WEISS FUNCTIONAL IMPAIRMENT RATING SCALE (WFIRS) INSTRUCTIONS

Purpose

- ADHD symptoms and actual impairment overlap but are distinct concepts. It is important to measure both since some patients are highly symptomatic but not impaired or vice versa
- This scale contains those items that are most likely to represent the patient's target of treatment. Therefore, the use of the scale before and after treatment can allow the clinician to determine not only if the ADHD has improved, but if the patient's functional difficulties are also better.
- This instrument has been translated into 18 languages. It has been used in many studies and is psychometrically validated. This is the only measure of functional impairment that looks at specific domains and has been validated in the ADHD population.

Design and Validation Information

Scoring The instrument uses a Likert scale such that any item rating 2 or 3 is clinically impaired. The scale can be scored by looking at the total score or by creating a mean score for the total score/number items for each domain, omitting those rated not applicable. For clinical purposes, when defining impairment for DSM-IV, clinicians can consider that any domain with at least two items scored 2, one item scored 3 or a mean score >1.5 is impaired.

Validation The scale has been psychometrically validated with an internal consistency >.8 for each domain and for the scale as a whole. It has moderate convergent validity (0.6) with other measures of functioning (i.e. Columbia Impairment Scale and the Global Assessment of Functioning (GAF). It has moderate discriminating validity (0.4) from symptoms pre-treatment (i.e. ADHD-Rating Scale) and quality of life (CHIP). The domains have been confirmed by factor analysis, although the domain of school functioning separates into learning and behaviour. The scale is highly sensitive to change with treatment and, in particular, significantly correlated to change in ADHD symptoms (40% change) and overall psychopathology. Each anchor point on the Likert scale represents approximately one standard deviation(SD). A total score change of 13 would be considered a significant improvement or about half a SD. The change obtained in treatment is typically one full SD. The mean score for risky behaviour in children is 0.5 but increases with age. For adolescents the mean score is 1.

Copyright Information

This scale is copyrighted by Margaret Danielle Weiss, MD PhD, at the University of British Columbia. The scale can be used by clinicians and researchers free of charge and can be posted on the internet or replicated as needed. Please contact Dr. Weiss at margaret.weiss@icloud.com if you wish to post the scale on the internet, use it in research or plan to create a translation.