

Home Impairment Scale (page 1 of 1)

Today's Date: _____ Child's Name: _____ Parent's Name: _____

Directions: For each of the **Domains of Functioning** listed in the left column, please circle the number (1–7) that best describes your child's degree of impairment. Remember — the higher the number, the greater the impairment.

Domain of Functioning	No impairment	Slight impairment	Mild impairment	Moderate impairment	Severe impairment	Very severe impairment	Profound impairment
<p>Behavior How much do your child's symptoms interfere with (impair) the ability to follow home rules, parents' commands, or general behavioral expectations?</p>	1	2	3	4	5	6	7
<p>Interpersonal Relationships How much do your child's symptoms interfere with (impair) the ability to form and maintain positive peer relationships?</p>	1	2	3	4	5	6	7
<p>Emotions How much do your child's symptoms interfere with (impair) the ability to express or control emotions?</p>	1	2	3	4	5	6	7
<p>Responsibilities How much do your child's symptoms interfere with (impair) the ability to perform daily home responsibilities and tasks?</p>	1	2	3	4	5	6	7

