

# Brief Obsessive-Compulsive Scale (BOCS)\*

By S. Bejerot. Based on Wayne Goodman's Yale-Brown Obsessive-Compulsive Scale and Children's Yale-Brown Obsessive-Compulsive Scale

Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_

*The patient (>15 years of age) can complete the checklist as a self-rating procedure, while the information from younger children should be obtained by interview. The questions on page 4 are to be completed by the clinician in an interview setting.*

The terms *obsessions* and *compulsions* may be described in the following way:

*Obsessions* are distressing thoughts, ideas, feelings, fantasies, images (pictures), or impulses that keep coming into your mind even though you do not want them to. Since obsessions cause distress, compulsions are sometimes carried out to reduce the distress.

*Compulsions* are habits, rituals, or behaviors you feel you have to do, although you may know that they do not make sense or are excessive. At times you may try to stop from doing them, but this might not be possible. While most compulsions are observable behaviors, some compulsions may be hidden mental acts, such as silent checking or repeating certain words to yourself each time you have disturbing thoughts.

Check the obsessions and compulsions that trouble you **right now** (during the past week) in the “Current” box. If they have occurred previously but not any longer, check the box marked “Past.” There are examples of each symptom to help you decide if you have an obsessive-compulsive symptom. If you never have had the obsession or compulsion, check the box marked “Never.”

	Current	Past	Never
<b>Contamination/Cleanness</b>			
1. I am worried about dirt, germs, and viruses. <i>Ex. Fear of getting germs from touching door handles or shaking hands or sitting in certain chairs or seats or fear of getting AIDS.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I wash my hands very often or in a special way to be sure I am not dirty or contaminated. <i>Ex. Washing one's hands many times a day or for long periods after touching, or thinking one has touched, a contaminated object.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Harming obsessions</b>			
3. I fear that my actions might harm others. <i>Ex. Fear of poisoning others' food, fear of hurting babies, fear of pushing someone in front of a train, fear of causing harm by giving bad advice.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I fear I will lose control and do something I don't want to do. <i>Ex. Fear of driving into a tree, fear of running over someone, fear of stabbing someone.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Current	Past	Never
<b>Sexual obsessions</b>			
5. I have unpleasant, forbidden, or perverse sexual thoughts, images, or impulses that frighten me. <i>Ex. Unwanted bad sexual thoughts about strangers, family members, children, or friends.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Checking</b>			
6. I must check the stove or other electrical appliances, that I have locked the door, or to make sure things have not disappeared. <i>Ex. Repeated checking of door locks, the stove, the iron, or electrical outlets before leaving home; repeated checking that one's cupboard at school is locked, or if one is properly dressed.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religion/Magical thoughts/Superstition</b>			
7. My dirty words, thoughts, and curses directed towards God bother me; I have a fear of offending God. <i>Ex. Worries about being punished for such sins and thoughts now, later in life, or after death.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To prevent something terrible from happening, I must have special thoughts or acts done in a special way. <i>Ex. Touching an object like a telephone ensures that someone in the family will not get sick.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Morality and Justice</b>			
9. I am occupied with morality issues, justice, or what is right or wrong. <i>Ex. Worries about always doing "the right thing," having told a lie, or having cheated someone.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Symmetry/Exactness/Ordering</b>			
10. How things are placed or how they are positioned is important to me. It needs to feel "just right" (but isn't associated with magical thinking). <i>Ex. Worries about papers and books being neatly placed; worries about calculations or handwriting being perfect or not evening up.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I get a compelling urge to put my things in a special order. <i>Ex. Straightening paper and pens on a desktop or books in a bookcase; wasting hours arranging or lining up things in the house in "order" and then becoming very upset if this order is disturbed.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Just right/Repeating rituals/Counting</b>			
12. I have a compelling urge to repeat certain actions until it feels "just right." <i>Ex. Repeating activities like turning the tap or appliances on and off, combing one's hair, going in and out of a doorway.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Current	Past	Never
<b>Hoarding and saving</b>			
13. I must follow strong impulses to collect and hoard things. <i>Ex. Saving old newspapers, notes, cans, paper towels, and wrappers for fear that if one throws them away, one may some day need them; picking up useless objects from the street.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Somatic obsessions</b>			
14. I have worries that I look peculiar; I am concerned that something is wrong with my looks. <i>Ex. Worries that one's face, ears, nose, eyes, or another part of the body is hideously ugly, despite reassurance to the contrary.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Self-damaging behaviors</b>			
15. I do things that injure my body. <i>Ex. Scratching and tearing the skin, cutting oneself or banging one's head.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you have other obsessive-compulsive problems (obsessions/thoughts, compulsions/habits) that are not included in the checklist, enter them here:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Mark the *most troublesome* obsessive-compulsive problems and enter them here:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What is worse, your obsessions or your compulsions?**

Please respond to **either** question A or B.

