

**WORK AND SOCIAL ADJUSTMENT
ASSESSMENT QUESTIONNAIRE
WSAS**

Patient's last name		File number	
Patient's first name			
Health insurance number		Exp.	Year Month
Date of birth	Year	Month	Day
Address (no., street)		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> I	
City		Postal Code	

► **How much does your problem reduce your ability to carry out the following activities?**

1. Answer each item based on the last two weeks or the period of time since your last consultation.
2. Use the following scale:

0	1	2	3	4	5	6	7	8	N/A
Not at all		Slightly		Definitely		Markedly		Very severely (I cannot work)	

3. Answer each item by checking the box that represents your situation the best.

Items	0	1	2	3	4	5	6	7	8	N/A
1. WORK – If you are retired or choose not to have a job for reasons unrelated to your problem, please check N/A (not applicable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> N/A
2. HOME MANAGEMENT – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills, etc.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	
3. SOCIAL LEISURE ACTIVITIES – With other people, e.g. parties, pubs, outings, entertaining, etc.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	
4. PRIVATE LEISURE ACTIVITIES – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	
5. FAMILY AND RELATIONSHIPS – Form and maintain close relationships with others including the people that I live with.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	

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Patient's last name	Patient's first name	File number
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Questionnaire completed by:	Date:
Signature	Year Month Day

Section reserved for the practitioner	
Total score	<input type="text"/>
Total number of items x	<input type="text" value="5"/>
Number of answered items (≥ 4)* /	<input type="text"/>
Adjusted Score =	<input type="text"/>
Practitioner's qualitative analysis and commentary:	
<input type="text"/>	

* If the answer to item 1 is not applicable (N/A), it should be counted as a missing answer. If 2 or more answers are missing, the score of the questionnaire cannot be used.

Questionnaire reviewed by:				Date:		
Practitioner's last name	Practitioner's first name	Licence number	Signature	Year	Month	Day