

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

Name

Date (mm/dd/yyyy)

Relationship to client (parent, guardian, teacher, etc.)

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 one 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?					

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Please return this form to the office one day prior to your appointment or email it to [hwanderson@q.com](mailto:hwanderson@q.com). Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at [www.sendinc.com](http://www.sendinc.com) and mail it securely. You will need to set up an account, which is free. Thank you.