

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

### **INSTRUCTIONS FOR PARENTS**

To help us improve the quality of the treatment that your child receives, we are asking you to complete the attached rating scale (C.I.S.). 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 thirteen areas of your child's behavior for you to rate from 0 (No problem) to 4 (Very bad problem). Using your best judgement, rate each item by circling the number that best describes at the present time your child's behavior. Since your child's behavior will change over time, only take into consideration recent behavior (within the past week or two). **PLEASE RATE ALL THIRTEEN ITEMS.** Circle the number 5 if you don't know or the question does not apply to your child. If you do not understand an item or items ask your child's therapist to clarify it for you. Your child's therapist will be glad to do so.

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

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

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