

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

General Instructions

Before proceeding with the questions, define "obsessions" and "compulsions" for the patient as follows:

"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."

"Let me give you some examples of obsessions and compulsions."

"An example of an obsession is: the recurrent thought or impulse to do serious physical harm to your children even though you never would."

"An example of a compulsion is: the need to repeatedly check appliances, water faucets, and the lock on the front door before you can leave the house. 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."

"Do you have any questions about what these words mean?" [If not, proceed.]

VELA PHARMACEUTICALS INC.		PROTOCOL NO.: VPI-FL-0004.1	Visit 2	COMPLETION DATE AND TIME		
PATIENT ID. Site No. Enrollment No. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		PATIENT INITIALS First Middle Last <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month day year <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="text"/> 24 hour clock		

Y-BOCS SYMPTOM CHECKLIST Page 1 of 4

Check all that apply, but clearly mark the principal symptoms with a "P." (Rater must ascertain whether reported behaviors are bona fide symptoms of OCD, and not symptoms of another disorder such as Simple Phobia or Hypochondriasis. Items marked "*" may or may not be OCD phenomena.) Please assess symptoms during the **past month**.

OBSESSIONS

AGGRESSIVE OBSESSIONS

1. Fear might harm self
2. Fear might harm others
3. Violent or horrific images
4. Fear of blurting out obscenities or insults
5. Fear of doing something else embarrassing*
6. Fear will act on unwanted impulses (e.g., to stab friend)
7. Fear will steal things
8. Fear will harm others because not careful enough (e.g., hit/run MVA)
9. Fear will be responsible for something else terrible happening (e.g., fire, burglary)
10. Other: _____

CONTAMINATION OBSESSIONS

1. Concerns or disgust with bodily waste or secretions (e.g., urine, feces, saliva)
2. Concern with dirt or germs
3. Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)
4. Excessive concern with household items (e.g., cleansers, solvents)
5. Excessive concern with animals (e.g., insects)
6. Bothered by sticky substances or residues
7. Concerned will get ill because of contaminant
8. Concerned will get others ill by spreading contaminant (Aggressive)
9. No concern with consequences of contamination other than how it might feel
10. Other: _____

SEXUAL OBSESSIONS

1. Forbidden or perverse sexual thoughts, images, or impulses
2. Content involves children or incest
3. Content involves homosexuality*
4. Sexual behavior toward others (Aggressive)*
5. Other: _____

HOARDING/SAVING OBSESSIONS (Scrupulosity)

(Distinguish from hobbies and concern with objects of monetary or sentimental value)

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Y-BOCS SYMPTOM CHECKLIST Page 2 of 4

Check all that apply, but clearly mark the principal symptoms with a "P." (Rater must ascertain whether reported behaviors are bona fide symptoms of OCD, and not symptoms of another disorder such as Simple Phobia or Hypochondriasis. Items marked "" may or may not be OCD phenomena.) Please assess symptoms during the past month.

OBSESSIONS (continued)

RELIGIOUS OBSESSIONS

1. Concern with sacrilege and blasphemy
2. Excess concern with right/wrong morality
3. Other: _____

OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

1. Accompanied by magical thinking (e.g., concerned that mother will have accident unless things are in the right place)
2. Not accompanied by magical thinking

MISCELLANEOUS OBSESSIONS

1. Need to know or remember
2. Fear of saying certain things
3. Fear of not saying just the right thing
4. Fear of losing things
5. Intrusive (non-violent) images
6. Intrusive nonsense sounds, words, or music
7. Bothered by certain sounds, noises*
8. Lucky/unlucky numbers
9. Colors with special significance
10. Superstitious fears
11. Other: _____

SOMATIC OBSESSIONS

1. Concern with illness or disease*
2. Excessive concern with body part or aspect of appearance (e.g., dysmorphophobia)* *aside from weight/shape.*
3. Other: _____

COMPULSIONS

CLEANING/WASHING COMPULSIONS

1. Excessive ritualized handwashing
2. Excessive or ritualized showering, bathing, toothbrushing, grooming, or toilet routine
3. Involves cleaning of household items or other inanimate objects
4. Other measures to prevent or remove contact with contaminants
5. Other: _____

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PATIENT NO. Site No: [] [] - Enrollment No: [] []		PATIENT INITIALS First: [] Middle: [] Last: []	

Y-BOCS SYMPTOM CHECKLIST Page 3 of 4

Check all that apply, but clearly mark the principal symptoms with a "P." (Rater must ascertain whether reported behaviors are bona fide symptoms of OCD, and not symptoms of another disorder such as Simple Phobia or Hypochondriasis. Items marked "*" may or may not be OCD phenomena.) Please assess symptoms during the past month.

