General Instructions

The Yale-Brown-Cornell Eating Disorder Scale (YBC-EDS) is designed to assess the severity and type of symptoms observed to be present in patients with eating disorders. Although some authors have hypothesized that there are a limited number of “types” of eating disordered behaviors, there can exist a potentially infinite number of actual concerns held and behaviors exhibited by different patients. This rating scale allows for (1) the identification of eating disorder symptoms specific to a given patient and (2) the assessment of the severity of those symptoms independent of the content of the symptom experienced or exhibited. This process-oriented approach has been successfully used in assessing other disorders that are characterized by recurrent thoughts and repetitive behaviors (Yale-Brown Obsessive Compulsive Scale: Goodman, Rasmussen, Price, Mazure, Henninger, and Charney, 1990).

Ascertainment of Symptomatology

The items in this scale depend on the report of the patient, however the final rating is based on the clinical judgment of the interviewer. Rate the characteristics of each symptom during the month up until and including the time of the interview. Scores should reflect the average occurrence of each item. For post-treatment retesting, the patient can be asked about the last month or the last week based on the follow-up period of interest.

The YBC-EDS is to be used as a semi-structured interview in which the interviewer should assess the items in the order they are listed and use the questions provided. However, the interviewer is free to ask additional questions for purposes of clarification. If the patient should volunteer information at any time during the interview, that information can be considered in the rating. All ratings should be based primarily on reports and observations gained during the interview. If the rater should judge that the information being provided is grossly inaccurate, then the reliability of the patient is in doubt and should be noted accordingly at the end of the interview (Item 22).
Before proceeding with the questions on the scale, define “preoccupations” and “rituals” for the patient as follows:

“We would like to ask you some questions about preoccupations and rituals which are related to your eating behavior and to your appearance.”

“PREOCCUPATIONS are ideas, thoughts, images or impulses that repeatedly enter your mind. They may seem to occur against your will.”

“RITUALS, on the other hand, are behaviors or acts that you feel driven to perform. At times, you may try to resist doing them but this may prove difficult. You may experience anxiety that does not diminish until the behavior is completed.”

“Let me give you some examples of preoccupations and rituals which are related to eating disorders.”

“An example of a preoccupation is: excessive concern with your appearance or body shape.”

“An example of a ritual is: the need to compute the exact caloric content of all of the foods you consume. While most rituals are observable behaviors, some are unobservable mental acts, such as silent computing of caloric content or having to recite nonsense phrases to yourself each time you think of food.”

“Do you have any questions about what these words mean?”

On repeated testing it is not always necessary to reread these definitions and examples as long as it can be established that the patient understands them. It may be sufficient to remind the patient that preoccupations are ideas, thoughts, images, or impulses and that rituals are behaviors or acts that the patient feels driven to perform, including covert mental acts.

Have the patient enumerate current preoccupations and rituals in order to generate a list of target symptoms. Use the YBC-EDS symptom checklist as an aid for identifying current symptoms. It is also useful to identify and be aware of past symptoms since they may reappear during subsequent ratings. Once the target preoccupations and rituals are identified, organize and list them on the target symptom Checklist according to clinically convenient distinctions.
Describe salient features of the symptoms so that they can be more easily tracked. Be sure to indicate which are the most prominent symptoms i.e. those that will be the major focus of assessment. Note, however, that the final score for each item should reflect a composite rating of all of the patient's preoccupations or rituals.

On repeated testing, review and revise, if necessary, target preoccupations prior to rating the first item. Also, if necessary, revise target rituals prior to evaluating rituals.

This instrument is modified as follows for the Genetics of Anorexia Nervosa Study:

Both current and lifetime worst severity are assessed. The patient or subject is asked to identify the specific month during which preoccupations and rituals related to food, eating, weight and shape were at their worst. They are then requested to respond to the items on the checklist for two time periods: current, for the past month; and worst, for the month they have just identified. (If current is worst, the rater must note this on the checklist and ask the questions for just current.) The subject should respond to each checklist item by indicating whether that item is currently present (within past month), was present at the worst, has been present at both times, or has never been present. The rater can suggest the following responses: now, then, both, neither. After completing the preoccupations checklist, the rater should ask each preoccupation follow-up question for current then worst, e.g., 1C, 1W, 2C, 2W, etc. The rater should then go through the rituals checklist for both current and worst and follow-up in the same way with the questions for current and worst. The item on improvement is the only item which need not be rated.

