**Columbia Impairment Scale**

To help us improve the quality of the treatment that your child receives, we are asking you to complete the following rating scale. This will help us determine the area or areas in which your child needs help and the progress that your child makes in these areas. It also will give us information that will assist us in making changes in his/her treatment plan to better meet his/her needs.

There are 13 areas of your child’s behavior for you to rate from 0 to 4 with 0 being no problem and 4 being a very bad problem. Using your best judgment, rate each item by indicating the number that best describes your child’s behavior. Since behavior will change over time, only take into consideration how you feel your child’s recent behavior (within the past week or two) has been. Please rate all 13 items.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please circle the number that you think best describes the child or youth’s situation: | | | | | |
| **0** | **1** | **2** | **3** | **4** | **N/A** |
| No problem |  | Some problem |  | Very bad problem | Not applicable/Don’t know |

|  |  |
| --- | --- |
| **In general, how much of a problem do you think she/he has with:**  1)…getting into trouble?  2)…getting along with her/his mother/mother figure.  3)…getting along with her/his father/father figure.  4)…feeling unhappy or sad? | 0     1    2    3    4  0     1    2    3    4    N/A  0     1    2    3    4    N/A  0     1    2    3    4 |
| **How much of a problem would you say she/he has:**  5)…with her/his behavior at school? (or at her/his job)  6)…with having fun?  7)…getting along with adults other than her/his mother and/or her/his father? | 0     1    2    3    4    N/A  0     1    2    3    4  0     1    2    3    4 |
| **How much of a problem or difficulty does she/he have:**  8)…with feeling nervous or afraid?  9)…getting along with her/his sister(s) and/or brother(s)?  10)…getting along with other kids her/his age? | 0     1    2    3    4  0     1    2    3    4    N/A  0     1    2    3    4 |
| **How much of a problem or difficulty would you say she/he has:**  11)…getting involved in activities like sports or hobbies?  12)…with her/his school work (doing her/his job)?  13)…with her/his behavior at home? | 0     1    2    3    4  0     1    2    3    4    N/A  0     1    2    3    4 |