

BODY DYSMORPHIC DISORDER MODIFICATION OF THE Y-BOCS (BDD-YBOCS)©

(Adult version)

For each item circle the number identifying the response which best characterizes the patient during the **past week**.

**1. TIME OCCUPIED BY THOUGHTS
ABOUT BODY DEFECT**

How much of your time is occupied by THOUGHTS about a defect or flaw in your appearance [list body parts of concern]?

- 0 = None
 - 1 = Mild (less than 1 hr/day)
 - 2 = Moderate (1-3 hrs/day)
 - 3 = Severe (greater than 3 and up to 8 hrs/day)
 - 4 = Extreme (greater than 8 hrs/day)
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**2. INTERFERENCE DUE TO THOUGHTS
ABOUT BODY DEFECT**

How much do your THOUGHTS about your body defect(s) interfere with your social or work (role) functioning? (Is there anything you aren't doing or can't do because of them?)

- Y/N Spending time with friends
 - Y/N Dating
 - Y/N Attending social functions
 - Y/N Doing things w/family in and outside of home
 - Y/N Going to school/work each day
 - Y/N Being on time for or missing school/work
 - Y/N Focusing at school/work
 - Y/N Productivity at school/work
 - Y/N Doing homework or maintaining grades
 - Y/N Daily activities
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- 0 = None
 - 1 = Mild, slight interference with social, occupational, or role activities, but overall performance not impaired.
 - 2 = Moderate, definite interference with social, occupational, or role performance, but still manageable.
 - 3 = Severe, causes substantial impairment in social, occupational, or role performance
 - 4 = Extreme, incapacitating.
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**3. DISTRESS ASSOCIATED WITH THOUGHTS
ABOUT BODY DEFECT**

How much distress do your THOUGHTS about your body defect(s) cause you?

- 0 = None
- 1 = Mild, not too disturbing.
- 2 = Moderate, disturbing.
- 3 = Severe, very disturbing.
- 4 = Extreme, disabling distress.

Rate "disturbing" feelings or anxiety that seem to be triggered by these thoughts, not general anxiety or anxiety associated with other symptoms.

For each item circle the number identifying the response which best characterizes the patient during the **past week**.

**4. RESISTANCE AGAINST THOUGHTS
OF BODY DEFECT**

How much of an effort do you make to resist these THOUGHTS?
How often do you try to disregard them 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 thoughts. How much patient resists the thoughts may or may not correlate with ability to control them.

- 0 = Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist.
- 1 = Tries to resist most of time.
- 2 = Makes some effort to resist.
- 3 = Yields to all such thoughts without attempting to control them but yields with some reluctance.
- 4 = Completely and willingly yields to all such thoughts.

**5. DEGREE OF CONTROL OVER THOUGHTS
ABOUT BODY DEFECT**

How much control do you have over your THOUGHTS about your body defect(s)?
How successful are you in stopping or diverting these thoughts?

- 0 = Complete control, or no need for control because thoughts are so minimal.
 - 1 = Much control, usually able to stop or divert these thoughts with some effort and concentration.
 - 2 = Moderate control, sometimes able to stop or divert these thoughts.
 - 3 = Little control, rarely successful in stopping thoughts, can only divert attention with difficulty.
 - 4 = No control, experienced as completely involuntary, rarely able to even momentarily divert attention.
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**6. TIME SPENT IN ACTIVITIES
RELATED TO BODY DEFECT**

The next several questions are about the activities/ behaviors you do in relation to your body defects.

Read list of activities below to determine which ones the patient engages in.

How much time do you spend in ACTIVITIES related to your concern over your appearance [read activities patient engages in]?

