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia) *
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Religious Obsessions</u>
_____	_____	Excessive concern or fear of offending religious objects (God)
_____	_____	Excessive concern with right/wrong, morality
_____	_____	Other (describe) _____
<u>Current</u>	<u>Past</u>	<u>Miscellaneous Obsessions</u>
_____	_____	The need to know or remember
_____	_____	Fear of saying certain things
_____	_____	Fear of not saying just the right thing
_____	_____	Intrusive (non-violent) images
_____	_____	Intrusive sounds, words, music or numbers
_____	_____	Other (describe) _____

## TARGET SYMPTOM LISTS

### Compulsions

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Obsessions

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### CY-BOCS QUESTIONS ON OBSESSIONS

<p>1. <b>TIME OCCUPIED BY OBSESSIVE THOUGHTS</b>          How much of your time do you spend thinking about these things? [When obsession occur as brief, intermittent intrusions, it may be impossible to assess time occupied by them in terms of total hours. In such cases, estimate time by determining how frequently they occur. Consider both the number of times the intrusion occur and how many hours of the day are affected. [Ask:] How frequently do these thoughts occur? Be sure to exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated).]</p>	<p>0 = None          1 = Mild (less than 1 hr/day), or occasional intrusion (occurs no more than 8 times a day).          2 = Moderate (1 to 3 hrs/day), or frequent intrusion (occurs more than 8 times a day, but most hours of the day are free of obsessions).          3 = Severe (greater than 3 and up to 8 hrs/day), or very frequent intrusion (occurs more than 8 times a day and occurs during most hours of the day).          4 = Extreme (greater than 8 hrs/day), or near constant intrusion (too numerous to count and an hour rarely passes without several obsessions occurring).</p>
<p>2. <b>INTERFERENCE DUE TO OBSESSIVE THOUGHTS</b>          How much do these thoughts get in the way of school or doing things with friends? Is there anything that you don't do because of them? [If currently not in school determine how much performance would be affected if patient were in school.]</p>	<p>0 = None          1 = Mild, slight interference with social or school activities, but overall performance not impaired.          2 = Moderate, definite interference with social or school performance, but still manageable.          3 = Severe, causes substantial impairment in social or school performance.          4 = Extreme, incapacitating.</p>
<p>3. <b>DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS</b>          How much do these thoughts both or upset you? [Only rate anxiety that seems triggered by obsessions, not generalized anxiety associated with other symptoms.]</p>	<p>0 = None          1 = Mild, infrequent and not too disturbing.          2 = Moderate, frequent, and disturbing, but still manageable.          3 = Severe, very frequent, and very disturbing          4 = Extreme, near constant, and disabling distress.</p>
<p>4. <b>RESISTANCE AGAINST OBSESSIONS</b>          How hard do you try to stop the thoughts or ignore them? [Only rate effort made to resist, not success or failure in actually controlling the obsessions. How much the patient resists the obsessions may or may not correlate with his ability to control them. Note that this item does not directly measure the severity of the intrusive thoughts; rather it rates a manifestation of health, i.e. the effort the patient make to counteract the obsessions. Thus, the more the patient tries to resist, the less impaired is this aspect of his functioning. If the obsessions are minimal, the patient may not feel the need to resist them. In such cases, a rating of "0" should be given.]</p>	<p>0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist.          1 = Tries to resist most of the time.          2 = Makes an effort to resist.          3 = Yields to all obsessions without attempting to control them, but does so with some reluctance.          4 = Completely and willing yields to all obsession.</p>
<p>5. <b>DEGREES OF CONTROL OVER OBSESSIVE THOUGHTS</b>          When you try to fight the thoughts, can you beat them? [For the more advanced child, ask:] How much control do you have over the thoughts? [In contrast to the preceding item on resistance, the ability to control his obsessions is more closely related to the severity of the intrusive thought.]</p>	<p>0 = Complete control.          1 = Much control, usually able to stop or divert obsessions with some effort and concentration.          2 = Moderate control, usually able to stop or divert obsessions with some effort and concentration.          3 = Little control, rarely successful in stopping obsession, can only divert attention with difficulty.          4 = No control, experienced as completely involuntary, rarely able to even momentarily divert thinking.</p>
	<p>OBSESSION SUBTOTAL (Add items 1-5) _____</p>