Check all that apply. Tell patient that you will ask each item for two time periods, current and worst. Explain that current refers to the last month only. Worst refers to the month when their preoccupations and rituals were at their worst, i.e., the most bothersome. Have patient identify the time period for worst (e.g., when you were 16, in the month just before you entered the hospital). Have patient respond to each item with: now, then, both, or neither.

<table>
<thead>
<tr>
<th>PREOCCUPATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
</tr>
</tbody>
</table>

**FOOD PREOCCUPATIONS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Categorizes all food into "good" or "bad"

Thinks excessively about the fat content of food

Thinks excessively about the caloric content of food

Thinks excessively about the sugar content of food
Fears that eating a certain type of food will lead to immediate body changes, e.g. eating fat will deposit fat to hips

---

**EATING PREOCCUPATIONS**

---

Fear of eating from a full plate of food

Fear of eating all of the food that is on a plate of food

Fear of consuming fluids

Fear of not being able to consume fluids

Fear of being unable to eat

Fear of being unable to stop eating

Fear of eating in front of other people (note: this can reflect fear that others will regard the subjects' eating negatively because they are so fat or this can also involve magical thinking such as absorbing calories that other people eat)

---

**WEIGHT PREOCCUPATIONS**

---

Fear of being fat or overweight

Fear of weighing outside of a narrow range or preoccupation with a specific weight

---

**SHAPE AND APPEARANCE (SOMATIC) PREOCCUPATIONS**

---

Excessive concern with a specific body part or aspect of appearance

---

Fear of others thinking she is fat
CLOTHING PREOCCUPATIONS

- Excessive concern with size of clothing, e.g. would not buy clothing that was not a size 3 even if it fit and looked good
- Fear of wearing certain types of clothing, e.g. fear of wearing underwear
- Fear of wearing either tight or loose fitting clothing

HOARDING FOOD PREOCCUPATIONS

EXERCISE PREOCCUPATIONS

OTHER

RITUALS

Be sure to focus on the compelling nature of the behavior not just the occurrence of the behavior

EATING RITUALS

<table>
<thead>
<tr>
<th>Current</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Need to consume food at a specific rate, e.g. can take a bite only every 2 minutes</td>
</tr>
<tr>
<td></td>
<td>Need to chew each mouthful of food a specific number of times</td>
</tr>
<tr>
<td></td>
<td>Need to cut each piece of food into a specific size</td>
</tr>
<tr>
<td></td>
<td>Need to consume only certain colors or types of foods</td>
</tr>
<tr>
<td></td>
<td>Need to avoid certain types of foods, e.g. fats, meats</td>
</tr>
<tr>
<td></td>
<td>Need to consume each food type completely and in a specific order, e.g. must eat all green beans before potatoes can be eaten</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Need to consume fluids in a certain way or amount, e.g. need to drink 2 glasses of water before eating any meal

Need to eat meals by oneself

Need to leave food on the plate when done eating, cannot consume all food on plate Need to manipulate or stir food

Need to fill glass or plate only partially, cannot fill glass or plate fully Need to have the table set in a specific way before she can eat

Need to wipe mouth with napkin a fixed number of times after each bite of food

Food cannot touch lips

No part of the body can touch the table or plate

Need for absolute constancy of food expected, e.g. an orange could not be substituted if an apple was expected

**FOOD RITUALS**

Need to compute caloric content of all foods eaten

Need to compute fat content of all foods eaten

Need to cook for others

**BINGEING RITUALS**

Need to begin each binge with a certain type of food or with food of a certain color

Need to eat only a certain type(s) of food

Need to eat all food that is present (can leave no food uneaten no matter what it is)
PURGING RITUALS

