

Weiss Functional Impairment Rating Scale - Parent Report (WFIRS-P)

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.

Date: _____ Your Name: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Age: _____ Child's Grade: _____ Child's Sex: Male Female

A	Family	Never or Not at all	Sometimes Somewhat	Often or much	Very often Very much	Not Applicable
1	Having problems with brothers or sisters	0	1	2	3	n/a
2	Causing problems between parents	0	1	2	3	n/a
3	Takes time away from family members' work or activities	0	1	2	3	n/a
4	Causing fighting in the family	0	1	2	3	n/a
5	Isolating the family from friends and social activities	0	1	2	3	n/a
6	Makes it hard for the family to have fun together	0	1	2	3	n/a
7	Makes parenting difficult	0	1	2	3	n/a
8	Makes it hard to give fair attention to all family members	0	1	2	3	n/a
9	Provokes others to hit or scream at him/her	0	1	2	3	n/a
10	Costs the family more money	0	1	2	3	n/a

B	Learning and School	Never or Not at all	Sometimes Somewhat	Often or much	Very often Very much	Not Applicable
1	Makes it difficult to keep up with homework	0	1	2	3	n/a
2	Needs extra help at school	0	1	2	3	n/a
3	Needs tutoring	0	1	2	3	n/a
4	Causes problems for the teacher in the classroom	0	1	2	3	n/a
5	Receives "time-out" or removal from the classroom	0	1	2	3	n/a
6	Having problems in the schoolyard	0	1	2	3	n/a
7	Receives detentions (during or after school)	0	1	2	3	n/a
8	Suspended or expelled from school	0	1	2	3	n/a
9	Misses classes or is late for school	0	1	2	3	n/a
10	Receives grades that are not as good as his/her ability	0	1	2	3	n/a

C	Life Skills	Never or Not at all	Sometimes Somewhat	Often or much	Very often Very much	Not Applicable
1	Excessive use of TV, computer or video games	0	1	2	3	n/a
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.	0	1	2	3	n/a
3	Problems getting ready for school	0	1	2	3	n/a
4	Problems getting ready for bed	0	1	2	3	n/a
5	Problems with eating (picky eater, junk food)	0	1	2	3	n/a
6	Problems with sleeping	0	1	2	3	n/a
7	Gets hurt or injured	0	1	2	3	n/a
8	Avoids exercise	0	1	2	3	n/a
9	Needs more medical care	0	1	2	3	n/a
10	Has trouble taking medication, getting needles or visiting the doctor/dentist	0	1	2	3	n/a

D	Child's Self Concept	Never or Not at all	Sometimes Somewhat	Often or much	Very often Very much	Not Applicable
1	My child feels bad about himself/herself	0	1	2	3	n/a
2	My child does not have enough fun	0	1	2	3	n/a
3	My child is not happy with his/her life	0	1	2	3	n/a

E	Social Activities	Never or Not at all	Sometimes Somewhat	Often or much	Very often Very much	Not Applicable
1	Being teased or bullied by other children	0	1	2	3	n/a
2	Teases or bullies other children	0	1	2	3	n/a
3	Problems getting along with other children	0	1	2	3	n/a
4	Problems participating in after-school activities (sports, music, clubs)	0	1	2	3	n/a
5	Problems making new friends	0	1	2	3	n/a
6	Problems keeping friends	0	1	2	3	n/a
7	Difficulty with parties (not invited, avoids them, misbehaves)	0	1	2	3	n/a

F	Risky Activities	Never or Not at all	Sometimes Somewhat	Often or much	Very often Very much	Not Applicable
1	Easily led by other children (peer pressure)	0	1	2	3	n/a
2	Breaking or damaging things	0	1	2	3	n/a
3	Doing things that are illegal	0	1	2	3	n/a
4	Being involved with police	0	1	2	3	n/a
5	Smoking cigarettes	0	1	2	3	n/a
6	Taking illegal drugs	0	1	2	3	n/a
7	Doing dangerous things	0	1	2	3	n/a
8	Causes injury to others	0	1	2	3	n/a
9	Says mean or inappropriate things	0	1	2	3	n/a
10	Sexually inappropriate behaviour	0	1	2	3	n/a

DO NOT WRITE IN THIS AREA	
A. Family	
B. Learning and School	
C. Life Skills	
D. Child's Self Concept	
E. Social Activities	
F. Risky Activities	

Notes: