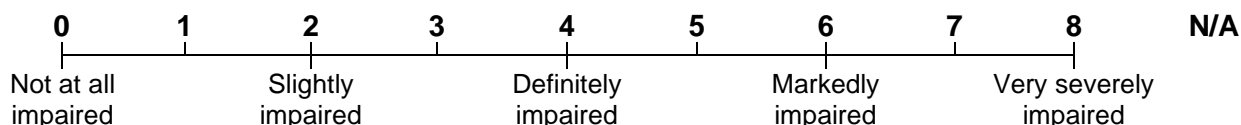


WSAS *
ASSESSMENT QUESTIONNAIRE

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

► Over the last two weeks, or since your last consultation if more recent, please rate how much the ways you think, feel, or behave impair your ability to do each of the everyday activities described in the following items?

Use the following scale:



Items										
1. Because of the ways I think, feel, or behave, my ability to work is impaired. 8 means very severely impaired to the point I cannot work. N/A (not applicable) means I am retired or choose not to have a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
	0	1	2	3	4	5	6	7	8	
2. Because of the ways I think, feel, or behave, my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	
3. Because of the ways I think, feel, or behave, my social leisure activities (with other people, such as parties, bars, clubs, outings, visits, dating, home entertaining) are impaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	
4. Because of the ways I think, feel, or behave, my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	
5. Because of the ways I think, feel, or behave, my ability to form and maintain close relationships with others, including those I live with, is impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	

● Thank you, these are all of the questions for the patient.

Questionnaire completed by:	Date:		
Signature	Year	Month	Day

* *Work and Social Adjustment Scale* – WSAS © James C. Mundt and Isaac M. Marks, 2002. Adapted by the MSSS with permission from the authors.

Patient's last name	Patient's first name	File number
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This section is reserved for the practitioner

Use the following scale to calculate the score :

0	1	2	3	4	5	6	7	8	N/A
Not at all impaired		Slightly impaired		Definitely impaired		Markedly impaired		Very severely impaired	

Total score

Total number of items x

Number of answered items (≥ 4)* /

Adjusted Score =

Practitioner's analysis and commentary:

* 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