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

DEVELOPED BY

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Scahill, L., Riddle, M.A., McSwiggin-Hardin, M., Ort, S.I., King, R.A., Goodman, W.K., Cicchetti, D. & Leckman, J.F. (1997). Children's Yale-Brown Obsessive Compulsive Scale: reliability and validity. *J Am Acad Child Adolesc Psychiatry*, 36(6):844-852.

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 parent's report; however, the final rating is based on the clinical judgement 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 they 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 obsessions 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 treatment study with multiple ratings over time, it may be useful to review the initial Target Symptom Checklist (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 (pages 9 and 10).

Target Symptom List: After the Compulsions Checklist is complete, list the four most severe compulsions on the Target Symptom List on page 10. Repeat this process, listing the most severe obsessions, on the Target Symptom List on page 5.

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 6 through 10 on pages 11 through 13). There are examples of probe questions for each item. Ratings for these items should reflect 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 4 through 8). Finally, inquire about and rate questions 11 through 19 on pages 14 and 18. Scores can be recorded on the scoring sheet on page 19. 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 CHECKLIST

Check all items that apply (Item marked "*" may or not be OCD phenomena.)

Current **Past** **Contamination Obsessions**

- | | | |
|-------|-------|--|
| _____ | _____ | 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) _____ |

Aggressive Obsessions

- | | | |
|-------|-------|---|
| _____ | _____ | Fear might harm self |
| _____ | _____ | Fear might harm others |
| _____ | _____ | Fear harm will come to self |
| _____ | _____ | Fear harm will come to others (may be because 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) _____ |

Sexual Obsessions

[Are you having any sexual thoughts? If yes, are they routine or are they repetitive thoughts that 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) _____ |

Hoarding/Saving Obsessions

- | | | |
|-------|-------|------------------------|
| _____ | _____ | Fear of losing things |
| _____ | _____ | Other (Describe) _____ |

Magical Thoughts/Superstitious Obsessions

- | | | |
|-------|-------|--------------------------------------|
| _____ | _____ | Lucky/unlucky numbers, colors, words |
| _____ | _____ | Other (Describe) _____ |

Current Past Somatic Obsessions

_____ _____ Excessive concern with illness or disease *

_____ _____ Excessive concern with body part or aspect of appearance (e.g., dysmorphophobia) *

_____ _____ Other (Describe) _____

Religious Obsessions (Scrupulosity)

_____ _____ Excessive concern or fear of offending religious objects (God)

_____ _____ Excessive concern with right/wrong, morality

_____ _____ Other (Describe) _____

Miscellaneous Obsessions

_____ _____ 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 LIST FOR OBSESSIONS

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

1. _____
2. _____
3. _____
4. _____

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

- How much time do you spend thinking about these things?
(When obsessions 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 intrusions occur and how many hours of the day are affected).
- How frequently do these thoughts occur?
[Exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated).]

0 - NONE

1 - MILD less than 1 hr/day or occasional intrusion

2 - MODERATE 1 to 3 hrs/day or frequent intrusion

3 - SEVERE greater than 3 and up to 8 hrs/day or very frequent intrusion

4 - EXTREME greater than 8 hrs/day or near constant intrusion

1B. Obsession-free Interval (not included in total score)

- On average, what is the longest amount of time per day that you are not bothered by obsessive thoughts?

0 - NONE

1 - MILD long symptom free intervals, more than 8 consecutive hrs/day symptom-free

2 - MODERATE moderately long symptom-free intervals, more than 3 and up to 8 hrs/day

3 - SEVERE brief symptom-free intervals, from 1 to 3 consecutive hrs/day symptom-free

4 - EXTREME less than 1 consecutive hr/day symptom free

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.)

0 - NONE

1 - MILD slight interference with social or school activities, 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

3. Distress Associated with Obsessive Thoughts

- How much do these thoughts bother or upset you?

(Only rate anxiety/frustration that seems triggered by obsessions, not generalized anxiety or anxiety associated with other symptoms.)

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/frustration

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. How much patient resists the obsessions may or may not correlate with their 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 makes 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.)

0 – NONE makes an effort to always resist, or symptoms so minimal doesn't need to actively resist.

1 - MILD tries to resist most of the time

2 - MODERATE makes some effort to resist

3 - SEVERE yields to all obsessions without attempting to control them, but does so with some reluctance

4 – EXTREME completely and willingly yields to all obsessions

5. Degree of Control Over Obsessive Thoughts

- When you try to fight the thoughts, can you beat them?

- How much control do you have over the thoughts?

