

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

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For More Information:

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

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Patient Name _____ Date _____ Age _____

Sex: Male Female

GENERAL INFORMATION

	Yes	No	N/A
Do you have at least monthly contact with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend time weekly with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you live alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been employed in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in school in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Circle the number for the rating that best describes how your emotional or behavioural problems have affected each item in the last month.

A. HOME

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. family relationships	0	1	2	3	<input type="checkbox"/>
2. dependency on other people	0	1	2	3	<input type="checkbox"/>
3. the well being of members of your family	0	1	2	3	<input type="checkbox"/>
4. fighting in the family	0	1	2	3	<input type="checkbox"/>
5. ability for the family to socialize	0	1	2	3	<input type="checkbox"/>
6. your ability to look after others	0	1	2	3	<input type="checkbox"/>
7. balancing the needs of all family members	0	1	2	3	<input type="checkbox"/>
8. your ability to "keep cool" or refrain from rages	0	1	2	3	<input type="checkbox"/>

B. YOUR SELF-CONCEPT

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. whether you like yourself	0	1	2	3	<input type="checkbox"/>
2. whether you feel competent	0	1	2	3	<input type="checkbox"/>
3. your ability to have fun and enjoy yourself	0	1	2	3	<input type="checkbox"/>
4. your general satisfaction with life	0	1	2	3	<input type="checkbox"/>

C. LEARNING & WORK

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. your ability to perform well at work or school	0	1	2	3	<input type="checkbox"/>
2. your productivity and efficiency at work or in school	0	1	2	3	<input type="checkbox"/>
3. your ability to maintain stable employment	0	1	2	3	<input type="checkbox"/>
4. getting fired from work or being asked to leave school	0	1	2	3	<input type="checkbox"/>
5. receiving reprimands from people in authority	0	1	2	3	<input type="checkbox"/>
6. the effectiveness of people around you	0	1	2	3	<input type="checkbox"/>
7. your attendance at work or school	0	1	2	3	<input type="checkbox"/>
8. your ability to take in new information	0	1	2	3	<input type="checkbox"/>
9. your capacity to work at your potential	0	1	2	3	<input type="checkbox"/>
10. your income or how much money you make	0	1	2	3	<input type="checkbox"/>
11. being demoted at work or failing courses at school	0	1	2	3	<input type="checkbox"/>
12. your competence as measured by evaluations	0	1	2	3	<input type="checkbox"/>

D. ACTIVITIES OF DAILY LIVING

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. excessive use of computer or video games, internet, messaging, chat groups, etc.	0	1	2	3	<input type="checkbox"/>
2. being clumsy or accident prone	0	1	2	3	<input type="checkbox"/>
3. personal hygiene (bathing, hair, teeth, nails)	0	1	2	3	<input type="checkbox"/>
4. seeing your doctor/dentist regularly	0	1	2	3	<input type="checkbox"/>
5. your ability to get ready in the morning	0	1	2	3	<input type="checkbox"/>
6. your ability to get to bed	0	1	2	3	<input type="checkbox"/>
7. your sleeping habits	0	1	2	3	<input type="checkbox"/>
8. your eating habits	0	1	2	3	<input type="checkbox"/>
9. shopping	0	1	2	3	<input type="checkbox"/>
10. chores	0	1	2	3	<input type="checkbox"/>
11. tidiness and being organized	0	1	2	3	<input type="checkbox"/>
12. managing money	0	1	2	3	<input type="checkbox"/>
13. your driving behaviour	0	1	2	3	<input type="checkbox"/>
14. your health in general	0	1	2	3	<input type="checkbox"/>

E. SOCIAL ACTIVITIES

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. getting along with people you encounter	0	1	2	3	<input type="checkbox"/>
2. getting into arguments	0	1	2	3	<input type="checkbox"/>
3. your ability to go out and have fun	0	1	2	3	<input type="checkbox"/>
4. participating in hobbies and recreation	0	1	2	3	<input type="checkbox"/>
5. your ability to make friends	0	1	2	3	<input type="checkbox"/>
6. your ability to keep friends	0	1	2	3	<input type="checkbox"/>

F. RISKY ACTIVITIES

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
Have you had problems with...					
1. others talking you into doing things that get you into trouble	0	1	2	3	<input type="checkbox"/>
2. breaking or damaging things	0	1	2	3	<input type="checkbox"/>
3. doing things that are illegal	0	1	2	3	<input type="checkbox"/>
4. being involved with the police	0	1	2	3	<input type="checkbox"/>
5. smoking cigarettes	0	1	2	3	<input type="checkbox"/>
6. drinking alcohol	0	1	2	3	<input type="checkbox"/>
7. smoking marijuana	0	1	2	3	<input type="checkbox"/>
8. using other street drugs	0	1	2	3	<input type="checkbox"/>
9. complaints from neighbours	0	1	2	3	<input type="checkbox"/>
10. sex without protection (birth control, condom)	0	1	2	3	<input type="checkbox"/>
11. sexually inappropriate behaviour	0	1	2	3	<input type="checkbox"/>
12. being physically aggressive	0	1	2	3	<input type="checkbox"/>
13. being verbally aggressive	0	1	2	3	<input type="checkbox"/>

DO NOT WRITE IN THIS AREA

A. Home _____

B. Self-concept _____

C. Learning & school _____

D. Activities of daily living _____

E. Social activities _____

F. Risky activities _____

Total _____