

WEISS FUNCTIONAL IMPAIRMENT RATING SCALE (WFIRS-P) – PARENT REPORT

INSTRUCTIONS: Circle the number for the rating that best describes how your child’s emotional or behavioural problems have affected each item in the last month

		Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
Date:						

Day / Month / Year						
Your name:						

Your relation to child:						

Child’s name:						

Child’s date of birth:						

Day / Month / Year						
Child’s grade:						

Child’s age:						

Child’s sex:						
<input type="checkbox"/> Male <input type="checkbox"/> Female						
A. FAMILY						

1.	having problems with brothers & sisters	0	1	2	3	<input type="checkbox"/>
2.	causing problems between parents	0	1	2	3	<input type="checkbox"/>
3.	takes time away from family members’ work or activities	0	1	2	3	<input type="checkbox"/>
4.	causing fighting in the family	0	1	2	3	<input type="checkbox"/>
5.	isolating the family from friends and social activities	0	1	2	3	<input type="checkbox"/>
6.	makes it hard for the family to have fun together	0	1	2	3	<input type="checkbox"/>
7.	makes parenting difficult	0	1	2	3	<input type="checkbox"/>
8.	makes it hard to give fair attention to all family members	0	1	2	3	<input type="checkbox"/>
9.	provokes others to hit or scream at him/her	0	1	2	3	<input type="checkbox"/>
10.	costs the family more money	0	1	2	3	<input type="checkbox"/>

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WFIRS-P

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B. LEARNING & SCHOOL					
1. makes it difficult to keep up with homework	0	1	2	3	<input type="checkbox"/>
2. needs extra help at school	0	1	2	3	<input type="checkbox"/>
3. needs tutoring	0	1	2	3	<input type="checkbox"/>
4. causes problems for the teacher in the classroom	0	1	2	3	<input type="checkbox"/>
5. receives 'time-out' or removal from the classroom	0	1	2	3	<input type="checkbox"/>
6. having problems in the schoolyard	0	1	2	3	<input type="checkbox"/>
7. receives detentions (during or after school)	0	1	2	3	<input type="checkbox"/>
8. suspended or expelled from school	0	1	2	3	<input type="checkbox"/>
9. misses classes or is late for school	0	1	2	3	<input type="checkbox"/>
10. receives grades that are not as good as his/her ability	0	1	2	3	<input type="checkbox"/>

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
C. LIFE SKILLS					
1. excessive use of TV, computer, or video games	0	1	2	3	<input type="checkbox"/>
2. keeping clean, brushing, teeth, brushing hair, bathing, etc.	0	1	2	3	<input type="checkbox"/>
3. problems getting ready for school	0	1	2	3	<input type="checkbox"/>
4. problems getting ready for bed	0	1	2	3	<input type="checkbox"/>
5. problems with eating (picky eater, junk food)	0	1	2	3	<input type="checkbox"/>
6. problems with sleeping	0	1	2	3	<input type="checkbox"/>
7. gets hurt or injured	0	1	2	3	<input type="checkbox"/>
8. avoids exercise	0	1	2	3	<input type="checkbox"/>
9. needs more medical care	0	1	2	3	<input type="checkbox"/>
10. has trouble taking medication, getting needles or visiting the doctor/dentist	0	1	2	3	<input type="checkbox"/>

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Not Applicable
 Very Often or Very Much
 Often or Much
 Sometimes or Somewhat
 Never or Not at All

D. CHILD'S SELF-CONCEPT

- 1. my child feels bad about himself/herself 0 1 2 3
- 2. my child does not have enough fun 0 1 2 3
- 3. my child is not happy with his/her life 0 1 2 3

E. SOCIAL ACTIVITIES

- 1. being teased or bullied by other children 0 1 2 3
- 2. teases or bullies other children 0 1 2 3
- 3. problems getting along with other children 0 1 2 3
- 4. participating in after-school activities (sports, music, clubs) 0 1 2 3
- 5. problems making new friends 0 1 2 3
- 6. problems keeping friends 0 1 2 3
- 7. difficulty with parties (not invited, avoids them, misbehaves) 0 1 2 3

Not Applicable
 Very Often or Very Much
 Often or Much
 Sometimes or Somewhat
 Never or Not at All

Not Applicable
 Very Often or Very Much
 Often or Much
 Sometimes or Somewhat
 Never or Not at All

F. RISKY ACTIVITIES

- 1. easily led by other children (peer pressure) 0 1 2 3
- 2. breaking or damaging things 0 1 2 3
- 3. doing things that are illegal 0 1 2 3
- 4. being involved with the police 0 1 2 3
- 5. smoking cigarettes 0 1 2 3
- 6. taking illegal drugs 0 1 2 3
- 7. doing dangerous things 0 1 2 3
- 8. causes injury to others 0 1 2 3
- 9. says mean or inappropriate things 0 1 2 3
- 10. sexually inappropriate behaviour 0 1 2 3

DO NOT WRITE IN THIS AREA

A. Family	<input style="width: 100%;" type="text"/>
B. Learning & school	<input style="width: 100%;" type="text"/>
C. Life skills	<input style="width: 100%;" type="text"/>
D. Child's self-concept	<input style="width: 100%;" type="text"/>
E. Social	<input style="width: 100%;" type="text"/>
F. Risk	<input style="width: 100%;" type="text"/>
Total	<input style="width: 100%;" type="text"/>