

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

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Patient Name _____ Date _____ Date of Birth _____

Sex: Male Female Work: Full-time Part-time Other _____ School: Full-time Part-time

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable		Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
A. FAMILY						D. LIFE SKILLS					
1. having problems with family	0	1	2	3	<input type="checkbox"/>	1. excessive or inappropriate use of internet, video games or TV	0	1	2	3	<input type="checkbox"/>
2. having problems with spouse/partner	0	1	2	3	<input type="checkbox"/>	2. problems keeping an acceptable appearance	0	1	2	3	<input type="checkbox"/>
3. relying on others to do things for you	0	1	2	3	<input type="checkbox"/>	3. problems getting ready to leave the house	0	1	2	3	<input type="checkbox"/>
4. causing fighting in the family	0	1	2	3	<input type="checkbox"/>	4. problems getting to bed	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"/>	5. problems with nutrition	0	1	2	3	<input type="checkbox"/>
6. problems taking care of the family	0	1	2	3	<input type="checkbox"/>	6. problems with sex	0	1	2	3	<input type="checkbox"/>
7. problems balancing your needs against those of your family	0	1	2	3	<input type="checkbox"/>	7. problems with sleeping	0	1	2	3	<input type="checkbox"/>
8. problems losing control with family	0	1	2	3	<input type="checkbox"/>	8. getting hurt or injured	0	1	2	3	<input type="checkbox"/>
B. WORK						9. avoiding exercise	0	1	2	3	<input type="checkbox"/>
1. problems performing required duties	0	1	2	3	<input type="checkbox"/>	10. problems keeping regular appointments with doctor/dentist	0	1	2	3	<input type="checkbox"/>
2. problems with getting your work done efficiently	0	1	2	3	<input type="checkbox"/>	11. problems keeping up with household chores	0	1	2	3	<input type="checkbox"/>
3. problems with your supervisor	0	1	2	3	<input type="checkbox"/>	12. problems managing money	0	1	2	3	<input type="checkbox"/>
4. problems keeping a job	0	1	2	3	<input type="checkbox"/>	E. SELF-CONCEPT					
5. getting fired from work	0	1	2	3	<input type="checkbox"/>	1. feeling bad about yourself	0	1	2	3	<input type="checkbox"/>
6. problems working in a team	0	1	2	3	<input type="checkbox"/>	2. feeling frustrated with yourself	0	1	2	3	<input type="checkbox"/>
7. problems with your attendance	0	1	2	3	<input type="checkbox"/>	3. feeling discouraged	0	1	2	3	<input type="checkbox"/>
8. problems with being late	0	1	2	3	<input type="checkbox"/>	4. not feeling happy with your life	0	1	2	3	<input type="checkbox"/>
9. problems taking on new tasks	0	1	2	3	<input type="checkbox"/>	5. feeling incompetent	0	1	2	3	<input type="checkbox"/>
10. problems working to your potential	0	1	2	3	<input type="checkbox"/>	F. SOCIAL					
11. poor performance evaluations	0	1	2	3	<input type="checkbox"/>	1. getting into arguments	0	1	2	3	<input type="checkbox"/>
C. SCHOOL						2. trouble cooperating	0	1	2	3	<input type="checkbox"/>
1. problems taking notes	0	1	2	3	<input type="checkbox"/>	3. trouble getting along with people	0	1	2	3	<input type="checkbox"/>
2. problems completing assignments	0	1	2	3	<input type="checkbox"/>	4. problems having fun with other people	0	1	2	3	<input type="checkbox"/>
3. problems getting your work done efficiently	0	1	2	3	<input type="checkbox"/>	5. problems participating in hobbies	0	1	2	3	<input type="checkbox"/>
4. problems with teachers	0	1	2	3	<input type="checkbox"/>	6. problems making friends	0	1	2	3	<input type="checkbox"/>
5. problems with school administrators	0	1	2	3	<input type="checkbox"/>	7. problems keeping friends	0	1	2	3	<input type="checkbox"/>
6. problems meeting minimum requirements to stay in school	0	1	2	3	<input type="checkbox"/>	8. saying inappropriate things	0	1	2	3	<input type="checkbox"/>
7. problems with attendance	0	1	2	3	<input type="checkbox"/>	9. complaints from neighbors	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. problems with inconsistent grades	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 behavior	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 _____