(In contrast to the preceding item on resistance, the ability of the patient to control his obsessions is more closely related to the severity of the intrusive thoughts.)

0 - COMPLETE CONTROL

1 - MUCH CONTROL usually able to stop or divert obsessions with some effort and concentration.

2 - MODERATE CONTROL sometimes able to stop or divert obsessions

3 - LITTLE CONTROL rarely successful in stopping obsessions, can only divert attention with difficulty

4 - NO CONTROL experienced as completely involuntary, rarely able to even momentarily divert thinking

Name _____ Date _____

CY-BOCS COMPULSIONS CHECKLIST

Check all items that apply (Item marked "*" may or not be OCD phenomena.)

Current Past Washing/Cleaning Compulsions

- | | | |
|-------|-------|--|
| _____ | _____ | Excessive or ritualized handwashing |
| _____ | _____ | Excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routine |
| _____ | _____ | Excessive cleaning of items; such as personal clothes or important objects |
| _____ | _____ | Other measures to prevent or remove contact with contaminants |
| _____ | _____ | Other (Describe) _____ |

Checking Compulsions

- | | | |
|-------|-------|---|
| _____ | _____ | 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 mistake |
| _____ | _____ | Checking tied to somatic obsessions |
| _____ | _____ | Other (Describe) _____ |

Repeating Rituals

- | | | |
|-------|-------|---|
| _____ | _____ | Rereading, erasing, or rewriting |
| _____ | _____ | Need to repeat routine activities (e.g. in/out doors, up/down from chair) |
| _____ | _____ | Other (Describe) _____ |

Counting Compulsions

- | | | |
|-------|-------|---------------------------------------|
| _____ | _____ | Objects, certain numbers, words, etc. |
| _____ | _____ | Describe: _____ |

Ordering/Arranging

- | | | |
|-------|-------|---|
| _____ | _____ | Need for symmetry/evening up (e.g., lining items up a certain way or arranging personal items in specific patterns) |
| _____ | _____ | Other (Describe) _____ |

Hoarding/Saving Compulsion

- | | | |
|-------|-------|--|
| _____ | _____ | [distinguish from hobbies and concern with objects of monetary or sentimental value] |
| _____ | _____ | Difficulty throwing things away, saving bits of paper, string, etc. |
| _____ | _____ | Other (Describe) _____ |

Excessive Games/Superstitious Behaviors

- | | | |
|-------|-------|---|
| _____ | _____ | [distinguish from age appropriate magical games] |
| _____ | _____ | (e.g., array of behavior, such as stepping over certain spots on a floor, touching an object/self certain number of times as a routine game to avoid something bad from happening.) |
| _____ | _____ | Other (Describe) _____ |

Current Past Rituals Involving Other Persons

The need to involve another person (usually a parent) in ritual (e.g., asking a parent to repeatedly answer the same question, making mother perform certain meal time-rituals involving specific utensils).*

_____ Other (Describe) _____

Miscellaneous Compulsions

_____ Mental rituals (other than checking/counting)

_____ Need to tell, ask, or confess

_____ Measures (not checking) to prevent harm to self____; harm to 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 behaviors *

_____ Other (Describe) _____

TARGET SYMPTOM LIST FOR COMPULSIONS

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

1. _____

2. _____

3. _____

4. _____

QUESTIONS ON COMPULSIONS (ITEMS 6-10) "I AM NOW GOING TO ASK YOU QUESTIONS ABOUT THE HABITS YOU CAN'T STOP." (Review for the informant(s) the Target Symptoms and refer to them while asking questions 6-10).

6A. Time Spent Performing Compulsive Behaviors

- How much time do you spend doing these things?
- How much longer than most people 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 terms of 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.)

- 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).]

0 - NONE

1 - MILD (spends less than 1 hr/day performing compulsions), or occasional performance of compulsive behaviors

2 - MODERATE (spends from 1 to 3 hrs/day performing compulsions), or frequent performance of compulsive behaviors

3 - SEVERE (spends more than 3 and up to 8 hrs/day performing compulsions), or very frequent performance of compulsive behaviors

4 - EXTREME (spends more than 8 hrs/day performing compulsions), or near constant performance of compulsive behaviors (too numerous to count).

6B. Compulsion-free Interval

- How long can you go without performing compulsive behavior?

[If necessary ask: What is the longest block of time in which (your habits) compulsions are absent?]

0 - NO SYMPTOMS

1 - MILD long symptom-free interval, more than 8 consecutive hrs/day symptom-free

2 - MODERATE moderately long symptom-free interval, more than 3 and up to 8 consecutive hrs/day symptom-free.