COMPULSIONS (continued)

CHECKING COMPULSIONS

1. Checking locks, stove, appliances, etc.
2. Checking that did not/will not harm others
3. Checking that did not/will not harm self
4. Checking that nothing terrible did/will happen
5. Checking that did not make mistake
6. Checking tied to somatic obsessions
7. Other: _____

REPEATING RITUALS

1. Re-reading or re-writing
2. Need to repeat routine activities (e.g., in/out door, up/down from chair)
3. Other: _____

COUNTING COMPULSIONS

ORDERING/ARRANGING COMPULSIONS

HOARDING/COLLECTING COMPULSIONS [Distinguish from hobbies and concern with objects of monetary or sentimental value (e.g., carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects)]

MISCELLANEOUS COMPULSIONS

1. Mental rituals (other than checking/counting)
2. Excessive listmaking
3. Need to tell, ask, or confess
4. Need to touch, tap, or rub*
5. Rituals involving blinking or staring*
6. Measures (not checking) to prevent: harm to self harm to others terrible consequences
~~_____~~ (deleted - had been eating rituals)
8. Superstitious behaviors
9. Trichotillomania*
10. Other self-damaging or self-mutilating behaviors*
11. Other: _____

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PROTOCOL NO.:
VPI-FL-0004.1

Visit 2

PATIENT NO
Site No Enrollment No

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PATIENT INITIALS
First Middle Last

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Y-BOCS SYMPTOM CHECKLIST Page 4 of 4

TARGET SYMPTOM LIST

OBSESSIONS

1. _____

2. _____

3. _____

COMPULSIONS

1. _____

2. _____

3. _____

AVOIDANCE

1. _____

2. _____

3. _____

Rater's Name (please print)

Rater's Signature

month	day	year		

ATTACHMENT V. YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

Please utilize the following script to direct your interview.

"I am now going to ask several questions about your obsessive thoughts for the time period when they occurred the most." [Make specific reference to the patient's target obsessions.]

1. TIME OCCUPIED BY OBSESSIVE THOUGHTS

Q: "How much of your time is occupied by obsessive thoughts?" [When obsessions occur as brief, intermittent intrusions, it may be difficult 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. Ask:] "How frequently do the obsessive thoughts occur?" [Be sure to 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)

Q: "On the average, what is the longest number of consecutive waking hours per day that you are completely free of obsessive thoughts?" [If necessary, ask:] "What is the longest block of time in which obsessive thoughts are absent?"

0 = No symptoms

1 = Long symptom-free interval, more than 8 consecutive hours/day symptom-free

2 = Moderately long symptom-free interval, more than 3 and up to 8 consecutive hours/day symptom-free

3 = Short symptom-free interval, from 1 to 3 consecutive hours/day symptom-free

4 = Extremely short symptom-free interval, < 1 consecutive hour/day symptom-free

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS

Q: "How much do your obsessive thoughts interfere with your social or work (or role) functioning? Is there anything that you don't do because of them?" [If currently not working, determine how much performance would be affected if patient were employed.]

0 = None

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, causes substantial impairment in social or occupational performance

4 = Extreme, incapacitating

3. DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS

Q: "How much distress do your obsessive thoughts cause you?" [In most cases, distress is equated with anxiety; however, patients may report that their obsessions are "disturbing," but deny "anxiety." Only rate anxiety that seems triggered by obsessions, not generalized anxiety or anxiety associated with other conditions.]

0 = None

1 = Mild, not too disturbing

2 = Moderate, disturbing, but still manageable

3 = Severe, very disturbing

4 = Extreme, near constant and disabling distress

4. RESISTANCE AGAINST OBSESSIONS

Q. "How much of an effort do you make to resist the obsessive thoughts? How often do you try to disregard or turn your attention away from these thoughts as they enter your mind?" [Only rate effort made to resist, not success or failure in actually controlling the obsessions. How much the patient resists the obsessions may or may not correlate with his/her 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 by means other than avoidance or the performance of compulsions. Thus, the more the patient tries to resist, the less impaired is this aspect of his/her functioning. There are "active" and "passive" forms of resistance. Patients in behavioral therapy may be encouraged to counteract their obsessive symptoms by not struggling against them (e.g., "just let the thoughts come," passive opposition) or by intentionally bringing on the disturbing thoughts. For the purposes of this item, consider use of these behavioral techniques as forms of resistance. 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 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist
- 1 = Tries to resist most of the time
- 2 = Makes some effort to resist
- 3 = Yields to all obsessions without attempting to control them, but does so with some reluctance
- 4 = Completely and willingly yields to all obsessions

5. DEGREE OF CONTROL OVER OBSESSIVE THOUGHTS

Q. "How much control do you have over your obsessive thoughts? How successful are you in stopping or diverting your obsessive thinking? Can you dismiss them?" [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 or dismissing obsessions, can only divert attention with difficulty
- 4 = No control, experienced as completely involuntary, rarely able to even momentarily alter obsessive thinking

"The next several questions are about your compulsive behaviors for that time period when they occurred the most." [Make specific reference to the patient's target compulsions.]

