



# Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Name

Date

Before proceeding with the questions, please read the definitions below to familiarize yourself with "obsessions" and "compulsions".

**OBSESSIONS are unwelcome and distressing ideas, thoughts, images or impulses that repeatedly enter your mind. They may seem to occur against your will. They may be repugnant to you, you may recognize them as senseless, and they may not fit your personality.**

**COMPULSIONS, on the other hand, are behaviors or acts that you feel driven to perform although you may recognize them as senseless or excessive. At times, you may try to resist doing them but this may prove difficult. You may experience anxiety that does not diminish until the behavior is completed.**

**Examples of *obsessions* include: the recurrent thought or impulse to apologize for some perceived wrong, or to do serious physical harm to another person even though you never would.**

**Examples of *compulsions* include: the need to repeatedly check appliances, the lock on the door, or check the internet for symptoms of a perceived illness. While most compulsions are observable behaviors, some are unobservable mental acts, such as silent checking or having to recite nonsense phrases to yourself each time you have a bad thought.**

## Part I - Symptom Checklist

Read the following questions and check all answers that apply.

### Aggressive Obsessions

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 1. I fear I might harm myself<br><i>Example: Fear of eating with a knife or fork, handling sharp objects, walking near glass windows</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I fear I might harm other people<br><i>Example: Fear of poisoning other people's food, harming babies, pushing someone in front of moving object, hurting someone's feelings, being responsible by not providing assistance for some imagined catastrophe, causing harm by giving bad advice</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have violent or horrific images in my head<br><i>Example: Images of murder, dismembered bodies, or other disgusting scenes</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I fear I will blurt out obscenities or embarrassing things in public<br><i>Example: Fear of shouting obscenities in public situations like church or in class, fear of writing obscenities</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I fear I will do something else embarrassing<br><i>Example: Fear of appearing foolish in social situations</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I fear I will act on an unwanted impulse<br><i>Example: Fear of driving a car into a tree, running over someone, stabbing a friend</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I fear that I will steal things<br><i>Example: Fear of "cheating" a cashier, shoplifting inexpensive items</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I fear that I'll harm others because I'm not responsible enough<br><i>Example: Fear of causing an accident without being aware of it (such as a hit and run automobile accident)</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I fear I'll be responsible for something else terrible happening<br><i>Example: Fear of causing a fire or burglary because of not being careful enough in checking the house before leaving</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Contamination Obsessions**

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 10. I am concerned or disgusted with bodily waste or secretions<br><i>Example: Fear of contracting AIDS, cancer, or other diseases from public restrooms, fear of your own saliva, urine, feces, semen, or vaginal secretions</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am concerned with dirt or germs<br><i>Example: Fear of picking up germs from sitting in certain chairs, shaking hands, or touching door handles</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I am excessively concerned with environmental contaminants<br><i>Example: Fear of being contaminated by asbestos or radon, radioactive substances, fear of things associated with towns containing toxic waste sites</i>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I am excessively concerned with certain household items<br><i>Example: Fear of poisonous kitchen or bathroom cleansers, solvents, insect spray or turpentine</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I am excessively concerned with animals<br><i>Example: Fear of being contaminated by touching insects, dogs, cats, or other animals</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I am bothered by sticky substances or residues<br><i>Example: Fear of adhesive tape or other sticky substances that may trap contaminants</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I am concerned that I will get ill because of contamination<br><i>Example: Fear of getting ill as a direct result of being contaminated (beliefs vary about how long these disease will take to appear)</i>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I am concerned that I will contaminate others<br><i>Example: Fear of touching other people, touching their food after you touch poisonous substances (like gasoline) or after you touch your own body</i>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Sexual Obsessions**

