

# 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).

<b>1. Time Occupied by Obsessive Thoughts</b>					
[Be sure to exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated)]					
	None	Mild	Moderate	Severe	Extreme
		less than 1 hr/day or occasional intrusion	1 to 3 hrs/day or frequent intrusion	greater than 3 and up to 8 hrs/day or very frequent intrusion	greater than 8 hrs/day or near constant intrusion
Score	0	1	2	3	4
<b>2. Interference Due to Obsessive Thoughts</b>					
<ul style="list-style-type: none"> <li>• How much do these thoughts get in the way of school or doing things with friends?</li> <li>• 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)</li> </ul>					
	None	Mild	Moderate	Severe	Extreme
		slight interference with social or school activities, but overall performance not impaired	definite interference with social or school performance, but still manageable	causes substantial impairment in social or school performance	incapacitating
Score	0	1	2	3	4
<b>3. Distress Associated with Obsessive Thoughts</b>					
	None	Mild	Moderate	Severe	Extreme
		infrequent, and not too disturbing	frequent, and disturbing, but still manageable	very frequent, and very disturbing	near constant, and disabling distress/frustration
Score	0	1	2	3	4
<b>4. Resistance Against Obsessions</b>					
<ul style="list-style-type: none"> <li>• 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.)</li> </ul>					
	None	Mild	Moderate	Severe	Extreme
	makes an effort to always resist, or symptoms so minimal doesn't need to actively resist	tries to resist most of the time	makes some effort to resist	yields to all obsessions without attempting to control them, but does so with some reluctance	completely and willingly yields to all obsessions
Score	0	1	2	3	4
<b>5. Degree of Control Over Obsessive Thoughts</b>					
	Complete Control	Much Control	Moderate Control	Little Control	No Control
		usually able to stop or divert obsessions with some effort and concentration	sometimes able to stop or divert obsessions	rarely successful in stopping obsessions, can only divert attention with difficulty	experienced as completely involuntary, rarely able to even momentarily divert thinking
Score	0	1	2	3	4

**Obsession subtotal (add items 1-5)** \_\_\_\_\_

**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)

**6. Time Spent Performing Compulsive Behaviors**

	None	Mild less than 1 hr/day	Moderate 1 to 3 hrs/day	Severe greater than 3 & up to 8 hrs/day	Extreme greater than 8 hrs/day
Score	0	1	2	3	4

**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.)

	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

**8. Distress Associated with Compulsive Behavior**

- How would you feel if prevented from carrying out your habits? How upset would you become?

	None	Mild only slightly anxious if compulsions prevented	Moderate anxiety would mount but remain manageable if compulsions prevented	Severe prominent and very disturbing increase in anxiety if compulsions interrupted	Extreme incapacitating anxiety from any intervention aimed at modifying activity
Score	0	1	2	3	4

**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.)

	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

**10. Degree of Control Over Compulsive Thoughts**

- How strong is the feeling that you have to carry out the habit(s)?
- When you try to fight them, what happens?

	Complete Control	Much Control experiences pressure to perform the behavior, but usually able to exercise voluntary control over it	Moderate Control moderate control, strong pressure to perform behavior, can control it only with difficulty	Little Control little control, very strong drive to perform behavior, must be carried to completion, can only delay with difficulty	No Control no control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to delay activity [even momentarily]
Score	0	1	2	3	4

**Compulsion subtotal (add items 6-10)** \_\_\_\_\_

**CY-BOCS total (add items 1-10)**

**Total CY-BOCS score: range of severity for patients  
who have both obsessions and compulsions**

**0-7 Subclinical                      24-31 Severe**  
**8-15 Mild                              32-40 Extreme**  
**16-23 Moderate**

Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) utilized with permission from Wayne K. Goodman, MD © 1986.



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