6. TIME SPENT PERFORMING COMPULSIVE BEHAVIORS

Q. "How much time do you spend performing compulsive behaviors?" [When rituals involving activities of daily living are chiefly present, ask:] "How much longer than most people does it take to complete routine activities because of your rituals?" [When compulsions occur as brief, intermittent behaviors, it may be difficult 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. Count separate occurrences of compulsive behaviors, not number of repetitions; e.g., a patient who goes into the bathroom 20 different times a day to wash his hands 5 times very quickly, performs compulsions 20 times a day, not 5 or $5 \times 20 = 100$. Ask:] "How frequently do you perform compulsions?" [In most cases, compulsions are observable behaviors (e.g., hand washing), but some compulsions are covert (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 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 (not included in total score)

Q. "On the average, what is the longest number of consecutive waking hours per day that you are completely free of compulsive behavior?" [If necessary, ask:] "What is the longest block of time in which compulsions are absent?"

0 = No symptoms

1 = Long symptom-free interval, more than 8 consecutive hours/day symptom-free

2 = Moderately long symptom-free interval, more than 3 and up to 8 consecutive hours/day symptom-free

3 = Short symptom-free interval, from 1 to 3 consecutive hours/day symptom-free

4 = Extremely short symptom-free interval, less than 1 consecutive hour/day symptom-free

7. INTERFERENCE DUE TO COMPULSIVE BEHAVIORS

Q. "How much do your compulsive behaviors interfere with your social or work (or role) functioning? Is there anything that you don't do because of the compulsions?" [If currently not working, determine how much performance would be affected if patient were employed.]

0 = None

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, causes substantial impairment in social or occupational performance

4 = Extreme, incapacitating

8. DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIOR

Q. "How would you feel if prevented from performing your compulsion(s)? [Pause] How anxious would you become?" [Rate degree of distress patient would experience if performance of the compulsion were suddenly interrupted without reassurance offered. In most, but not all cases, performing compulsions reduced anxiety. If, in the judgment of the interviewer, anxiety is actually reduced by preventing compulsions in the manner described above, then ask:] "How anxious do you get while performing compulsions until you are satisfied that they are completed?"

0 = None

1 = Mild, only slightly anxious if compulsions prevented, or only slight anxiety during performance of compulsions

2 = Moderate, reports that anxiety would mount but remain manageable if compulsions prevented, or that anxiety increases but remains manageable during performance of compulsions

3 = Severe, prominent and very disturbing increase in anxiety if compulsions interrupted, or prominent and very disturbing increase in anxiety during performance of compulsions

4 = Extreme, incapacitating anxiety from any intervention aimed at modifying activity, or incapacitating anxiety develops during performance of compulsions

9. RESISTANCE AGAINST COMPULSIONS

Q. "How much of an effort do you make to resist the compulsions?" [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 his 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 = Makes an effort to always resist, or symptoms to minimal doesn't need to actively resist
- 1 = Tries to resist most of the time
- 2 = Makes some effort to resist
- 3 = Yields to almost all compulsions without attempting to control them, but does so with some reluctance
- 4 = Completely and willingly yields to all compulsions

10. DEGREE OF CONTROL OVER COMPULSIVE BEHAVIOR

Q. "How strong is the drive to perform the compulsive behavior?" [Pause] "How much control do you have over the compulsions?" [In contrast to the preceding item on resistance, the ability of the patient to control his compulsions is more 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; strong pressure to perform behavior, can control it only with difficulty
- 3 = Little control, very strong drive to perform behavior; must be carried to completion; can only delay with difficulty
- 4 = No control; drive to perform behavior experienced as completely involuntary and overpowering; rarely able to even momentarily delay activity

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PATIENT NO. Site No. Enrollment No. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		PATIENT INITIALS First Middle Last <input type="text"/> <input type="text"/> <input type="text"/>	Y-BOCS

YALE-BROWN-OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

Completion Date and Time:

month day year 24 hour clock

PATIENT RATED ITEMS	SCORE	
1. Time Occupied by Obsessive Thoughts	<input type="text"/>	
1b. Obsession-Free Interval	<input type="text"/>	
2. Interference Due to Obsessive Thoughts	<input type="text"/>	
3. Distress Associated with Obsessive Thoughts	<input type="text"/>	
4. Resistance Against Obsessions	<input type="text"/>	
5. Degree of Control Over Obsessive Thoughts	<input type="text"/>	
6. Time Spent Performing Compulsive Behaviors	<input type="text"/>	
6b. Compulsion-Free Interval	<input type="text"/>	
7. Interference Due to Compulsive Behaviors	<input type="text"/>	
8. Distress Associated with Compulsive Behavior	<input type="text"/>	
9. Resistance Against Compulsions	<input type="text"/>	
10. Degree of Control Over Compulsive Behavior	<input type="text"/>	
Total Score (exclude scores in shaded boxes)	<input type="text"/>	Rater's Initials: <input type="text"/> <input type="text"/> <input type="text"/> <small>first middle last</small>