

Name: \_\_\_\_\_

Date \_\_\_\_\_

## The Children's Yale-Brown Obsessive-Compulsive Scale—Parent Report

Please circle the letter 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.

**1. How much time does your child spend thinking about these things in a day?**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| a) None                              | d) Between <b>3 to 8</b> hours a day |
| b) Less than <b>1</b> hour a day     | e) More than <b>8</b> hours a day    |
| c) Between <b>1 to 3</b> hours a day |                                      |

**2. How much do these thoughts get in the way of school or doing things with his or her friends?**

- |                                  |  |
|----------------------------------|--|
| a) They don't get in the way     | d) They get in the way a lot               |
| b) They get in the way a little  | e) They keep him/her from doing everything |
| c) They get in the way sometimes |  |

**3. How much do these thoughts bother or upset your child?**

- |                                 |   |
|---------------------------------|---|
| a) Not at all                   | d) They bother him/her a lot                                  |
| b) They bother him/her a little | e) They bother him/her so much that it is hard to do anything |
| c) They bother him/her some     |   |

**4. How hard do your child try to stop the thoughts or ignore them?**

- |   |  |
|---|--|
| a) He/she always tries to resist the thoughts           | d) He/she usually don't try to resist the thoughts, but wants to |
| b) He/she tries to resist the thoughts most of the time | e) He/she does not try to resist the thoughts                    |
| c) He/she tries to resist the thoughts sometimes        |  |

**5. When your child tries to fight the thoughts, can he or she beat them?**

- |   |   |
|---|---|
| a) He/she always can beat or stop them    | d) He/she does not beat or stop them very often |
| b) He/she can usually beat or stop them   | e) He/she never beats or stops them             |
| c) He/she can sometimes beat or stop 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 that 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.

**6. How much time does your child spend doing these things in a day?**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| a) None                              | d) Between <b>3 to 8</b> hours a day |
| b) Less than <b>1</b> hour a day     | e) More than <b>8</b> hours a day    |
| c) Between <b>1 to 3</b> hours a day |                                      |

**7. How much do these habits get in the way of school or doing things with his or her friends?**

- |                                  |  |
|----------------------------------|--|
| a) They don't get in the way     | d) They get in the way a lot               |
| b) They get in the way a little  | e) They keep him/her from doing everything |
| c) They get in the way sometimes |  |

**8. How upset would your child feel if he or she could not do his or her habits?**

- |   |   |
|---|---|
| a) Not upset at all                           | d) He/she would feel very upset or scared           |
| b) He/she would feel a little upset or scared | e) He/she would feel as upset or scared as possible |
| c) He/she would feel pretty upset or scared   |   |

**9. How hard does your child try to stop or fight the habits?**

- |   |   |
|---|---|
| a) He/she always tries to resist the habits           | d) He/she usually does not try to resist the habits, but wants to |
| b) He/she tries to resist the habits most of the time | e) He/she does not try to resist the habits                       |
| c) He/she tries to resist the habits sometimes        |   |

**10. When your child tries to fight the habits, can he or she beat them?**

- |   |   |
|---|---|
| a) He/she always can beat or stop them    | d) He/she does not beat or stop them very often |
| b) He/she can usually beat or stop them   | e) He/she never beats or stops them             |
| c) He/she can sometimes beat or stop them |   |