**Patient Name:**

**DOB:**

**NHS:**

**Address:**

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

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*Patient Name: <Patient Name> Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of Birth: <Date of Birth>*

*Sex: ☐ Male ☐ Female*

*Work: ☐ Full-time ☐ Part-time☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*School/Education:☐ Full-time☐ Part-time*

|  |
| --- |
| A Family |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. having problems with family |  |  |  |  |  |
| 2. having problems with spouse/partner |  |  |  |  |  |
| 3. relying on others to do things for you |  |  |  |  |  |
| 4. causing fighting in the family |  |  |  |  |  |
| 5. makes it hard for the family to havefun together |  |  |  |  |  |
| 6. problems taking care of the family |  |  |  |  |  |
| 7. problems balancing your needs against those of your family |  |  |  |  |  |
| 8. problems losing control with family |  |  |  |  |  |
|  |  |  |  |  |  |

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| *B. Work* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. problems performing required duties  |  |  |  |  |  |
| 2. problems with getting your work done efficiently |  |  |  |  |  |
| 3. problems with your supervisor  |  |  |  |  |  |
| 4. problems keeping a job  |  |  |  |  |  |
| 5. getting fired from work  |  |  |  |  |  |
| 6. problems working in a team  |  |  |  |  |  |
| 7. problems with your attendance  |  |  |  |  |  |
| 8. problems with being late  |  |  |  |  |  |
| 9. problems taking on new tasks  |  |  |  |  |  |
| 10. problems working to your potential  |  |  |  |  |  |
| 11. poor performance evaluations |  |  |  |  |  |
|  |  |  |  |  |  |

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| *C. School* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. problems taking notes  |  |  |  |  |  |
| 2. problems completing assignments  |  |  |  |  |  |
| 3. problems getting your work done efficiently |  |  |  |  |  |
| 4. problems with teachers  |  |  |  |  |  |
| 5. problems with school administrators  |  |  |  |  |  |
| 6. problems meeting minimum |  |  |  |  |  |
| requirements to stay in school  |  |  |  |  |  |
| 7. problems with attendance  |  |  |  |  |  |
| 8. problems with being late  |  |  |  |  |  |
| 9. problems taking on new tasks  |  |  |  |  |  |
| 10. problems working to your potential  |  |  |  |  |  |
| 11. problems with inconsistent grades  |  |  |  |  |  |

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| *D. Life skills* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. excessive or inappropriate use ofinternet, video games or TV |  |  |  |  |  |
| 2. problems keeping an acceptableappearance |  |  |  |  |  |
| 3. problems getting ready to leave thehouse |  |  |  |  |  |
| 4. problems getting to bed |  |  |  |  |  |
| 5. problems with nutrition |  |  |  |  |  |
| 6. problems with sex |  |  |  |  |  |
| 7. problems with sleeping |  |  |  |  |  |
| 8. getting hurt or injured |  |  |  |  |  |
| 9. avoiding exercise |  |  |  |  |  |
| 10. problems keeping regularappointments with doctor/dentist |  |  |  |  |  |
| 11. problems keeping up withhousehold chores |  |  |  |  |  |
| 12. problems managing money |  |  |  |  |  |

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| *E. Self-Concept* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. feeling bad about yourself  |  |  |  |  |  |
| 2. feeling frustrated with yourself  |  |  |  |  |  |
| 3. feeling discouraged  |  |  |  |  |  |
| 4. not feeling happy with your life  |  |  |  |  |  |
| 5. feeling incompetent |  |  |  |  |  |
|  |  |  |  |  |  |

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| *F. Social* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. getting into arguments  |  |  |  |  |  |
| 2. trouble cooperating  |  |  |  |  |  |
| 3. trouble getting along with people  |  |  |  |  |  |
| 4. problems having fun with other people  |  |  |  |  |  |
| 5. problems participating in hobbies  |  |  |  |  |  |
| 6. problems making friends  |  |  |  |  |  |
| 7. problems keeping friends  |  |  |  |  |  |
| 8. saying inappropriate things  |  |  |  |  |  |
| 9. complaints from neighbours |  |  |  |  |  |

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| *G. Risk* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. aggressive driving  |  |  |  |  |  |
| 2. doing other things while driving  |  |  |  |  |  |
| 3. road rage  |  |  |  |  |  |
| 4. breaking or damaging things  |  |  |  |  |  |
| 5. doing things that are illegal  |  |  |  |  |  |
| 6. being involved with the police  |  |  |  |  |  |
| 7. smoking cigarettes  |  |  |  |  |  |
| 8. smoking marijuana  |  |  |  |  |  |
| 9. drinking alcohol  |  |  |  |  |  |
| 10. taking “street” drugs  |  |  |  |  |  |
| 11. sex without protection |  |  |  |  |  |
| (birth control, condom)  |  |  |  |  |  |
| 12. sexually inappropriate behaviour  |  |  |  |  |  |
| 13 Being physical aggressive |  |  |  |  |  |
| 14 being verbally aggressive |  |  |  |  |  |

*Thank you for taking the time to complete this form.*

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