Need to purge in a specific way or position, e.g. must use 2 fingers

Need to purge a specific minimum amount

Need to purge a specific amount of time after eating

Need to use a specific number of laxatives

Need to purge in a specific place

SOMATIC RITUALS

Need to have thighs not touch while sitting or standing

Need to continually check that wrist can be spanned with fingers

Need to feel hip bones repeatedly

Need to see a specific bone, e.g. wrist

Ritualized bathroom habits, e.g. pushing on lower stomach when urinating or defecating

Need to overdress to force sweating

WEIGHT RITUALS

Need to repeatedly weigh oneself or to repeatedly check one's weight

Need to weigh oneself only in ritualize ways, e.g. nude, at 8 AM, after meals or defecating

EXERCISE RITUALS

Need to exercise after meals

Need to exercise in a specific way and/or at a specific time, e.g. can only do sit-ups at 7 AM and run at 4 PM
Ritualized exercise pattern, e.g. must do 50 sit-ups, if interrupted while doing the 49th must begin over again and do all 50.

Need to be moving at all times, cannot sit still, paces, fidgets

Need to shiver to expend calories rather than putting on additional clothing

### HOARDING/SAVING RITUALS

Hoarding food in a ritualized way.

Collecting and saving recipes, pictures of food, articles on food

### EXCESSIVE LISTMAKING

Lists of body weight

Lists of caloric intake

Other:

### YBC-EDS FOR EATING DISORDERS

"Now I would like to ask you several questions about your preoccupations during two time periods: current and worst. Current refers to the past month. Worst refers to that time in your life when these preoccupations were most bothersome." [Make specific reference to current target preoccupations and worst if subject needs to be reminded.]

1C._ 1W._

1. **TIME OCCUPIED BY PREOCCUPATIONS**

   Q: “How much of your time, including meal times, is occupied by the preoccupations?” [When preoccupations occur as brief, intermittent intrusions, it may be difficult to assess time occupied by them in terms of total hours. In such cases, estimate time by determining how frequently they occur. Consider both the number of times the intrusions occur and how many hours of the day are affected. Ask:] “How frequently do the preoccupations occur?”

   0 [] None
   1 [] Mild, less than 1 hr/day or occasional intrusion
   2 [] Moderate, 1 to 3 hrs/day or frequent intrusion
   3 [] Severe, greater than 3 and up to 8 hrs/day or very frequent intrusion
2C.  2W.  2.  PREOCCUPATION-FREE INTERVAL (not included in total score)

Q: “On the average, what is the longest number of consecutive waking hours per day that you are completely free of preoccupations?” [If necessary, ask:] “What is the longest block of time in which preoccupations are absent?” [If 0 or 1 ask if absent during meal times].

0 [] No symptoms
1 [] Long symptom-free interval, more than 8 consecutive waking hrs/day symptom free
2 [] Moderately long symptom-free interval, more than 3 and up to 8 consecutive hrs/day symptom-free
3 [] Short symptom-free interval from 1-3 consecutive hrs/day symptom free
4 [] Extremely short symptom-free interval, less than 1 consecutive hr/day symptom-free

3C.  3W.  3.  INTERFERENCE DUE TO PREOCCUPATIONS

Q: “How much do your preoccupations interfere with your social or work (or school or role) functioning? Is there anything that you don’t do because of them?” (If currently not working or going to school, determine how much performance would be affected if patient were employed or attending school.)

0 [] None
1 [] Mild, slight interference with social, school, or occupational activities, but overall performance not impaired.
2 [] Moderate, definite interference with social, school, or occupational performance but still manageable
3 [] Severe, causes substantial impairment
4 [] Extreme, incapacitating

4C.  4W.  4.  DISTRESS ASSOCIATED WITH PREOCCUPATIONS

Q: “How much distress do your preoccupations cause you?”

[In most cases, distress is equated with anxiety- however, patients may report that their preoccupations are ‘disturbing but deny ‘anxiety.’ Only rate anxiety that seems triggered by preoccupations, not generalized anxiety or anxiety associated with other conditions.)

0 [] None
1 [] Mild, not very disturbing
2 [] Moderate, disturbing, but still manageable
3 [] Severe, very disturbing
4 [] Extreme, near constant and disabling distress

5C.  5W.  5.  EGO DYSTONIC VS. EGO SYNTONIC NATURE OF PREOCCUPATIONS (Not included in total score)

Q: “Are these preoccupations consistent with the way you see yourself?’

