

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

Version for 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
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 the way you think, feel or behave reduce your 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 situation the best.

Items	0	1	2	3	4	5	6	7	8
1. SCHOOL WORK – If you 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 – Cleaning, tidying, helping with cooking, looking 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 – Enjoying 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 – Enjoying 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 – Form and maintain close relationships with other people including those I live 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

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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 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