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 18. I have forbidden or perverse sexual thoughts, images, or impulses<br><i>Example: Unwanted sexual thoughts about strangers, family, or friends</i>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I have sexual obsessions that involve children or incest<br><i>Example: Unwanted thoughts about sexually molesting either your own children or other children</i>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I have obsessions about homosexuality<br><i>Example: Worries like "Am I homosexual?" or "What if I suddenly become gay?" when there is no basis for these thoughts</i>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. I have obsessions about aggressive sexual behavior toward others<br><i>Example: Unwanted images of violent sexual behavior toward adult strangers, friends, or family members</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Hoarding/Saving Obsessions**

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 22. I have obsessions about hoarding or saving things<br><i>Example: worries about throwing away seemingly unimportant things that you might need in the future, urges you to pick up or collect useless things</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Religious Obsessions**

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 23. I am concerned with sacrilege or blasphemy<br><i>Example: Worries about having blasphemous thoughts, saying blasphemous things, or being punished for such things</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I am excessively concerned with morality<br><i>Example: Worries about always doing "the right thing," having told a lie, or having cheated someone</i>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Obsessions: Symmetry or Exactness**

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 25. I have obsessions about symmetry or exactness<br><i>Example: Worries about paper and books being properly aligned; worries about calculations or handwriting being perfect. Concerned another person will have an accident unless things are in the right place</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous Obsessions**

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 26. I feel I need to know or remember certain things<br><i>Example: Belief that you need to know certain words (such as "thirteen") because of superstitions, fear of saying something that might be disrespectful to a dead person</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I fear saying certain things<br><i>Example: Fear of saying certain words like "thirteen" because it is superstitious, fear of the dead.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I fear not saying just the right thing<br><i>Example: Fear of having said the wrong thing, fear of not using the "perfect" word</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. I fear losing things<br><i>Example: Worries about losing a wallet, unimportant objects such as a scrap note of paper</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. I am bothered by intrusive (neutral) mental images<br><i>Example: Random, unwanted images in your mind</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. I am bothered by intrusive mental nonsense sounds, words, or music<br><i>Example: Words, songs, or music in your mind that you can't stop</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. I am bothered by certain sounds or noises<br><i>Example: Worries about the sounds of clocks ticking loudly or voices in another room that may interfere with sleeping</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. I have lucky and unlucky numbers<br><i>Example: Worries about common numbers (like thirteen) that may cause you to perform activities a certain number of times or postpone an action until a certain lucky hour of the day</i>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Certain colors have significant meaning to me<br><i>Example: Fear of using objects of certain colors (e.g. black may be associated with death, red may be associated with blood, injury, or evil)</i>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. I have superstitious fears.<br><i>Example: Fear of passing a cemetery, hearse, or black cat; fear of omens of death</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Somatic Obsessions**

|  | Current                  | Past                     | None                     |
|--|--------------------------|--------------------------|--------------------------|
| 36. I am concerned with illness or disease.<br><i>Example: Worries that you may have an illness like cancer, heart disease or AIDS, despite reassurance from your doctors that you do not and you are okay</i>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. I am excessively concerned with a part of my body or an aspect of my appearance<br><i>Example: Worries that your face, ears, nose, eyes, or other part of your body is hideous, and/or ugly despite reassurances to the contrary</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Cleaning/Washing Compulsions

|  | Current                  | Past                     | None                     |
|--|--------------------------|--------------------------|--------------------------|
| 38. I wash my hands excessively or in a ritualized way<br><i>Example: Washing hands many times per day or for long periods of time after touching, or thinking that you have touched, a contaminated object. This may include washing the entire length of your arm.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. I have excessive of ritualized showering, bathing, grooming (such as brushing teeth or combing hair) or toilet rituals<br><i>Example: Taking showers or baths or performing other bathroom routines that may last several hours. If the sequence is interrupted, the entire process may have to be restarted.</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. I have compulsions that involve cleaning household items<br><i>Example: Excessive cleaning of faucets, floors, kitchen counters, or kitchen, or other inanimate objects</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. I do other things to prevent or remove contact with contaminants<br><i>Example: Asking family members to handle or remove insecticides, garbage, gasoline cans, raw meat, paints, varnish, drugs in the medicine cabinet or kitty litter. If you cannot avoid these things, you may wear gloves to handle objects, such as when using a self-service gasoline pump</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Checking Compulsions

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 42. I check that I did not harm others<br><i>Example: Checking that you haven't hurt someone without knowing it. You may ask for reassurance or telephone to make sure that everything is alright</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. I check that I did not harm myself<br><i>Example: Looking for injuries of bleeding after handling sharp breakable objects. You may frequently go to doctors to ask for reassurance that you have not hurt yourself</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. I check that nothing terrible has happened<br><i>Example: Searching the newspaper or listening to the radio or television for news about some catastrophe that you believe you may have caused. You may also ask people for reassurance that you did not cause an accident</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. I check that I did not make a mistake<br><i>Example: Repeated checking of door locks, stoves, electrical outlets, before leaving home; repeated checking while reading, writing, or doing simple calculations to make sure that you did not make a mistake (you can't be certain that you didn't)</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. I check some aspect of my physical condition<br><i>Example: Seeking reassurance from friends or doctors that you are not having a heart attack or getting cancer; repeatedly checking your pulse, blood pressure, or temperature; checking yourself for body odors; checking your appearance in the mirror; repeatedly checking the internet for information to diagnose or obtain information about a feared disease or physical condition</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Repeating Rituals

|  | Current                  | Past                     | None                     |
|--|--------------------------|--------------------------|--------------------------|
| 47. I reread or rewrite things<br><i>Example: Taking hours to read a few pages in a book or to write a short letter because you get caught in a cycle of reading and rereading; worrying that you didn't understand something you just read; searching for a 'perfect' word or phrase; having obsessive thoughts about the shape of certain printed letters in a book.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. I need to repeat routine activities<br><i>Example: Repeating activities like turning appliances on and off, combing your hair, going in and out of the doorway, or looking in a particular direction; not feeling comfortable unless you do these things the 'right' way or number of times</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Counting Compulsions

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 49. I have counting compulsions<br><i>Example: Counting objects like ceiling or floor tiles, books in a bookcase, nails in a wall, or even grains of sand on the beach; adding, subtracting, or recalculating in order to obtain a certain number; counting when you repeat certain activities, like washing.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Ordering/Arranging Compulsions

|   | Current                  | Past                     | None                     |
|---|--------------------------|--------------------------|--------------------------|
| 50. I have ordering or arranging compulsions<br><i>Example: Straightening paper or pens on the desktop or books in a bookcase, wasting hours arranging things in your house in 'perfect' order and then becoming very upset if this order is disturbed.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Hoarding/Collecting Compulsions

|  | Current                  | Past                     | None                     |
|--|--------------------------|--------------------------|--------------------------|
| 51. I have compulsions to record or collect things<br><i>Example: Saving old newspapers, notes, cans, paper towels, wrappers, and empty bottles for fear that if you throw them away you may need them one day; picking up useless objects from the street or from garbage cans.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Miscellaneous Compulsions