[Probe: acceptance, alien, etc.]

0 [] The preoccupations are ego dystonic. Patient does not accept them as a part of her/his personality at all
1 [] While the thoughts are largely ego dystonic, patient does not fully reject them as part of his/her personality
2 [] Patient is ambivalent - the thoughts are not clearly ego dystonic or syntonic
3 [] The thoughts are largely ego syntonic, patient does not fully
accept them as part of his/her personality

4 [ ] The preoccupations are ego syntonic. Patient has fully accepted them as an integrated part of his/her personality

6C. 6W. 6. RESISTANCE AGAINST PREOCCUPATIONS

Q: "How much of an effort do you make to resist the preoccupations? How often do you try to disregard 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 preoccupations. Note that this item does not directly measure the severity of the intrusive thoughts; rather it rates a manifestation of health, i.e., the effort the patient makes to counteract the preoccupations by means other than avoidance or the performance of rituals. Consider use of behavioral techniques as a form of resistance.]

0 [ ] Makes an effort to always resist or symptoms so minimal patient feels no need to resist them
1 [ ] Tries to resist most of the time
2 [ ] Makes some effort to resist
3 [ ] Yields to all preoccupations without attempting to control them, but does so with reluctance
4 [ ] Completely and willingly yields to all preoccupations

7C. 7W. 7. DEGREE OF CONTROL OVER PREOCCUPATIONS

Q: "How much control do you have over your preoccupations? How successful are you in stopping or diverting your preoccupations? Can you dismiss them?" [In contrast to the preceding item on resistance, the ability of the patient to control her/his preoccupation is more closely related to the severity of the intrusive thoughts.]

0 [ ] Complete control
1 [ ] Much control, usually able to stop or divert preoccupations with some effort and concentration
2 [ ] Moderate control, sometimes able to stop or divert preoccupations
3 [ ] Little control, rarely successful in stopping or dismissing preoccupations, can only divert attention with difficulty
4 [ ] No control, experienced as completely involuntary, rarely able to even momentarily alter the thinking.

sc._ aw._ 8. INSIGHT INTO PREOCCUPATIONS (Not included in total score)

Q: "Do you think that your preoccupations are reasonable or make sense?" [Rate patient's insight into the senselessness or excessiveness of her/his preoccupation(s) as compared with normal people.]

0 [ ] Excellent insight, fully rational. Sees the preoccupations a senseless and excessive OR sees them as neither senseless nor excessive because they are reasonably so minimal
1 [ ] Good insight. Readily acknowledges absurdity or excessiveness of the preoccupations but does not seem completely convinced that there isn't something to be concerned about
2 [ ] Fair insight. Reluctantly admits thoughts seem unreasonable or excessive, but wavers. May have some unrealistic fears, but no fixed convictions
3 [ ] Poor insight. Maintains that thoughts are not unreasonable or excessive, but acknowledges validity of contrary evidence
4 [ ] Lack insight. Definitely convinced that thoughts are reasonable and
not excessive. Patient is unresponsive to contrary evidence

9C.  9W.  9. DESIRE FOR CHANGE CONCERNING THE PREOCCUPATIONS

(Not included in total score)

Q: “Would you like to change so that you would no longer be bothered by these preoccupations?” [If the answer is yes:] “How much effort would you expend to make such changes?”

0 [] Patient desperately wants to stop the preoccupations and reports a willingness to do anything to stop them OR preoccupations are so minimal that it is reasonable to not want to stop them
1 [] Patient does want to stop the thoughts and is willing to work to some degree to do so
2 [] Patient states that she would not like to be bothered by the thoughts but does not seem willing to do very much toward that goal
3 [] The patient would like to diminish the impact of the thoughts but does not say that she would like the preoccupations to totally disappear
4 [] The patient does not wish to stop having the preoccupations
(Thoughts may actually be comforting and reassuring)

“The next questions are about your rituals during these same two time periods, current (within the past month) and worst (when the rituals were most bothersome.” [Make specific reference to the patient's target rituals for both time periods, if the subject needs to be reminded]

