

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

Date: _____ Your Name: _____
DAY/MONTH/YEAR

Child's Name: _____

Child's Date of Birth: _____ Child's Age: _____
DAY/MONTH/YEAR

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

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

| A | FAMILY | NEVER OR NOT AT ALL | SOMETIMES SOMEWHAT | OFTEN OR MUCH | VERY OFTEN OR 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 OR 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 |

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

| C | LIFE SKILLS | NEVER OR NOT AT ALL | SOMETIMES SOMEWHAT | OFTEN OR MUCH | VERY OFTEN OR 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 OR 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 OR 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 | 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 OR 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 |