Santé et Services sociaux
Québec 🏵🏵🏵

WORK AND SOCIAL ADJUSTMENT ASSESMENT QUESTIONNAIRE FOR YOUTH - WSAS-Y

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			Year	Month
		Exp.		

Date of birth	Year	Month	Day	Sex
Address (no., street)				☐ M ☐ F
				☐ X ☐ I
City			Postal Code	

Parent	Last name	First name

▶ **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".	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
2. HOUSEHOLD CHORES – Her or his ability to clean, tidy, help with cooking, look after brothers and sisters, etc.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
3. FREE TIME SPENT WITH OTHER PEOPLE – Her or his ability to enjoy parties, outings, visits, dating, having people over at home, etc.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 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.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 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.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8

Work and Social Adjustment Scale for Youth, parent version – WSAS-P
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Patient's last name	Patient's first name	File number

Questionnaire completed by:		Date:		
Signature		Year	Month	Day

Section reserved for the practitioner

Total score ……………………………………………………………………….

Total number of items ………………………………………………… **x**   **5**

Number of answered items (≥ 4)* ………………………………………… **/**

Adjusted Score …………………………………………………………… **=**

Practitioner's analysis and commentary:

* 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