10C.  10 W.  10. TIME SPENT PERFORMING RITUALS

Q: “How much of your time is spent performing the rituals?” [When rituals involving activities of daily living are chieflyresent, ask:] “How much longer than most people does it take complete routine activities because of your rituals?” [When rituals occur as brief, intermittent behaviors, it may be difficult to assess time spent performing them in terms of total hours. Consider both the number of times the rituals occur and how many hours of the day are affected. Count separate occurrences of rituals, not number of repetitions. Ask: “How frequently do you perform the rituals?” [In most cases, rituals are observable behaviors but some compulsions are covert (e.g. silent computing of caloric content of foods).]

0 [] None
1 [] Mild (spends less than 1 hr/day performing rituals), or occasional performance of rituals
2 [] Moderate (spends 1 to 3 hrs/day performing rituals), or frequent performance of rituals
3 [] Severe (spends more than 3 and up to 8 hrs/day performing rituals), or very frequent performance of rituals
4 [] Extreme (spends more than 8 hrs/day performing rituals), or near constant performance of rituals (too numerous to count)
11C. 11W. **RITUAL-FREE INTERVAL** (not included in total score)

Q: "On the average, what is the longest number of consecutive waking hours per day that you are completely free of your ritualistic behaviors?" [If necessary, ask:] "What is the longest block of time in which rituals are absent?"

0 [] No symptoms
1 [] Long symptom-free interval, more than 8 consecutive waking hrs/day symptom free
2 [] Moderately long symptom-free interval, more than 3 and up to 8 consecutive hrs/day symptom-free
3 [] Short symptom-free interval from 1-3 consecutive hrs/day symptom-free
4 [] Extremely short symptom-free interval, less than 1 consecutive hrs/day symptom-free

12C. 12W. **INTERFERENCE DUE TO RITUALS**

Q: "How much do your rituals interfere with your social or work (or school or role) functioning? Is there anything that you don’t do because of them?" [If currently not working or going to school, determine how much performance would be affected if patient were employed or attending school.]

0 [] None
1 [] Mild, slight interference with social, school, or occupational activities, but overall performance not impaired
2 [] Moderate, definite interference with social, school, or occupational performance but still manageable
3 [] Severe, causes substantial impairment
4 [] Extreme, incapacitating

13C. 13W. **DISTRESS ASSOCIATED WITH RITUALS**

Q: "How would you feel if prevented from performing your rituals?" [Pause] "How anxious would you become?" [Rate degree of distress patient would experience if performance of the rituals were suddenly interrupted without reassurance offered. In most, but not all cases, performing rituals reduces anxiety. If in the judgment of the interviewer, anxiety is actually reduced by preventing rituals, then ask:] "How anxious do you get while performing rituals until you are satisfied they are completed?"

0 [] None
1 [] Mild, only slightly anxious if rituals are prevented, or only slight anxiety during performance of rituals
2 [] Moderate reports that anxiety would mount but remain manageable if rituals were prevented, or that anxiety increases but remains manageable during the performance of the rituals
3 [] Severe, prominent and very disturbing increase in anxiety if rituals are interrupted, or prominent and very disturbing increase in anxiety during performance of the rituals
4 [] Extreme, incapacitating anxiety from any intervention aimed at modifying activity, or incapacitating anxiety develops during performance of the rituals

14C. 14W. **EGO DYSTONIC VS. EGO SYNTONIC NATURE OF RITUALS**
Q: "Are your rituals consistent with how you see yourself?"  
[Probe: acceptance, internal/alien, etc.]

0 [] The rituals are ego dystonic. Patient does not accept them as part of her/his personality at all
1 [] While the rituals are largely ego dystonic, patient does not fully reject them as part of her/his personality
2 [] Patient is ambivalent - the rituals are not clearly ego dystonic or syntonic
3 [] While the rituals are largely ego syntonic, patient does not fully accept them as part of her/his personality
4 [] The rituals are ego syntonic. Patient has accepted the rituals as an integrated part of her/his personality

15C. 15W. 15. RESISTANCE AGAINST RITUALS
Q: "How much of an effort do you make to resist performing the rituals?" [Only rate effort made to resist, not success or failure in actually controlling the rituals. Note that this item does not directly measure the severity of the rituals; rather it rates a manifestation of health, i.e., the effort the patient makes to counteract the rituals. Thus, the more the patient tried to resist, the less impaired is this aspect of her/his functioning. If the rituals are minimal, the patient may not feel the need to resist them. In such cases, a rating of "0" should be given.]

