Thank you for the opportunity to revise this manuscript. The authors assessed central beliefs (perfectionism, intolerance of uncertainty) central neurocognitive measures (attention, inhibition, problem solving), and clinical measures (general functioning, OCD severity, and the severity of several OCD symptom dimensions in 41 children and adolescents diagnosed with OCD. Main results indicate that perfectionism and intolerance had significant positive associations with severity of obsessions. Specific perfectionism subscale was associated with violence\disaster subscale. Accuracy in a problem solving task (Tower of London) exhibited a negative correlation with severity of symmetry symptoms and counting\arranging symptoms. The authors suggest that their results corroborate existing OCD models and bare possible clinical implications. I think this manuscript may replicate and extend existing findings once some issues are addressed. Please see below for my suggestions.

Major comments

1. I applaud the authors for including an a priori power calculation. This is important in any study, but especially in pediatric OCD studies that are often underpowered. The authors should explain their rationale for excepting an effect size of 1 and which effect size are they referring to. The authors should also state the number of variables they include in the a-priori or post-hoc power calculation. The number of predictors would impact the power calculation.
2. The experimental design is cross-sectional, but the authors suggest that their results support or validate OCD models. This claim should be revised or substantially unpacked.
3. The discussion cites multiple sources. I believe the authors should curate these results and structure the discussion paragraphs so that the claims and their supporting evidence are consistent. It would help if the authors used more consistent wording. For example, is there a difference between “symptom domains” and “subtypes”?
4. Proof reading is advised.

Minor comments

Abstract

1. How do the results “confirm both the belief-based and neuropsychological models of OCD…”?

Introduction

2. P.1, first sentence – I suggest the authors revise the “temporally stable” statement or cite a longitudinal study supporting this claim.
3. P.1. line 42-47 – The cited hoarding findings contributed to the creation of hoarding disorder diagnosis in the DSM-5 and ICD-11. It is uncertain whether these individuals would have been characterized with OCD today. In a way CBT for OCD is personalized as the exposures are tailored according to the symptoms. Do the authors believe that there should be different therapeutic interventions for different symptom domains? If so, please state additional evidence supporting this claim.
4. P.2. – When describing the CBT model, I suggest replacing “anxiety” with “distress” in line with recent developments in the field.
5. P.2, line 91 – Please add references

Method

6. P.3, line 138 – Please state the standardized cognitive assessment name. Are the authors referring to “QI” or “IQ”.
7. P.3, line 142 – Did all patients undergo a FLAIR scan?

8. P.3, line 153-155 – Please add details on the dimensional YBOCS so it is clear whether each dimension captures both obsessions and compulsions.
9. P.4, line 167 – For the Stroop task – please consider using a "interference" minus "word" measure instead of the three measures described.
10. P.3, line 182 – What were the 276 tests?
11. P.3, line 183-5 – What variables were the authors trying to predict and why? In which order were the predictors added to the regression?
12. P.3, line 185 – What "F" are the authors referring to and how did they choose the value 4 as a crucial value?

Results

13. The revised power analysis should include the number of predictors the authors test in this section.
14. Please provide more details on the stepwise regression.
15. Were there any correlations between the neuropsychological measures and OCD severity?

Discussion

16. P.12, line 325 – the authors mention "belief-based model". This is the first time they use this term. Please explain it.
17. P.12, lines 334-336 – I suggest the authors revise this sentence for readability.
18. P.13, lines 390-392 – What are the different conceptual perfectionism frameworks used in this study?
19. P.12, line 340-P.13, line 394 – I wonder if the authors can split this paragraph to two paragraphs focusing on symptom dimensions and on perfectionism?
20. P.13, line 403 – Please rephrase "predictive effect"
21. P.13, line 403 – The authors suggest this is an "executive performance" problem, but there were no associations between the target variable and different executive measures, such as the Stroop task. I think it would be useful to explain what the accuracy measure in the "Tower of London" task represents and discuss differences between this measure and the other executive measures used in this sample.
22. P.14, lines 442-445 – I might have missed it, but does this information appear in the "methods" and "results" sections? If not, please add it.