

Child OC Impact Scale - Revised (COIS - RC)

Child Self-Report

Name: _____ Age: _____ Date: _____

Please rate how much your obsessive compulsive symptoms (unwanted thoughts and/or rituals) have caused problems for you in the following areas over the past month. If a specific question does not apply, mark "Not at all".

In the past month, how much trouble have you had doing the following things because of your OCD?	Not at all	Just a Little	Pretty Much	Very Much
1. Taking tests or exams	0	1	2	3
2. Being with a group of strangers	0	1	2	3
3. Being absent from school	0	1	2	3
4. Going shopping or trying on clothes	0	1	2	3
5. Making new friends	0	1	2	3
6. Going to a friend's house during the day	0	1	2	3
7. Writing in class	0	1	2	3
8. Eating in public other than a restaurant, like on a picnic, in the park, or at a friend's house	0	1	2	3
9. Eating meals at home	0	1	2	3
10. Getting to school on time in the morning	0	1	2	3
11. Going on a date	0	1	2	3
12. Visiting relatives	0	1	2	3
13. Going to the bathroom	0	1	2	3
14. Watching television or listening to music	0	1	2	3
15. Reading books or magazines for fun	0	1	2	3
16. Being with a group of people you know	0	1	2	3
17. Going on a family vacation	0	1	2	3
18. Having relatives visit	0	1	2	3
19. Having a friend come to your house during the day	0	1	2	3

Name: _____

In the past month, how much trouble have you had doing the following things because of your OCD?	Not at all	Just a Little	Pretty Much	Very Much
20. Concentrating on your work	0	1	2	3
21. Going to a restaurant or fast food place	0	1	2	3
22. Having a boyfriend/girlfriend	0	1	2	3
23. Going to the movies	0	1	2	3
24. Getting to classes on time during the day	0	1	2	3
25. Keeping friends you already have	0	1	2	3
26. Eating lunch with other kids	0	1	2	3
27. Having someone spend the night at your house	0	1	2	3
28. Being prepared for class, e.g., having your books, paper or pencils ready when needed	0	1	2	3
29. Talking on the phone	0	1	2	3
30. Bathroom or grooming (brushing your teeth or combing his/her hair) in the morning	0	1	2	3
31. Completing assignments in class	0	1	2	3
32. Doing homework	0	1	2	3
33. Getting good grades	0	1	2	3

Child OC Impact Scale - Revised (COIS - RP)

Parent Report about Child

Name: _____ Age: _____ Date: _____

Please rate how much your child's obsessive compulsive symptoms (unwanted thoughts and/or rituals) have caused problems for him or her in the following areas over the past month. If a specific question does not apply, mark "Not at all".

In the past month, how much trouble has your child had doing the following things because of his or her OCD?	Not at all	Just a Little	Pretty Much	Very Much
1. Taking tests or exams	0	1	2	3
2. Being with a group of strangers	0	1	2	3
3. Leaving the house	0	1	2	3
4. Going shopping or trying on clothes	0	1	2	3
5. Making new friends	0	1	2	3
6. Going to a friend's house during the day	0	1	2	3
7. Writing in class	0	1	2	3
8. Eating in public other than a restaurant, like on a picnic, in the park, or at a friend's house	0	1	2	3
9. Doing fun things during recess or free time	0	1	2	3
10. Getting to school on time in the morning	0	1	2	3
11. Going on a date	0	1	2	3
12. Visiting relatives	0	1	2	3
13. Getting ready for bed at night	0	1	2	3
14. Getting along with his/her parents	0	1	2	3
15. Getting along with his/her brothers or sisters	0	1	2	3
16. Being with a group of people that he/she knows	0	1	2	3
17. Going on a family vacation	0	1	2	3
18. Having relatives visit	0	1	2	3
19. Doing chores that he/she is asked to do, like washing the dishes, taking the garbage out or cleaning his/her room	0	1	2	3

Name: _____

In the past month, how much trouble has your child had doing the following things because of his or her OCD?	Not at all	Just a Little	Pretty Much	Very Much
20. Concentrating on his/her work	0	1	2	3
21. Going to a restaurant or fast food place	0	1	2	3
22. Having a boyfriend/girlfriend	0	1	2	3
23. Going to temple or church	0	1	2	3
24. Going to school outings or field trips	0	1	2	3
25. Keeping friends he/she already has	0	1	2	3
26. Eating lunch with other kids	0	1	2	3
27. Having someone spend the night at his/her house	0	1	2	3
28. Being prepared for class, e.g., having his/her books, paper or pencils ready when needed	0	1	2	3
29. Spending the night at a friend's house	0	1	2	3
30. Bathroom or grooming (brushing his/her teeth or combing his/her hair) in the morning	0	1	2	3
31. Completing assignments in class	0	1	2	3
32. Doing homework	0	1	2	3
33. Getting dressed in the morning	0	1	2	3