|  | Current                  | Past                     | None                     |
|--|--------------------------|--------------------------|--------------------------|
| 52. I have mental rituals (other than checking/counting)<br><i>Example: Performing rituals in your head, like saying prayers or thinking a 'good' thought to undo a 'bad'</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Need to talk, ask, or confess<br><i>Example: Asking other people to reassure you, confessing to behaviors that you may not have done, believing that you have to tell other people certain words to feel better</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Need to touch, tap, or rub<br><i>Example: Giving in to the urge to touch rough surfaces, like wood, or hot surfaces, like a stove top; giving in to the urge to lightly touch other people; believing you need to touch an object like a telephone to prevent an illness in your family.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Measures (not checking) to prevent harm or terrible consequences to myself or others<br><i>Example: Staying away from sharp or breakable objects, such as knives, scissors, and fragile glass.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Ritualized eating behaviors<br><i>Example: Arranging your food, knife, and fork in a particular order before being able to eat, eating according to a strict ritual, not being able to eat until the hand of the clock point exactly to a certain time.</i>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Superstitious behaviors<br><i>Example: Not taking a bus or train if its number contains an "unlucky" number (like thirteen), staying in your house on the thirteenth of the month, throwing away clothes you wore while passing a funeral home or cemetery.</i>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Hair pulling, Trichotillomania<br><i>Example: Pulling hair from our scalp, eyelids, eyelashes, or pubic areas, using fingers of tweezers. You may produce bald spot that requires you to wear a wig, or you may pluck your eyebrow or eyelids smooth.</i>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Skin picking<br><i>Example: Picking at skin on face or other areas of the body that leads to irritation, bleeding, disfigurement or infection</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Part II - Obsessions

Review the obsessions you checked on the Y-BOCS Symptom Checklist to help you answer the first five questions. Please think about the last seven days (including today), and check one answer for each question

1. How much of your time was occupied by obsessive thoughts? How frequently do the obsessive thoughts occur?

- 0= None- If you checked this answer, also check 0 for questions 2,3,4, and 5. Then proceed to question 6.
- 1= Less than 1 hour per day, or occasional intrusions (occur no more than 8 times a day)
- 2= 1 to 3 hours per day, or frequent intrusions (occur more than 8 times a day, but most hours of the day are free of obsessions)
- 3= More than 3 hours per day and up to 8 hours per day, or very frequent intrusions (occur more than 8 times a day and during most hours of the day)
- 4= More than 8 hours per day, or near-constant intrusions (too numerous to count, and an hour rarely passes without several obsessions occurring)

2. How much did your obsessive thoughts interfere with your social or work functioning? If you are currently not working please think about how much the obsessions interfered with your everyday activities. In answering this question, please consider whether there was anything, that you didn't do, or that you did less, because of obsessions.

- 0= No interference
- 1= Mild, slight interference with social or occupational performance, but still performance not impaired
- 2= Moderate, definitive interference with social or occupational performance, but still manageable
- 3= Severe interference, causes substantial impairment in social or occupational performance
- 4= Extreme incapacitating interference

3. How much distress do your obsessive thoughts cause you?

- 0= None
- 1= Mild, infrequent, and not too disturbing
- 2= Moderate, frequent, and disturbing distress
- 3= Severe, very frequent, and very disturbing distress
- 4= Extreme, near-constant, and disabling distress

4. How much of an effort did you make to resist the obsessive thoughts? How often did you try to disregard or turn your attention away from those thoughts as they entered your mind? Here we are not interested in knowing how successful you were in controlling your thoughts, but only in how much or how often you tried to do so.

- 0= I made an effort to always resist (or the obsessions are so minimal that there is no need to actively resist them)
- 1= I tried to resist most of the time (i.e. more than half the time I tried to resist)
- 2= I made some effort to resist
- 3= I allowed all obsessions to fill my mind without attempting to control them, but I did so with some reluctance
- 4= I completely, and willingly, gave in to all obsessions

5. How much control did you have over your obsessive thoughts? How successful were you in stopping or diverting your obsessive thinking? If you rarely tried to resist, in order to answer this question, please think about those rare occasions on which you did try to stop the obsessions. NOTE: Do not include here obsessions stopped by doing compulsions.

- 0= None

- 1= Mild, infrequent, and not too disturbing
- 2= Moderate, frequent, and disturbing distress
- 3= Severe, very frequent, and very disturbing distress
- 4= Extreme, near-constant, and disabling distress

## Part II - Compulsions

Review the compulsions you checked on the Y-BOCS Symptom Checklist to help you answer these five questions. Please think about the last seven days (including today), and check one answer for each question.

