

CY-BOCS Severity Ratings

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 (other form), ascertain current and past symptoms.
3. Next, administer the 10-item severity ratings (below) to assess the severity of the OCD during the last week.
4. Readminister the CY-BOCS Severity Rating Scale to monitor progress.

Patient _____

Date 1st Report _____

Date This Report _____

Obsession Rating Scale (circle appropriate score)

Note: Scores should reflect the composite effect of all the patient's obsessive compulsive symptoms.

Rate the average occurrence of each item during the prior week up to and including the time of interview.

QUESTIONS ON OBSESSIONS (ITEMS 1-5) "I AM NOW GOING TO ASK YOU QUESTIONS ABOUT THE THOUGHTS YOU CANNOT STOP THINKING ABOUT."
(Review for the informant(s) the Target Symptoms and refer to them while asking questions 1-5).

1. Time Occupied by Obsessive Thoughts

[Be sure to exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated)]

	None	Mild less than 1 hr/day or occasional intrusion	Moderate 1 to 3 hrs/day or frequent intrusion	Severe greater than 3 and up to 8 hrs/day or very frequent intrusion	Extreme greater than 8 hrs/day or near constant intrusion
Score	0	1	2	3	4

2. Interference Due to Obsessive Thoughts

- 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)

	None	Mild slight interference with social or school activities, but overall performance not impaired	Moderate definite interference with social or school performance, but still manageable	Severe causes substantial impairment in social or school performance	Extreme incapacitating
Score	0	1	2	3	4

3. Distress Associated with Obsessive Thoughts

	None	Mild infrequent, and not too disturbing	Moderate frequent, and disturbing, but still manageable	Severe very frequent, and very disturbing	Extreme near constant, and disabling distress/frustration
Score	0	1	2	3	4

4. Resistance Against Obsessions

- 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. 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.)

	None makes an effort to always resist, or symptoms so minimal doesn't need to actively resist	Mild tries to resist most of the time	Moderate makes some effort to resist	Severe yields to all obsessions without attempting to control them, but does so with some reluctance	Extreme completely and willingly yields to all obsessions
Score	0	1	2	3	4

5. Degree of Control Over Obsessive Thoughts

	Complete Control	Much Control usually able to stop or divert obsessions with some effort and concentration	Moderate Control sometimes able to stop or divert obsessions	Little Control rarely successful in stopping obsessions, can only divert attention with difficulty	No Control experienced as completely involuntary, rarely able to even momentarily divert thinking
Score	0	1	2	3	4

Obsession subtotal (add items 1-5) _____

