

## **THE COLUMBIA IMPAIRMENT SCALE (C.I.S.) YOUTH VERSION**

### **INSTRUCTIONS FOR YOUTH**

To help us improve the quality of the service that you receive, we are asking you to complete the attached rating scale (C.I.S.). This will help us determine the area or areas in which you need to work on, and the progress that you make in these areas. It also will give us information that will assist us in making changes in your treatment plan to better meet your needs.

There are thirteen areas of behavior for you to rate from 0 (No problem) for you to 4 (Very bad problem) for you. Rate each item by circling the number that is best describes your behavior at the present time. Since your behavior will change over time, only take into consideration how you feel your recent behavior (within the past week or two) has been. **PLEASE RATE ALL THIRTEEN ITEMS.** Circle the number 5 if you don't know or the question does not apply to you. If you do not understand an item or items ask your therapist to clarify it for you. Your therapist will be glad to do so.

When you complete the form please return it as soon as possible to your therapist, either in person or by mail.

Date \_\_\_\_\_

**THE COLUMBIA IMPAIRMENT SCALE (C. I. S.)-- (Youth Version)**

Please circle the number that you think best describes the child or youth's situation:

0 .....1.....2.....3.....4 .....5  
 No problem                      Some problem                      Very bad problem                      Not applicable/Don't know

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