0 [] Makes an effort to always resist or symptoms so minimal patient feels no need to resist them
1 [] Tries to resist most of the time
2 [] Makes some effort to resist
3 [] Yields to almost all rituals without attempting to control them, but does so with some reluctance
4 [] Completely and willingly yields to all rituals

16C. 16W. 16. DEGREE OF CONTROL OVER RITUALS
Q: "How strong is the drive to perform the rituals?" [Pause] "How much control do you have over the rituals?" [In contrast to the preceding item on resistance, the ability of the patient to control her/his need to perform the ritual(s) is more closely related to the severity of the rituals.]

0 [] Complete control
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 the behavior, can control it only with difficulty
3 [] Little control, very strong drive to perform behavior, must be carried to completion, can only delay with difficulty
4 [] No control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to momentarily delay activity

17C. 17W. 17. INSIGHT INTO RITUALS
Q: "Do you think that your rituals are reasonable or make sense?" Rate patient's insight into the senselessness or excessiveness of her/his rituals as
compared with normal people.]

0 [] Excellent insight, fully rational. Sees the rituals as senseless and excessive OR sees them as neither senseless nor excessive because they are so reasonably minimal

1 [] Good insight. Readily acknowledges absurdity or excessiveness of the rituals but does not seem completely convinced that there isn't something to be concerned about

2 [] Fair insight. Reluctantly admits behaviors seem unreasonable or excessive, but wavers. May have some unrealistic fears, but no fixed convictions

3 [] Poor insight. Maintains that behaviors are not unreasonable or excessive, but acknowledges the validity of contrary evidence

4 [] Lack insight. Definitely convinced that behaviors are reasonable and not excessive. Patient is unresponsive to contrary evidence

18C. 18W. 18. DESIRE FOR CHANGE CONCERNING THE RITUALS

Q: "Would you like to change so that you would no longer be bothered by these rituals?" [If the answer is yes, ask:] "How much effort would you expend to make such changes?"

0 [] Patient desperately wants to stop the rituals and reports a willingness to do anything to stop them OR rituals are so minimal that it is reasonable to not want to stop them

1 [] Patient does want to stop the rituals and is willing to work to some degree to do so

2 [] Patient states that she would not like to be bothered by the rituals but does not seem willing to do very much toward that goal

3 [] The patient would like to diminish the impact of the rituals but does not say that she would like them to totally disappear. Further, she seems unwilling to be very active in making the Change

4 [] The patient expresses no interest in stopping the rituals (The rituals may actually be comforting and reassuring)

"The remaining question is about both preoccupations and rituals."

19C._ 19W. 19. AVOIDANCE (Not included in total score)

Q: "Have you been avoiding doing anything, going any place, or being with anyone because of your preoccupations or out of concern you will perform your rituals?" [If yes, ask:] "How much do you avoid?" (Rate degree to which patient deliberately tries to avoid things. Consider the frequency of occurrence of situations to be avoided; i.e. if circumstance is infrequent but always avoided, she would score a 1 not a 4. Sometimes rituals are designed to 'avoid' contact with something the patient fears - this would not be considered avoidance.)

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 she can to avoid triggering symptoms

THE INTERVIEW IS NOW OVER.

Scoring
The participant is first asked to enumerate current and past preoccupations and rituals. Once symptoms are identified, the remaining questions (1-19) are asked about the specific preoccupations (questions 1, 3, 4, and 7) and rituals (questions 10, 12, 13, and 16). Each item is rated on a 5 point scale (0 none/not present; 4 [] extreme). Preoccupation and ritual scores, as well as total scores, are obtained by summing the items.

Protocol source: https://www.phenxtoolkit.org/protocols/view/650501#Source