

**BODY DYSMORPHIC DISORDER MODIFICATION  
OF THE Y-BOCS (BDD-YBOCS) FOR ADOLESCENTS<sup>®</sup>**

SUBJECT # \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

How much time do you spend thinking about this problem with how you look?

- 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 these THOUGHTS about how you look get in the way of school, work, or doing things with family or friends? (Is there anything you don'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/errands/chores*
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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 do these THOUGHTS about how you look bother or upset you?

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

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

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

How hard do you try to stop these thoughts or ignore them?

*Only rate effort made to resist, NOT success or failure in actually controlling the thoughts. How much patient resists 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.

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

When you try to fight the thoughts about how you look, can you beat them?

How much control do you have over your 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 DOING COMPULSIVE BEHAVIORS RELATED TO BODY DEFECT**

Now I'm going to ask you about the activities/habits you do related to your appearance problem.

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

How much time do you spend doing these things? Include all behaviors.

- 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 BEHAVIORS**  
**(check all that apply)**

- Checking mirrors/other surfaces
- Checking the appearance of the disliked body areas directly
- Grooming activities (e.g., hair combing, styling, shaving)
- Applying makeup
- Excessive exercise (time beyond 1 hr. per day)
- Selecting/changing clothing or other cover-up (rate time spent selecting, changing or fixing clothes or cover-up, not time wearing them)
- Comparing disliked body areas with those body areas on other people
- Questioning others about/discussing your appearance

- \_\_\_ Picking at skin because it doesn't look right
  - \_\_\_ Skin cleansing routines
  - \_\_\_ Pulling out hair because it doesn't look right
  - \_\_\_ Touching the body areas
  - \_\_\_ Tanning
  - \_\_\_ Other \_\_\_\_\_
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**7. INTERFERENCE DUE TO ACTIVITIES RELATED TO BODY DEFECT**

How much do these activities/habits get in the way of school, work, or doing things with family or friends? (Is there anything you don't do because of them?)

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

How would you feel if you were prevented from doing these activities/habits?

How upset would you become?

*Rate degree of distress/frustration patient would experience if performance of the activities were suddenly interrupted. Use a composite rating for all behaviors.*

- 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.
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**9. RESISTANCE AGAINST COMPULSIONS**

How much do you try to fight doing these activities/habits?

*Only rate effort made to resist, not success 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. Use a composite rating for all behaviors.*

- 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 some reluctance.
  - 4 - Completely and willingly yields to all behaviors related to body defect.
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## 10. DEGREE OF CONTROL OVER COMPULSIVE BEHAVIOR

How strong is the feeling that you have to carry out these activities/habits?  
When you try to fight them, what happens?

*(For the advanced child ask: How much control do you have over the activities/habits?)*

*Use a composite rating for all behaviors.*

- 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.

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## 11. INSIGHT

What word would you use to describe how bad your appearance flaws look? *Obtain a "global" description/belief of all perceived defects combined. If necessary, offer words such as "ugly," "deformed," "disfigured," or "unattractive," and have the patient choose one. Use the same belief when doing subsequent ratings.*

How certain are you that these body areas look [fill in patient's word(s)]? Are you certain your belief is accurate?

- 0 = Excellent insight: Completely certain belief is false
- 1 = Good insight. Realizes belief is probably not true, or substantial doubt exists
- 2 = Fair insight: Belief may or may not be true, or unable to decide if belief is true or not
- 3 = Poor insight: Fairly convinced that belief is but an element of doubt exists.
- 4 = Lacks insight; delusional. Completely convinced that belief is true (100% certainty)

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## 12. AVOIDANCE

Have you been avoiding doing anything, going any place, or being with anyone because of your thoughts or activities/habits related to your problem with how you look?  
*If YES, then ask: What do you avoid?*

*Rate degree to which patient deliberately tries to avoid things such as social interactions or school-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.

**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.

This scale is based on the BDD-YBOCS for adults and the Children's Yale-Brown Obsessive-Compulsive Scale; it was modified by R.S. Albertini and K.A. Phillips and subsequently by K.A. Phillips

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