

Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S)

Instructions

Purpose

- To evaluate how an individual is actually able to function.
- Allows clinicians to obtain a pre- and post assessment of the patient's specific areas of difficulty.

Unique Characteristics

- Questions are framed to assess not only symptoms, but also to what degree an individual's behavior or emotional problems have impacted various clinically-relevant domains of functioning
- The WFIRS offers a significant advantage over use of the Children's Global Assessment Scale (CGAS), providing a greater range of clinically specific and meaningful information. It is sensitive to subtle impairments of attention problems on academic performance, which is not included in the CGAS.
- The WFIRS is available in two separate formats:
 - WFIRS-P, a parent-based version to be completed by the parent/guardian of a child
 - WFIRS-S, a self-report version appropriate for adolescent and adult self-report of functional impairment associated with ADHD.

Scoring

- To calculate the overall mean rating of impairment (range of 0 to 3):
 - sum of all items with a response value (0 through 3)
 - divide the sum by the total number of items that have been endorsed (e.g., do not include 'not applicable' items in the total)
- Any item scored a '2' or '3' is two standard deviations outside the clinical norms for ADHD and would be considered impaired. A conservative threshold for defining impairment in any domain is either two items scored '2' or one item scored '3'. The mean item score for most domains is '1' with the exception of 'risky activities' which is '0.5'.

Psychometric Properties

- This measure has internal consistency of greater than 9 with excellent sensitivity to change, and a higher correlation between symptom change and improvement in ADHD symptoms than any previous measure.
- Small to moderate correlations are found between WFIRS and ADHDRS, GAF, and the Child Health Illness
- Profile (quality of life), indicating that measurement of symptoms should be complemented by an ADHD specific measure of functional impairment.
- Details on psychometric validation are in preparation for publication.

Copyright Information

The WFIRS is copyrighted by the University of British Columbia (2000). The authors are solely responsible for its content.

For More Information:

Questions about the WFIRS should be emailed to Margaret D. Weiss, M.D., Ph.D.: mweiss@cw.bc.ca

This form may be reproduced without permission for use in your practice.

Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S)

Used by permission from the authors by CADDRA for unlimited use by its members.

Patient Name _____ Date _____ Date of Birth _____

Sex: ☐ Male ☐ Female Work: ☐ Full-time ☐ Part-time ☐ Other _____ School: ☐ Full-time ☐ Part-time

