

WORK AND SOCIAL ADJUSTMENT ASSESSMENT QUESTIONNAIRE FOR PARENTS - WSAS-P

Version for parents of children and adolescents
aged 6 to 19 years old

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 <input type="checkbox"/> X <input type="checkbox"/> I			
Address (no., street)							
City				Postal Code			

Parent	Last name	First name
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► **How much does the way your child thinks, feels or behaves reduce his or her ability to do 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
Not at all		Slightly		Definitely		Markedly		Very severely

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

Items	0	1	2	3	4	5	6	7	8
1. SCHOOL WORK – If my child cannot do well in school, please check “8”.	<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
2. HOUSEHOLD CHORES – Her or his ability to clean, tidy, help with cooking, look after brothers and sisters, 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. FREE TIME SPENT WITH OTHER PEOPLE – Her or his ability to enjoy parties, outings, visits, dating, having people over at home, 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. FREE TIME SPENT ALONE – Her or his ability to enjoy time outside of school and chores, e.g. reading, hobbies, listening to or playing music, exercise, 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 – Her or his ability to form and maintain close relationships with other people including those he or she lives with, e.g. parents, brothers/sisters, friends, 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

Patient's last name	Patient's first name	File number
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Questionnaire completed by:	Date:			
Signature	<table border="1"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> </table>	Year	Month	Day
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 analysis and commentary:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

* 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