

## APPENDIX 14

### WEISS FUNCTIONAL IMPAIRMENT RATING SCALE SELF-REPORT (WFIRS-S)

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Date: \_\_\_\_\_  
Day / Month / Year

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
Day / Month / Year

Sex:  Male  Female  
Work:  Full-time  Part-time  Other \_\_\_\_\_

School:  Full-time  Part-time

#### A. FAMILY

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

- |   | Never or Not at All | Sometimes or Somewhat | Often or Much | Very Often or Very Much | Not Applicable           |
|---|---------------------|-----------------------|---------------|-------------------------|--------------------------|
| 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"/> |

**WFIRS-S**

<b>C. SCHOOL</b>	<b>Never or Not at All</b>	<b>Sometimes or Somewhat</b>	<b>Often or Much</b>	<b>Very Often or Very Much</b>	<b>Not Applicable</b>
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- |  |   |   |   |   |                          |
|--|---|---|---|---|--------------------------|
| 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 working to your potential                      | 0 | 1 | 2 | 3 | <input type="checkbox"/> |
| 10. problems with inconsistent grades                      | 0 | 1 | 2 | 3 | <input type="checkbox"/> |

<b>D. LIFE SKILLS</b>	<b>Never or Not at All</b>	<b>Sometimes or Somewhat</b>	<b>Often or Much</b>	<b>Very Often or Very Much</b>	<b>Not Applicable</b>
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- |  |   |   |   |   |                          |
|--|---|---|---|---|--------------------------|
| 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**

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

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
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 neighbours	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 behaviour	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**