- 0 = None
- 1 = Mild (spends less than 1 hr/day)
- 2 = Moderate (1-3 hrs/day)
- 3 = Severe (spends more than 3 and up to 8 hours/day)
- 4 = Extreme (spends more than 8 hrs/day in these activities)

Read list of activities (check all that apply)

- Checking mirrors/other surfaces
- Grooming activities
- Applying makeup
- Excessive Exercise (time beyond 1 hr. a day)
- Camouflaging with clothing/other cover
(rate time spent selecting/changing clothes,
not time wearing them)
- Scrutinizing others' appearance (comparing)
- Questioning others about/discussing your
appearance
- Picking at skin
- Other _____

For each item circle the number identifying the response which best characterizes the patient during the **past week**.

**7. INTERFERENCE DUE TO ACTIVITIES
RELATED TO BODY DEFECT**

overall

How much do these ACTIVITIES
interfere with your social or work
(role) functioning? (Is there any-
performance,
thing you don't do because of them?)

0 = None

1 = Mild, slight interference with social,
occupational, or role activities, but

performance not impaired.

2 = Moderate, definite interference with
social, occupational, or role

but still manageable.

3 = Severe, causes substantial impairment in
social, occupational, or role performance.

4 = Extreme, incapacitating.

**8. DISTRESS ASSOCIATED WITH ACTIVITIES
RELATED TO BODY DEFECT**

How would you feel if you were prevented
from performing these ACTIVITIES?
How anxious would you become?

*Rate degree of distress/frustration patient would
experience if performance of the activities were
suddenly interrupted.*

0 = None

1 = Mild, only slightly anxious if behavior
prevented.

2 = Moderate, reports that anxiety would mount
but remain manageable if behavior is prevented.

3 = Severe, prominent and very disturbing increase
in anxiety if behavior is interrupted.

4 = Extreme, incapacitating anxiety from any
intervention aimed at modifying activity.

9. RESISTANCE AGAINST COMPULSIONS

How much of an effort do you make to
resist these ACTIVITIES?

Only rate effort made to resist, NOT success

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 almost all of these behaviors without
attempting to control them, but does so with

*or failure in actually controlling the activities.
How much the patient resists these
behaviors may or may not correlate with
his/her ability to control them.*

some reluctance.
4 = Completely and willingly yields to all
behaviors related to body defect.

10. **DEGREE OF CONTROL OVER COMPULSIVE
BEHAVIOR**

How strong is the drive to perform
these behaviors?
How much control do you have over them?

- 0 = Complete control, or control is unnecessary because symptoms are mild.
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 delay only with difficulty.
4 = No control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity.

For each item circle the number identifying the response which best characterizes the patient during the **past week**.

11. INSIGHT

Is it possible that your defect might be less noticeable or less unattractive than you think it is?

How convinced are you that [fill in body part] is as unattractive as you think it is?

Can anyone convince you that it doesn't look so bad?

0 = Excellent insight, fully rational.

1 = Good insight. Readily acknowledges absurdity of thoughts (but doesn't seem completely convinced that there isn't something besides anxiety to be concerned about).

2 = Fair insight. Reluctantly admits that thoughts seem unreasonable but wavers.

3 = Poor insight. Maintains that thoughts are not unreasonable.

4 = Lacks insight, delusional. Definitely convinced that concerns are reasonable, unresponsive to contrary evidence.

12. AVOIDANCE

Have you been avoiding doing anything, going any place, or being with anyone because of your thoughts or behaviors related to your body defects?

If YES, then ask: What do you avoid?

Rate degree to which patient deliberately tries to avoid things such as social interactions or work-related activities. Do not include avoidance of mirrors or avoidance of compulsive behaviors.

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 avoids almost all activities.

Brackets [] indicate material that should be read. Brackets are also used to indicate a pause.

Parentheses () indicate optional material that may be read.

Italicized items are instructions to the interviewer.

Phillips KA, Hollander E, Rasmussen SA, Aronowitz BR, DeCaria C, Goodman WK. A severity rating scale for body dysmorphic disorder: development, reliability, and validity of a modified version of the Yale-Brown Obsessive Compulsive Scale. *Psychopharmacol Bull* 1997;33:17-22.