6. How much time did you spend performing compulsive behavior? How frequently did you perform compulsions? If your rituals involved daily living activities, please consider how much longer it took you to complete routine activities because of your rituals.

- 0= None. If you checked this answer, then also check 0 for questions 7, 8, 9, and 10, then answer 11 and 12.
- 1= Less than 1 hour per day was spent performing compulsions, or occasional performance of compulsive behaviors (no more than 8 times a day).
- 2= 1 to 3 hours per day was spent performing compulsions, or frequent performance of compulsive behaviors (more than 8 times a day, but most hours were free of compulsions).
- 3= More than 3 hours and up to 8 hours per day were spent performing compulsions, or very frequent performance of compulsive behaviors (more than 8 times a day and during most hours of the day).
- 4= More than 8 hours per day were spent performing compulsions, or near-constant performance of compulsive behaviors (too numerous to count, and an hour rarely passes without several compulsions being performed).

7. How much did your compulsive behaviors interfere with your social or work functioning? If you are not currently working, please think about your everyday activities.

- 0= No interference
- 1= Mild, slight interference with social or occupational activities, but overall performance not impaired
- 2= Moderate, definite interference with social or occupational performance, but still manageable
- 3= Severe interference, substantial impairment in social or occupational performance
- 4= Extreme, incapacitating interference

8. How would you have felt if prevented from performing your compulsion(s)? How anxious would you have become?

- 0= Not at all anxious
- 1= Only slightly anxious if compulsions prevented
- 2= Anxiety would mount but remain manageable if compulsions prevented
- 3= Prominent and very disturbing increase in anxiety if compulsions interrupted
- 4= Extreme, incapacitating anxiety from any intervention aimed at resisting compulsions

9. How much of an effort did you make to resist the compulsions? Or how often did you try to stop the compulsions? Rate only how often or how much you tried to resist your compulsions, not how successful you actually were in stopping them.

- 0= I made an effort to always resist (or the symptoms were so minimal that there was no need to actively resist them)
- 1= I tried to resist most of the time (i.e. more than half the time)
- 2= I made some effort to resist

- 3= I yielded to almost all compulsions without attempting to control them, but I did so with some reluctance
- 4= I completely and willingly yielded to all compulsions

10. How much control did you have over the compulsive behavior? How successful were you in stopping the ritual(s)? If you rarely tried to resist, please think about those rare occasions in which you did try to stop compulsions, in order to answer this question.

- 0= I had complete control.
- 1= Usually I could stop compulsions or rituals with some effort and willpower
- 2= Sometimes I could stop compulsive behavior but only with difficulty
- 3= I could only delay the compulsive behavior, but eventually it had to be carried out to completion
- 4= I was rarely able to even momentarily delay performing the compulsive behavior

11. Do you think your obsessions or compulsions are reasonable or rational? Would there be anything besides anxiety to worry about if you resisted them? Do you think something would really happen?

- 0= I think my obsessions or compulsions are unreasonable or excessive
- 1= I think my obsessions or compulsions are unreasonable or excessive, but I'm not completely convinced that they aren't necessary
- 2= I think my obsessions or compulsions may be unreasonable or excessive
- 3= I don't think my obsessions or compulsions may be unreasonable or excessive
- 4= I am sure my obsessions and compulsions are reasonable, no matter what anyone says

12. Have you been avoiding doing anything, going anyplace, or being with anyone because of your obsessive thoughts or because you were afraid you would perform compulsions?

- 0= I haven't been avoiding anything
- 1= I have been avoiding doing a few important things
- 2= I have been avoiding some important things
- 3= I have been avoiding many important things
- 4= I have been avoiding doing most everything

Add total from each item.

Source

Adapted with permission from Wayne K. Goodman, M.D. Goodman WK, Price LH, Rasmussen SA, et al.: "The Yale-Brown Obsessive Compulsive Scale." Arch Gen Psychiatry 46:1006-1011, 1989.