

# CY-BOCS Symptom Checklist

## Children's Yale-Brown Obsessive Compulsive Scale

### CY-BOCS Obsessions Checklist

Check all symptoms that apply (Items marked "\*" may or may not be OCD Phenomena)

<b>Current</b>	<b>Past</b>	<b>Contamination Obsessions</b>	<b>Current</b>	<b>Past</b>	<b>Sexual Obsessions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Concern with dirt, germs, certain illnesses (e.g., AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	Forbidden or perverse sexual thoughts, images, impulses
<input type="checkbox"/>	<input type="checkbox"/>	Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva)	<input type="checkbox"/>	<input type="checkbox"/>	Content involves homosexuality
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)	<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior towards others (aggressive)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with household items (e.g., cleaners, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern about animals / insects	<input type="checkbox"/>	<input type="checkbox"/>	<b>Hoarding / Saving Obsessions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Excessively bothered by sticky substances or residues	<input type="checkbox"/>	<input type="checkbox"/>	Fear of losing things
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get ill because of contaminant	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get others ill by spreading contaminant (aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Magical Thoughts / Superstitious Obsessions</b>
<input type="checkbox"/>	<input type="checkbox"/>	No concern with consequences of contamination other than how it might feel *	<input type="checkbox"/>	<input type="checkbox"/>	Lucky / unlucky numbers, colors, words
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
		<b>Aggressive Obsessions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Somatic Obsessions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm self	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with illness or disease *
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm others	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia) *
<input type="checkbox"/>	<input type="checkbox"/>	Fear harm will come to self	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fear harm will come to others (maybe because of something child did or did not do)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Religious Obsessions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Violent or horrific images	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern or fear of offending religious objects
<input type="checkbox"/>	<input type="checkbox"/>	Fear of blurring out obscenities or insults	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with right / wrong morally
<input type="checkbox"/>	<input type="checkbox"/>	Fear of doing something embarrassing *	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fear will act on unwanted impulses (e.g., to stab a family member)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Miscellaneous Obsessions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Fear will steal things	<input type="checkbox"/>	<input type="checkbox"/>	The need to know or remember
<input type="checkbox"/>	<input type="checkbox"/>	Fear will be responsible for something else terrible happening (e.g. ,fire, burglary, flood)	<input type="checkbox"/>	<input type="checkbox"/>	Fear of saying certain things
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Fear of not saying just the right thing
			<input type="checkbox"/>	<input type="checkbox"/>	Intrusive (non-violent) images
			<input type="checkbox"/>	<input type="checkbox"/>	Intrusive sounds, words, music or numbers
			<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____

### Target Symptom List for Obsessions

OBSESSIONS (describe, listing by order of severity, with #1 being the most sever, #2 second most severe, etc):

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

# CY-BOCS Symptom Checklist

## Children's Yale-Brown Obsessive Compulsive Scale

### CY-BOCS Compulsions Checklist

Check all symptoms that apply (Items marked "\*" may or may not be OCD Phenomena)

<b>Current</b>	<b>Past</b>	<b>Washing / Cleaning Compulsions</b>	<b>Current</b>	<b>Past</b>	<b>Hoarding / Saving Compulsions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized hand washing			Distinguish from hobbies and concern with objects of monetary or sentimental value.
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized showering, bathing, tooth brushing, grooming, toilet routine	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty throwing things away, saving bits of paper, string, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Excessive cleaning of items, such as personal clothes or important objects	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Other measures to prevent or remove contact with contaminants			<b>Excessive Games / Superstitious Behaviors</b>
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Distinguish from age appropriate magical games (e.g. array of behavior, such as sleeping over certain spots on a floor, touching an object / self certain number of times as a routine game to avoid something bad from happening)
		<b>Checking Compulsions</b>	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking locks, toys, school books / items, etc.			<b>Rituals Involving Other Persons</b>
<input type="checkbox"/>	<input type="checkbox"/>	Checking associated with getting washed, dressed, or undressed	<input type="checkbox"/>	<input type="checkbox"/>	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 mealtime rituals involving specific utensils) *
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not / will not harm others	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not / will not harm self	<input type="checkbox"/>	<input type="checkbox"/>	<b>Miscellaneous Compulsions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Checking that nothing terrible did / will happen	<input type="checkbox"/>	<input type="checkbox"/>	Mental rituals other than checking / counting
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not make mistake	<input type="checkbox"/>	<input type="checkbox"/>	Need to tell, ask or confess
<input type="checkbox"/>	<input type="checkbox"/>	Checking tied to somatic obsessions	<input type="checkbox"/>	<input type="checkbox"/>	Measures (not checking) to prevent :
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	harm to self
		<b>Repeating Rituals</b>	<input type="checkbox"/>	<input type="checkbox"/>	harm to others
<input type="checkbox"/>	<input type="checkbox"/>	Rereading, erasing, or rewriting	<input type="checkbox"/>	<input type="checkbox"/>	terrible consequences
<input type="checkbox"/>	<input type="checkbox"/>	Need to repeat activities (e.g. in / out of doorway, up / down from chair)	<input type="checkbox"/>	<input type="checkbox"/>	Ritualized eating behaviors *
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Excessive list making *
		<b>Counting Compulsions</b>	<input type="checkbox"/>	<input type="checkbox"/>	Need to touch, tap, rub *
<input type="checkbox"/>	<input type="checkbox"/>	Objects, certain numbers, words, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Need to do things (e.g. touch or arrange until it feels just right) *
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Rituals involving blinking or staring *
		<b>Ordering / Arranging</b>	<input type="checkbox"/>	<input type="checkbox"/>	Trichotillomania (hair-pulling)
<input type="checkbox"/>	<input type="checkbox"/>	Need for symmetry / evening up (e.g. lining items up a certain way or arranging personal items in specific patterns)	<input type="checkbox"/>	<input type="checkbox"/>	Other self-damaging or self-mutilating behaviors *
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____