

**SIPS\***  
**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 indicate how much you agree with each item ?

Items	Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me
1. When mixing socially I am uncomfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have difficulty talking with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I find myself worrying that I won't know what to say in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am nervous mixing with people I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am tense mixing in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get nervous that people are staring at me as I walk down the street.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel self-conscious if I have to enter a room where others are already seated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would get tense if I had to sit facing other people on a bus or a train.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am worried people will think my behaviour is odd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would get tense if I had to carry a tray across a crowded cafeteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Please, continue the questionnaire on the next page.

Patient's last name	Patient's first name	File number
---------------------	----------------------	-------------

Items	Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me
11. I worry I'll lose control of myself in front of other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I worry I might do something to attract the attention of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When in an elevator I am tense if people look at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I can feel conspicuous standing in a line (i.e, a queue).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Questionnaire completed by:</b>	<b>Date:</b>		
Signature	Year	Month	Day

\* *Social Interaction Phobia Scale – SIPS* © R. Nicholas Carleton, 2009. Adapted by the MSSS with permission from the author.

Patient's last name	Patient's first name	File number
---------------------	----------------------	-------------

**This section is reserved for the practitioner.**

Use the following scale to calculate the score :

0	1	2	3	4
Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me

Total score .....

Total number of items ..... x

Number of answered items ( $\geq 12$ )\* ..... /

Adjusted Score ..... =

Is the adjusted score greater than the clinical cut-off value of 16? ..... ☐ Yes ☐ No

Practitioner's analysis and commentary:


\* If 2 or more answers are missing for items 1, 2, 3, 4 or 5, the total score of the questionnaire cannot be used. If 2 or more answers are missing for items 6, 7, 8, 10, 13 or 14, the total score of the questionnaire cannot be used. If an answer or more is missing for items 9, 11 or 12, the total score of the questionnaire cannot be used.

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