## Child Obsessive Compulsive Disorder Impact Scale-Revised (COIS-RC)

## **Child Report**

Name:	_ Age:	D							
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 specifiquestion 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 o a picnic, in the park, or at a friend's house	n 0	1	2	3					
9. Eating meals at home	0	1	2	3					

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0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
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0	1	2	3
		0 1   0 1	0 1 2   0 1 2

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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

From Piacentini, J., Peris, S., Bergman, L., Chang, & Jaffer. (2007). Functional Impairment in Childhood OCD: Development and Psychometrics Properties of the Child Obsessive-Compulsive Impact Scale-Revised (COIS-R), *Journal of Clinical Child and Adolescent Psychology.* 36(4) pp 645–653. Reprinted by permission of Taylor & Francis Ltd., http://www.tandfonline.com.