3 - SEVERE short symptom-free interval, from 1 to 3 consecutive hrs/day symptom free

4 - EXTREME less than 1 consecutive hr/day symptom-free

7. Interference due to Compulsive Behaviors

- How much do these habits get in the way of school or doing things with friends?
- Is there anything you don't do because of them?
(If currently not in school, determine how much performance would be affected if patient were in school.)

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

8. Distress Associated with Compulsive Behavior

- How would you feel if prevented from carrying out your habits?
- How upset would you become?
(Rate degree of distress/frustration patient would experience if performance of the compulsion were suddenly interrupted without reassurance offered. In most, but not all cases, performing compulsions reduces anxiety /frustration.)
- How upset do you get while carrying out your habits until you are satisfied?

0 - NONE

1 - MILD only slightly anxious/frustrated if compulsions prevented, or only slight anxiety/frustration during performance of compulsions.

2 - MODERATE reports that anxiety/frustration would mount but remain manageable if compulsions prevented. Anxiety/frustration increases but remains manageable during performance of compulsions.

3 - SEVERE prominent and very disturbing increase in anxiety/frustration if compulsions interrupted. Prominent and very disturbing increase in anxiety /frustration during performance of compulsions.

4 - EXTREME incapacitating anxiety/frustration from any intervention aimed at modifying activity. Incapacitating anxiety/frustration develops during performance of compulsions.

9. Resistance Against Compulsions

- 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 makes to counteract the compulsions. Thus, the more the patient tries to resist, the less impaired is this aspect of their 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.)

0 - NONE	Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist.
1 - MILD	Tries to resist most of the time.
2 - MODERATE	Makes some effort to resist
3 - SEVERE	Yields to almost all compulsions without attempting to control them, but does so with some reluctance.
4 - EXTREME	completely and willingly yields to all compulsions

10. Degree of Control over Compulsive Behavior

- How strong is the feeling that you have to carry out the habit(s)?

- When you try to fight them what happens?

(For the 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 closely related to the severity of the compulsions.)

0 - COMPLETE CONTROL

1 - MUCH CONTROL	experiences pressure to perform the behavior, but usually able to exercise voluntary control over it
2 - MODERATE CONTROL	moderate control, strong pressure to perform behavior, can control it only with difficulty
3 - LITTLE CONTROL	little control, very strong drive to perform behavior, must be carried to completion, can only delay with difficulty
4 - NO CONTROL	no control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to delay activity (even momentarily)

CHILDREN'S YALE-BROWN OBSESSIVE COMPULSIVE SCALE

CYBOCS TOTAL (add items 1-10) _____

Patient Name _____ Date _____ Patient ID _____
 Rater _____

1. TIME SPENT ON OBSESIONS	0	1	2	3	4
1b. OBSESSION-FREE INTERVAL	No Symptoms	Long	Moderately Long	Short	Extremely Short
(do not add to subtotal or total score)	0	1	2	3	4

2. INTERFERENCE FROM OBSESSIONS	0	1	2	3	4
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3. DISTRESS OF OBSESSIONS	0	1	2	3	4
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4. RESISTANCE	Always resists				Completely yields
	0	1	2	3	4

5. CONTROL OVER OBSESSIONS	Complete control	Much control	Moderate control	Little control	No control
	0	1	2	3	4

OBSESSION SUBTOTAL (add items 1-5) []

6. TIME SPENT ON COMPULSIONS	0	1	2	3	4
------------------------------	---	---	---	---	---

6b. COMPULSION-FREE INTERVAL	No Symptoms	Long	Moderately Long	Short	Extremely Short
(do not add to subtotal or total score)	0	1	2	3	4

7. INTERFERENCE FROM COMPULSION	0	1	2	3	4
---------------------------------	---	---	---	---	---

8. DISTRESS FROM COMPULSIONS	0	1	2	3	4
------------------------------	---	---	---	---	---

9. RESISTANCE	Always resists				Completely yields
	0	1	2	3	4

10. CONTROL OVER COMPULSIONS	Complete control	Much control	Moderate control	Little control	No control
	0	1	2	3	4

COMPULSION SUBTOTAL (add items 6-10) []

19. RELIABILITY EXCELLENT = 0 GOOD = 1 FAIR = 2 POOR = 3

EXCELLENT = no reason to suspect data unreliable; GOOD = factor(s) that may adversely affect reliability;
 FAIR = factor(s) that definitely reduce reliability; POOR = very low reliability.

