



**Barkley Functional Impairment Scale (BFIS) Self-assessment**  
**Report of *ADULT ADHD* symptoms experienced**  
for debriefing with Tim Dixon, Registered Psychotherapist (CRPO #11446)

Name of client: \_\_\_\_\_ Date: \_\_\_\_\_

Your age: \_\_\_\_\_

Your relationship to trusted family, friends or colleagues providing feedback with a BFIS-Other version (Highlight/circle below)

Mother      Father      Brother/sister      Spouse/partner      Friend      Other (specify): \_\_\_\_\_

### Instructions

How much difficulty do you have functioning effectively in each of these major life activities?

That is, **to what degree do you see yourself impaired in each of these life domains?** Please circle the number next to each item that best describes how much difficulty you have had functioning **DURING THE PAST 6 MONTHS**. If that situation does not apply to you (for instance, you don't drive a car, have no children, or do not live with anyone), please circle the 99 in the last column (under "Does not apply"). **Please complete both sides.**

| Major Life Activities  | To what degree are you impaired in each of these life domains...  |          |   |        |   |            |   |          |   |   | Does not apply |
|--|---|----------|---|--------|---|------------|---|----------|---|---|----------------|
|  | Not at all  | Somewhat |   | Mildly |   | Moderately |   | Severely |   |   |                |
| 1. In your home life with your immediate family of origin  | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |
| 2. In getting chores completed at home and managing your household   | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |
|  | <i>Highlight/circle one rating for each of the items on this page and on the backside of the BFIS – Other version</i> |          |   |        |   |            |   |          |   |   |                |
| 3. In your work or occupation  | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |
| 4. In your social interactions with strangers and acquaintances  | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |
| 5. In your relationships with friends  | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |
| 6. In your activities in the community (organizations, clubs, church, social groups, sports teams, etc.)                 | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |
| 7. In any educational activities (i.e., college/university, night classes, technical training, or occupational training) | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |
| 8. In your marital, co-living, or dating relationships   | 0   | 1        | 2 | 3      | 4 | 5          | 6 | 7        | 8 | 9 | 99             |



### **BFIS Self-Assessment Version continued**

*To what degree have you been impaired in each of these life domains...*

**Not at  
all**

**Somewhat**

**Mildly**

**Moderately**

**Severely**

**Does  
not  
apply**

|   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|----|
| 9. In the management of your money, bills, and debts  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 99 |
| 10. In driving a motor vehicle and in your history of citations and accidents                   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 99 |
| 11. In your sexual activities and sexual relations with others                                  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 99 |
| 12. In your organizational skills and management of daily responsibilities                      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 99 |
| 13. In caring for yourself on a daily basis (dressing, bathing/hygiene, eating, sleeping, etc.) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 99 |
| 14. In maintaining your health (exercise, nutrition, preventive medical and dental care, etc.)  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 99 |
| 15. In taking care of and raising your children   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 99 |

**Your therapist will calculate the results for you:**

Sum the number of items circled 0 to 9 across all the domains above and enter score here:

(Do not count answers of 99.)

Divide this sum by the number of circled answers you used to create the score above (the number of domains the individual rated 0—9). Enter score below:

**Mean Impairment Score:** \_\_\_\_\_

From [Barkley Functional Impairment Scale](#) (BFIS for Adult) by Dr. Russell A. Barkley.

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**Please submit YOUR COMPLETED BFIS Self-Assessment to Tim Dixon at the email address below:**