

Parents' Update

To be completed by parents

Child's Name:

Age:

Time period ending:

Directions: Please rate your child's behaviors as described below. Complete one rating form each week.

Changes in OCD symptoms:

Better	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme
Worse	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme

Comments:

Approximate time spent per day in obsessions and rituals:

Hours	0	1	2	3	4	5	6	7	8	9	10	11
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Comments:

Changes in anxiety/fear:

Improved	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme
Worse	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme

Comments:

Changes in overall mood (sadness, anger etc.):

Better	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme
Worse	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme

Comments:

Changes in behavior:

Improved	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme
Worse	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong			Extreme

Comments:

Ability to complete daily activities at home:

Better	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

Worse	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

Comments:

School functioning:

Improved	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

Worse	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

Comments:

Parent participation in child's OCD:

Less	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

More	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

Comments:

Practice exercises completed this week: Completed_____ Not completed_____

Success	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

Difficulty	0	1	2	3	4	5	6	7	8	9	10
	None		Mild		Moderate			Strong		Extreme	

Comments:

Incidents of note this time period: