**The Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) - Parent Report**

Please enter the name of the person filling out this form



What is your relationship to the patient (e.g., parent, guardian, teacher)?



Please select the option that best describes your child over the past week.

Please answer the next 5 questions about the obsessions or thoughts your child cannot stop thinking about. Obsessions are thoughts, ideas, or pictures that keep coming into your child's mind even though he or she does not want them to.

|  | **None** | **Less than 1 hour a day** | **Between 1 to 3 hours a day** | **Between 3 to 8 hours a day** | **More than 8 hours a day** |
| --- | --- | --- | --- | --- | --- |
| 1. How much time does your child spend thinking about these things in a day? |  |  |  |  |  |

|  | **They don't get in the way** | **They get in the way a little** | **They get in the way sometimes** | **They get in the way a lot** | **They keep him/her from doing everything** |
| --- | --- | --- | --- | --- | --- |
| 2. How much do these thoughts get in the way of school or doing things with his or her friends? |  |  |  |  |  |

|  | **Not at all** | **They bother him/her a little** | **They bother him/her some** | **They bother him/her a lot** | **They bother him/her so much that it is hard to do anything** |
| --- | --- | --- | --- | --- | --- |
| 3. How much do these thoughts bother or upset your child? |  |  |  |  |  |

|  | **He/she always tries to resist the thoughts** | **He/she tries to resist the thoughts most of the time** | **He/she tries to resist the thoughts sometimes** | **He/she usually doesn't try to resist the thoughts, but wants to** | **He/she does not try to resist the thoughts** |
| --- | --- | --- | --- | --- | --- |
| 4. How hard does your child try to stop the thoughts or ignore them? |  |  |  |  |  |

|  | **He/she always can beat or stop them** | **He/she can usually beat or stop them** | **He/she can sometimes beat or stop them** | **He/she does not beat or stop them very often** | **He/she never beats or stops them** |
| --- | --- | --- | --- | --- | --- |
| 5. When your child tries to fight the thoughts, can he or she beat them? |  |  |  |  |  |

Please answer the next 5 questions about the compulsions or habits your child cannot stop doing. Compulsions are things that your child feels he or she has to do although he or she may know they do not make sense. Sometimes your child may try to stop from doing them but this might not be possible. Your child might feel worried or angry or scared until he or she has finished what he or she has to do.

|  | **None** | **Less than 1 hour a day** | **Between 1 to 3 hours a day** | **Between 3 to 8 hours a day** | **More than 8 hours a day** |
| --- | --- | --- | --- | --- | --- |
| 6. How much time does your child spend doing these things in a day? |  |  |  |  |  |

|  | **They don't get in the way** | **They get in the way a little** | **They get in the way sometimes** | **They get in the way a lot** | **They keep him/her from doing everything** |
| --- | --- | --- | --- | --- | --- |
| 7. How much do these habits get in the way of school or doing things with his or her friends? |  |  |  |  |  |

|  | **Not upset at all** | **He/she would feel a little upset or scared** | **He/she would feel pretty upset or scared** | **He/she would feel very upset or scared** | **He/she would feel as upset or scared as possible** |
| --- | --- | --- | --- | --- | --- |
| 8. How upset would your child feel if he or she could not do his or her habits? |  |  |  |  |  |

|  | **He/she always tries to resist the habits** | **He/she tries to resist the habits most of the time** | **He/she tries to resist the habits sometimes** | **He/she usually does not try to resist the habits, but wants to** | **He/she does not try to resist the habits** |
| --- | --- | --- | --- | --- | --- |
| 9. How hard does your child try to stop or fight the habits? |  |  |  |  |  |

|  | **He/she always can beat or stop them** | **He/she can usually beat or stop them** | **He/she can sometimes beat or stop them** | **He/she does not beat or stop them very often** | **He/she never beats or stops them** |
| --- | --- | --- | --- | --- | --- |
| 10. When your child tries to fight the habits, can he or she beat them? |  |  |  |  |  |