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
A. FAMILY					
1. having problems with family	0	1	2	3	<input type="checkbox"/>
2. having problems with spouse/partner	0	1	2	3	<input type="checkbox"/>
3. relying on others to do things for you	0	1	2	3	<input type="checkbox"/>
4. causing fighting in the family	0	1	2	3	<input type="checkbox"/>
5. makes it hard for the family to have fun together	0	1	2	3	<input type="checkbox"/>
6. problems taking care of the family	0	1	2	3	<input type="checkbox"/>
7. problems balancing your needs against those of your family	0	1	2	3	<input type="checkbox"/>
8. problems losing control with family	0	1	2	3	<input type="checkbox"/>
B. WORK					
1. problems performing required duties	0	1	2	3	<input type="checkbox"/>
2. problems with getting your work done efficiently	0	1	2	3	<input type="checkbox"/>
3. problems with your supervisor	0	1	2	3	<input type="checkbox"/>
4. problems keeping a job	0	1	2	3	<input type="checkbox"/>
5. getting fired from work	0	1	2	3	<input type="checkbox"/>
6. problems working in a team	0	1	2	3	<input type="checkbox"/>
7. problems with your attendance	0	1	2	3	<input type="checkbox"/>
8. problems with being late	0	1	2	3	<input type="checkbox"/>
9. problems taking on new tasks	0	1	2	3	<input type="checkbox"/>
10. problems working to your potential	0	1	2	3	<input type="checkbox"/>
11. poor performance evaluations	0	1	2	3	<input type="checkbox"/>
C. SCHOOL					
1. problems taking notes	0	1	2	3	<input type="checkbox"/>
2. problems completing assignments	0	1	2	3	<input type="checkbox"/>
3. problems getting your work done efficiently	0	1	2	3	<input type="checkbox"/>
4. problems with teachers	0	1	2	3	<input type="checkbox"/>
5. problems with school administrators	0	1	2	3	<input type="checkbox"/>
6. problems meeting minimum requirements to stay in school	0	1	2	3	<input type="checkbox"/>
7. problems with attendance	0	1	2	3	<input type="checkbox"/>
8. problems with being late	0	1	2	3	<input type="checkbox"/>
9. problems taking on new tasks	0	1	2	3	<input type="checkbox"/>
10. problems working to your potential	0	1	2	3	<input type="checkbox"/>
11. problems with inconsistent grades	0	1	2	3	<input type="checkbox"/>
D. LIFE SKILLS					
1. excessive or inappropriate use of internet, video games or TV	0	1	2	3	<input type="checkbox"/>
2. problems keeping an acceptable appearance	0	1	2	3	<input type="checkbox"/>
3. problems getting ready to leave the house	0	1	2	3	<input type="checkbox"/>
4. problems getting to bed	0	1	2	3	<input type="checkbox"/>
5. problems with nutrition	0	1	2	3	<input type="checkbox"/>
6. problems with sex	0	1	2	3	<input type="checkbox"/>
7. problems with sleeping	0	1	2	3	<input type="checkbox"/>
8. getting hurt or injured	0	1	2	3	<input type="checkbox"/>
9. avoiding exercise	0	1	2	3	<input type="checkbox"/>
10. problems keeping regular appointments with doctor/dentist	0	1	2	3	<input type="checkbox"/>
11. problems keeping up with household chores	0	1	2	3	<input type="checkbox"/>
12. problems managing money	0	1	2	3	<input type="checkbox"/>
E. SELF-CONCEPT					
1. feeling bad about yourself	0	1	2	3	<input type="checkbox"/>
2. feeling frustrated with yourself	0	1	2	3	<input type="checkbox"/>
3. feeling discouraged	0	1	2	3	<input type="checkbox"/>
4. not feeling happy with your life	0	1	2	3	<input type="checkbox"/>
5. feeling incompetent	0	1	2	3	<input type="checkbox"/>
F. SOCIAL					
1. getting into arguments	0	1	2	3	<input type="checkbox"/>
2. trouble cooperating	0	1	2	3	<input type="checkbox"/>
3. trouble getting along with people	0	1	2	3	<input type="checkbox"/>
4. problems having fun with other people	0	1	2	3	<input type="checkbox"/>
5. problems participating in hobbies	0	1	2	3	<input type="checkbox"/>
6. problems making friends	0	1	2	3	<input type="checkbox"/>
7. problems keeping friends	0	1	2	3	<input type="checkbox"/>
8. saying inappropriate things	0	1	2	3	<input type="checkbox"/>
9. complaints from neighbors	0	1	2	3	<input type="checkbox"/>

G. RISK

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. aggressive driving	0	1	2	3	<input type="checkbox"/>
2. doing other things while driving	0	1	2	3	<input type="checkbox"/>
3. road rage	0	1	2	3	<input type="checkbox"/>
4. breaking or damaging things	0	1	2	3	<input type="checkbox"/>
5. doing things that are illegal	0	1	2	3	<input type="checkbox"/>
6. being involved with the police	0	1	2	3	<input type="checkbox"/>
7. smoking cigarettes	0	1	2	3	<input type="checkbox"/>
8. smoking marijuana	0	1	2	3	<input type="checkbox"/>
9. drinking alcohol	0	1	2	3	<input type="checkbox"/>
10. taking "street" drugs	0	1	2	3	<input type="checkbox"/>
11. sex without protection (birth control, condom)	0	1	2	3	<input type="checkbox"/>
12. sexually inappropriate behavior	0	1	2	3	<input type="checkbox"/>
13. being physically aggressive	0	1	2	3	<input type="checkbox"/>
14. being verbally aggressive	0	1	2	3	<input type="checkbox"/>

DO NOT WRITE IN THIS AREA

A. Family _____

B. Work _____

C. School _____

D. Life skills _____

E. Self-concept _____

F. Social _____

G. Risk _____

Total _____