

Y-BOCS Symptom Checklist

Patient _____ Date _____

Instructions: If you currently experience the symptom listed, put an 'X' in the current column. If you don't currently experience the symptom listed, but did so in the past put an 'X' in the past column. If you have not experienced the symptom listed, leave both boxes blank.

Contamination Obsessions

Current	Past	
		Concerns or disgust with bodily waste or secretions
		Concerned with dirt or germs
		Excessive concern with environmental contaminants
		Excessive concern with household items (cleaners)
		Bothered by sticky substances or residues
		Concerned will get ill (e.g. AIDS)
		Concerned will get others ill by spreading germs
		Somatic obsessions
		Other _____

Aggressive Obsessions

Current	Past	
		Violent or horrific images
		Fear will act on unwanted impulses (e.g. to stab friend)
		Fear will harm others because not careful enough (e.g. hit and run motor vehicle accident, putting poison in food)
		Fear will be responsible for something else terrible happening (e.g. fire, burglary)
		Other _____

Religious Obsessions (Scrupulosity)

Current	Past	
		Concerned with sacrilege and blasphemy
		Excess concern with right and wrong, morality

Sexual Obsessions

Current	Past	
		Personally unacceptable sexual thoughts

Pathological Doubt

Current	Past	
		After completing routine activities, doubts whether performed or not (e.g. whether signed check to pay bill)
		Other _____

Hoarding/Saving Obsessions

Current	Past	
		Collects useless items, e.g. Old newspapers (distinguish from hobbies; concern with objects of monetary or sentimental value)
		Concerned with losing or throwing out items
		Other _____

Other Obsessions

Current	Past	
		Superstitious fears (e.g. lucky or unlucky numbers or colors)
		Other _____

Obsession with Need for Symmetry or Exactness

Current	Past	
		Bothered by things not being lined up or being in order
		Other _____

Cleaning/Washing Compulsions

Current	Past	
		Excessive or ritualized hand washing
		Excessive or ritualized showering, bathing, tooth brushing, grooming
		Cleaning of household items or other inanimate objects
		Other measures to prevent or remove contact with contaminants
		Other _____

Repeating Rituals

Current	Past	
		Rereading or rewriting
		Repeats same questions
		Need to repeat routine activities (e.g. in and out door)
		Other _____

Ordering/Arranging Compulsions

Current	Past	
		Lines up clothes, canned goods, shoes in fixed order
		Need for symmetry (e.g. shoelaces must be at same tension, socks at same height)
		Can't complete activity until just right

Checking Compulsions

Current	Past	
		Checking locks, stove, appliances, water faucets, emergency brake
		Checking that did not harm others
		Checking that did not make mistake (e.g. balancing checkbooks over and over)
		Checking tied to somatic obsessions (e.g. checking self for signs of cancer)
		Other _____

Hoarding/Collecting Compulsions

Current	Past	
		Inspecting household trash and accumulating useless objects

Other Compulsions

Current	Past	
		Mental Rituals (e.g. silently reciting prayers to neutralize a bad thought)
		Counting Compulsions (e.g. count ceiling tiles)
		Excessive list making
		Pathological slowness (pervades most routine activities)
		Need to tell, ask, confess
		Need to touch, tap, or rub*
		Superstitious behaviors (e.g. stepping on sidewalk cracks, bedtime rituals)
		Asking for reassurance over and over
		Self-damaging behaviors*
		Rituals involving blinking or staring*
		Other _____

Comments _____

*May or may not be OCD phenomena