

# **BODY DYSMORPHIC DISORDER MODIFICATION OF THE Y-BOCS (BDD-YBOCS)®**

(Adult version)

For each item circle the number of 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]? *Add up all the time spent each day.*

- 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)

## **2. INTERFERENCE DUE TO THOUGHTS ABOUT BODY DEFECT**

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

*Examples include (but are not limited to):*

- Y/N Spending time with friends*
- Y/N Dating*
- Y/N Intimacy (physical or emotional) in relationships*
- Y/N Attending social functions*
- Y/N Doing things w/family or friends 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*

## **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.*

---

**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

**6. TIME SPENT DOING COMPULSIVE BEHAVIORS RELATED TO BODY DEFECT**

- 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)

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

How much time do you spend in BEHAVIORS related to your concern over your appearance?

*Go through list of behaviors with patient (ask questions 6-10 about all that apply)*

- Checking mirrors or other reflecting 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. a 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 or 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 \_\_\_\_\_
- 

**7. INTERFERENCE DUE TO COMPULSIVE BEHAVIORS RELATED TO BODY DEFECT**

- 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
- 

How much do these BEHAVIORS interfere with your social or work (or school or role) functioning? (Is there anything you don't do because of them?)

**8. DISTRESS ASSOCIATED WITH COMPULSIVE BEHAVIORS RELATED TO BODY DEFECT**

- 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

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

*Rate degree of distress/frustration patient would experience if performance of the behaviors were*

suddenly interrupted. Use a composite rating for all behaviors.

---

## 9. RESISTANCE AGAINST COMPULSIONS

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

*Only rate effort made to resist, NOT success or failure in actually controlling the behaviors.*

*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

## 10. DEGREE OF CONTROL OVER COMPULSIVE BEHAVIORS

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

*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

## 11. INSIGHT

What word would you use to describe how bad your defects 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 convinced 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 true but an element of doubt exists.
- 4 = Lacks insight; delusional. Completely convinced that belief is true (100% certainty)

## 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?

- 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

*If YES, then ask: What do you avoid?*

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

**Brackets** [       ] indicate material that should be read, filling in the body parts of concern.

**Parentheses** (       ) in the probes indicate optional material that may be read.

**Italicized items** are instructions and reminders 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.