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YALE-BROWN OBSESSIVE COMPULSIVE D/O SCALE

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.

Obsession Rating Scale (Circle appropriate score)

Item	Range of Severity				
1. Time spent on obsessions Score	0 Hr/Day 0	0-1 Hr/Day 1	1-3 Hr/Day 2	3-8 Hr/Day 3	>8 Hr/Day 4
2. Interference from Obsessions Score	None 0	Mild 1	Definite but Manageable 2	Substantial Impairment 3	Incapacitating 4
3. Distress from Obsessions Score	None 0	Little 1	Moderate but Manageable 2	Severe 3	Near Constant Disabling 4
4. Resistance to Obsessions Score	Always Resists 0	Much Resistance 1	Some Resistance 2	Often Yields 3	Completely Yields 4
5. Control Over Obsessions Score	Complete Control 0	Much Control 1	Some Control 2	Little Control 3	No Control 4

Obsession Subtotal (Add items 1 to 5): _____

Compulsion Rating Scale (Circle appropriate score)

Item	Range of Severity				
6. Time spent on compulsions Score	0 Hr/Day 0	0-1 Hr/Day 1	1-3 Hr/Day 2	3-8 Hr/Day 3	>8 Hr/Day 4
7. Interference from Compulsions Score	None 0	Mild 1	Definite but Manageable 2	Substantial Impairment 3	Incapacitating 4
8. Distress from Compulsions Score	None 0	Little 1	Moderate but Manageable 2	Severe 3	Near Constant Disabling 4
9. Resistance to Compulsions Score	Always Resists 0	Much Resistance 1	Some Resistance 2	Often Yield 3	Completely Yields 4
10. Control Over Compulsions	Complete Control	Much Control	Some Control	Little Control	No Control

Compulsion Subtotal (Add items 6 to 10): _____

Total Y-BOCS score range of severity for patients who have both obsessions and compulsions:
0-7 Sub clinical; 0-15 - Mild 16-23 - Moderate 24-31 Severe 32-40 Extreme

Comments:
