

# Children’s Obsessional Compulsive Inventory- Revised-Self Report (ChOCI-R-S)



Patient Name

Today's Date

Each of the following questions asks you about things or “habits” you feel you have to do although you may know that they do not make sense. Sometimes, you may try to stop from doing them but this might not be possible. You might feel worried or angry or frustrated until you have finished what you have to do. An example of a habit like this may be the need to wash your hands over and over again even though they are not really dirty, or the need to count up to a special number (e.g. 6 or 10) while you do certain things.

Please answer each question by indicating how much you agree with the statement, or how much you think it is true of you. Please answer each item, without spending too much time on any one item. There are no right or wrong answers.

**Example:** I spend far too much time washing my hands over and over again. **0** Not at all **1** Somewhat **2** A lot

		Not at all	Somewhat	A lot
<b>1</b>	I feel I must do ordinary/everyday things exactly the same way, every time I do them.			
<b>2</b>	I spend a lot of time every day checking things over and over and over again.			
<b>3</b>	I often have trouble finishing things because I need to make absolutely sure that everything is exactly right.			
<b>4</b>	I spend far too much time arranging my things in order.			
<b>5</b>	I need someone to tell me things are alright over and over again.			
<b>6</b>	If I touch something with one hand, I feel I absolutely must touch the same thing with the other hand, in order to make things even and equal.			
<b>7</b>	I always count, even when doing ordinary things.			
<b>8</b>	If I have “bad thought”, I always have to make sure that I immediately have a “good thought” to cancel it out.			
<b>9</b>	I am often very late because I keep on repeating the same action, over and over again.			
<b>10</b>	Please try to think about the most upsetting habits that you feel you have to do and can't stop. For example, feeling that you have to wash your hands far too often, or repeating the same action over and over, or constantly checking that the doors and windows are shut properly.			
<b>11</b>	Habit 1			
<b>12</b>	Habit 2			

**13** Habit 3

**14** How much time do you spend doing these habits?

- 0 None
- 1 Less than 1 hour a day (occasionally)
- 2 1-3 hours a day (part of a morning or afternoon)
- 3 3-8 hours a day (about half the time you're awake)
- 4 More than 8 hours a day (almost all the time you're awake)

**15** How much do these habits get in the way of school or doing things with friends?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 A lot
- 4 Almost always

**16** How would you feel if prevented from carrying out your habits? How upset would you become?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 A lot
- 4 Almost always

**17** How much do you try to fight the upsetting habits?

- 0 I always try to resist
- 1 I try to resist most of the time
- 2 I make some effort to resist
- 3 Even though I want to, I don't try to resist
- 4 I don't resist at all

**18** How strong is the feeling that you have to carry out the habits?

- 0 Not strong
- 1 Mild pressure to carry out habits
- 2 Strong pressure to carry out habits, hard to control
- 3 Very strong pressure to carry out habits, very hard to control
- 4 Extreme pressure to carry out habits, impossible to control

**19** How much have you been avoiding doing anything, going any place or being with anyone because of your upsetting habits?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 A lot
- 4 Almost always

**Part Two:** In this section, each of the questions asks you about “thoughts”, ideas or pictures that keep coming into your mind even though you do not want them to do so. They may be unpleasant, silly, or embarrassing. For example, some young people have the repeated thought that germs or dirt are harming them or other people, or that something unpleasant may happen to them or someone special to them. These are thoughts that keep coming back, over and over again, even though you do not want them.

Please answer each question by choosing how much you agree with the statement, or how much you think it is true of you. Please answer each item, without spending too much time on any one item. There are no right or wrong answers.

**Example:** I can't stop thinking upsetting thoughts about an accident. **0** Not at all **1** Somewhat **2** A lot

		Not at all	Somewhat	A lot
21	I often have bad thoughts that make me feel like a terrible person.			
22	Upsetting thoughts about my family being hurt go round and round in my head and stop me from concentrating.			
23	I always have big doubts about whether I've make the right decision, even about stupid little things.			
24	I can't stop upsetting thoughts about death from going round in my head, over and over again.			
25	I often have mean thoughts about other people that I feel are terrible, over and over again.			
26	I often have horrible thoughts about going crazy.			
27	I keep on having frightening thoughts that something terrible is going to happen and it will be my fault.			
28	I'm very frightened that I will think something (or do something) that will upset God.			
29	I'm always worried that my mean thoughts about other people are as wicked as actually doing mean things to			
30	Please list the three most severe thoughts that you often have and can't stop thinking about. For example, thinking about hurting someone, or thinking bad things about God.			

**31** Thought 1

**32** Thought 2

**33** Thought 3

**34** How much time do you spend thinking about these things?

- 0 None
- 1 Less than 1 hour a day (occasionally)
- 2 1-3 hours a day (part of a morning or afternoon)
- 3 3-8 hours a day (about half the time you're awake)
- 4 More than 8 hours a day (almost all the time you're awake)

**35** How much do these thoughts bother or upset you?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 A lot
- 4 Extreme

**36** How hard do you try to stop the thoughts or ignore them?

- 0 I always try to resist
- 1 I try to resist most of the time
- 2 I make some effort to resist
- 3 Even though I want to, I don't try to resist
- 4 I don't resist at all

**37** When you try to fight the thoughts, can you beat them? How much control do you have over the thoughts?

- 0 Complete control
- 1 Much control
- 2 Moderate control
- 3 Little control
- 4 No control

**38** How much have you been avoiding doing anything, going any place, or being with anyone because of your thoughts?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 A lot
- 4 Almost always

Developer Reference:

Uher, R., Heyman, I., Turner, C. M., & Shafran, R. (2008). Self-parent-report and interview measures of obsessive-compulsive disorder in children and adolescents. *Journal of Anxiety Disorders*, 22(6), 979-990. doi:10.1016/j.janxdis.2007.10.001