## CY-BOCS QUESTIONS ON COMPULSIONS

<p>1. <b>TIME SPENT PERFORMING COMPULSIVE BEHAVIORS</b>          How much time do you spend doing these things? [When rituals involving activities of daily living are chiefly present, ask:] How much longer does it take to complete your usual daily activities because of the habits? [When compulsions occur as brief, intermittent behaviors, it may be impossible to assess time spent performing them in total hours. In such cases estimate time by determining how frequently they are performed. Consider both the number of times compulsions are performed and how many hours of the day are affected. Count separate occurrences of compulsive behaviors, not number of repetitions; e.g. a patient who goes into the bathroom 20 different times a day to wash his hands 5 times very questions, performs compulsions 20 times a day, not 5 or 5x20=100. [Ask:] How often do you do these habits? In most cases compulsions are observable behaviors (e.g. handwashing), but there are instances in which compulsions are not observable (e.g. silent checking).]</p>	<p>0 = None          1 = Mild (less than 1 hr/day performing compulsions), or occasional performance of compulsive behaviors (no more than 8 times a day).          2 = Moderate (spends from 1 to 3 hrs/day performing compulsions), or very frequent performance of compulsive behaviors (more than 8 times a day, but most hours are free of compulsive behaviors).          3 = Severe (spends more than 3 and up to 8 hrs/day performing compulsions) or very frequent performance of compulsive behaviors (more than 8 times a day and compulsions performed too numerous to count and an hour rarely passes without several compulsions being performed).          4 = Extreme (spends more than 8 hrs/day performing compulsions), or near constant performance of compulsive behaviors (too numerous to count and an hour rarely passes without several compulsions being performed)</p>
<p>2. <b>INTERFERENCE DUE TO COMPULSIVE BEHAVIOR</b>          How much do these habits get in the way of school or doing things with friends? Is there anything that you don't do because of them? [If currently not in school determine how much performance would be affected if patient were in school.]</p>	<p>0 = None          1 = Mild, slight interference with social or school activities, but overall performance not impaired.          2 = Moderate, definite interference with social or school performance, but still manageable.          3 = Severe, causes substantial impairment in social or school performance.          4 = Extreme, incapacitating</p>
<p>3. <b>DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIOR</b>          How would you feel if prevented from carrying out your habits? [Pause] [Rate degree of distress patient would experience if performance of the compulsion were suddenly interrupted without reassurance offered. In most, but not in all cases, performing compulsions reduces anxiety. If, in the judgment of the interviewer, anxiety is actually reduced by preventing compulsions in the manner described above, then ask:] How upset do you get while carrying out your habits until you are sure they are done?</p>	<p>0 = None          1 = Mild, only slightly anxious if compulsions prevented, or only slight anxiety during performance of compulsions.          2 = Moderate (reports that anxiety would mount but remains manageable if compulsions prevented or that anxiety increases to manageable levels during performance of compulsions).          3 = Severe, prominent and very disturbing increase in anxiety if compulsion interrupted, or prominent and very disturbing increase in anxiety during performance of compulsions.          4 = Extreme, incapacitating anxiety from any intervention aimed at modifying activity, or incapacitating anxiety develops during performance of compulsions.</p>
<p>4. <b>RESISTANCE</b>          How much do you try to fight the habits? [Only rate effort made to resist, not success or failure in actually controlling the compulsions. How much the patient resists the compulsions may or may not correlate with his ability to control them. Note that this item does not directly measure the severity of the compulsions; rather it rates a manifestation of health, i.e. the effort the patient make to counteract the compulsions. Thus, the more the patient tries to resist, the less impaired is this aspect of his functioning. If the compulsions are minimal, the patient may not feel the need to resist them. In such cases, a rating of "0" should be given.]</p>	<p>0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist.          1 = Tries to resist most of the time.          2 = Makes an effort to resist.          3 = Yields to all compulsions without attempting to control them, but does so with some reluctance.          4 = Completely and willing yields to all compulsions.</p>
<p>5. <b>DEGREES OF CONTROL OVER COMPULSIVE BEHAVIOR</b>          How strong is the feeling that you have to carry out the habit? [Pause] When you try to fight them what happens? [For the more advanced child ask:] How much control do you have over the habits? [In contrast to the preceding item on resistance, the ability of the patient to control his compulsions is more closely related to the severity of the compulsion.]</p>	<p>0 = Complete control.          1 = Much control, but experiences pressure to perform the behavior, but usually able to exercise voluntary control over it.          2 = Moderate control, strong pressure to perform behavior, can control it but only with difficulty.          3 = Little control, very strong drive to perform behavior. Must be carried to completion, can only delay with difficulty.          4 = No control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity.</p>
<p>COMPULSION SUBTOTAL (Add items 6-10) _____</p> <p>TOTAL SCORE: _____</p>	

Rater's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CHILDREN'S YALE-BROWN OBSESSIVE COMPULSIVE SCALE

CY-BOCS TOTAL (add items 1-10)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Rater: \_\_\_\_\_

	None	Mild	Moderate	Severe	Extreme
1. Time spent on Obsessions	0	1	2	3	4
1b. Obsession-free interval <i>(do not add to subtotal or total score)</i>	No symptoms 0	Long 1	Moderately long 2	Short 3	Extremely short 4
2. Interference from Obsessions	0	1	2	3	4
3. Distress of Obsessions	0	1	2	3	4
4. Resistance	Always resists 0	1	2	3	Completely yields 4
5. Control over Obsessions	Complete control 0	Much control 1	Moderate control 2	Little control 3	No control 4

Obsession Subtotal (add items 1-5)

	None	Mild	Moderate	Severe	Extreme
6. Time spent on Compulsions	0	1	2	3	4
1b. Compulsion-free interval <i>(do not add to subtotal or total score)</i>	No symptoms 0	Long 1	Moderately long 2	Short 3	Extremely short 4
7. Interference from Compulsions	0	1	2	3	4
8. Distress of Compulsions	0	1	2	3	4
9. Resistance	Always resists 0	1	2	3	Completely yields 4
10. Control over Compulsions	Complete control 0	Much control 1	Moderate control 2	Little control 3	No control 4

Compulsion Subtotal (add items 6-10)

11. Insight into O-C Symptoms	Excellent 0	1	2	3	Absent 4
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	None	Mild	Moderate	Severe	Extreme			
12. Avoidance	0	1	2	3	4			
13. Indecisiveness	0	1	2	3	4			
14. Pathologic Responsibility	0	1	2	3	4			
15. Slowness	0	1	2	3	4			
16. Pathologic Doubting	0	1	2	3	4			
17. Global Severity	0	1	2	3	4	5	6	
18. Global Improvement	0	1	2	3	4	5	6	
19. Reliability	Excellent = 0		Good = 1		Fair = 2		Poor = 3	