A. If you separate your obsessions and your compulsions, what percent are the former and what the latter?

Obsessions: \_\_\_\_\_%

Compulsions: \_\_\_\_\_%

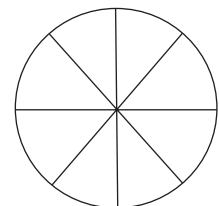
B. Obsessions and compulsions should together fill the circle.

Please fill in the sections that correspond to your compulsions/ habits.

The empty sections correspond to your obsessions/thoughts.

= Obsessions/thoughts

= Compulsions/habits



## ***Brief Obsessive-Compulsive Scale (BOCS)***

Review the current **obsessive-compulsive problems** (obsessions/thoughts and compulsions/habits).  
Ask the patient to respond according to the situation during the last 7 days (including today).

1. Approximately how much of your time is occupied by obsessive-compulsive problems?
  - 0 = None
  - 1 = Occasional symptoms or less than 1 hour per day
  - 2 = Frequent obsessive-compulsive symptoms or 1–3 hours per day
  - 3 = Very frequent symptoms or more than 3 and up to 8 hours a day
  - 4 = Almost constantly or more than 8 hours a day
2. On average, what is the longest amount of consecutive waking hours per day that you are completely free of obsessive-compulsive problems?
  - 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
3. How much do your obsessive-compulsive problems interfere with your everyday life, work or school, or social functioning?
  - 0 = No interference
  - 1 = Mild; slight interference with social or occupational/school activities, but overall performance not impaired
  - 2 = Moderate; definite interference with social or occupational/school performance, but still manageable
  - 3 = Severe interference; causes substantial impairment in social or occupational/school performance
  - 4 = Extreme; incapacitating interference
4. How much distress do your obsessive-compulsive problems cause you?
  - 0 = None
  - 1 = Mild; not too disturbing
  - 2 = Moderate; disturbing, but still manageable
  - 3 = Severe; very disturbing distress
  - 4 = Extreme; near constant and disabling distress
5. How much control do you have over your obsessive-compulsive problems? How successful are you in stopping or diverting them? If you rarely try to resist, please think about those rare occasions in which you did try. (*Note: Do not include here obsessions stopped by doing compulsions.*)
  - 0 = Complete control
  - 1 = Much control; usually able to stop or divert obsessive-compulsive problems with some effort/concentration
  - 2 = Moderate control; sometimes able to stop or divert obsessive-compulsive problems only with difficulty
  - 3 = Little control; rarely successful in stopping or dismissing obsessive-compulsive problems, but they can be delayed for the moment
  - 4 = No control; are rarely able, even momentarily, to ignore obsessions or refrain from performing compulsions; they cannot even be delayed for the moment

## **Brief Obsessive-Compulsive Scale (BOCS)**

6. Have you been avoiding doing anything, going anyplace, or being with anyone to avoid your obsessive-compulsive problems?

0 = No deliberate avoidance

1 = Mild; minimal avoidance

2 = Moderate; some avoidance; clearly present

3 = Severe; much avoidance; avoidance prominent

4 = Extreme; very extensive avoidance; patient does almost everything he/she can to avoid triggering symptoms

**Obsessions:** \_\_\_\_\_ %

**BOCS TOTAL (add items 1–6):** \_\_\_\_\_

**Compulsions:** \_\_\_\_\_ %

(refer to the question on page 3 of the patient questionnaire)

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### ***Clinician Note***

The BOCS has been validated for the DSM-IV criteria only. For example, in item 14, dealing with somatic obsessions, preoccupation with appearance is more in keeping with body dysmorphic disorder; therefore, a positive response requires further assessment. Nonetheless, the tool can be of value to clinicians as a guide until such time as a validated tool in keeping with DSM-5 criteria is available, as most criteria remain unchanged. If this tool is used, clinicians should note that in the DSM-5, the word “impulse” (which appears in this original scale) has been replaced with the word “urge” to describe obsessions more accurately, and the word “inappropriate” when referring to obsessions, has been replaced with the word “unwanted” (the meaning of “inappropriate” can vary with culture, gender, age, and other factors).

See page 108 for important information about the use of the BOCS scale for use in provisional diagnosis.

### ***Scoring Legend and Interpretation***

Endorsement of 2 or more items in the checklist or a mean score of 1.5 or above on the severity scale suggests OCD.

Higher mean scores on the severity scale (questions 1–6) starting on page 4 indicate higher severity.