Psychosocial Assessment Scale

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Circle the number below that is the closest to how you have felt recently.

none all

IN THE PAST WEEK HOW OFTEN HAVE YOU ... of the several of the

1. ...enjoyed your leisure hours? time times time

(evenings, weekends, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

2. ...felt fearful or afraid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

3. ...felt sad or depressed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

4. ...felt good about yourself or things you

have done? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

5. ...felt angry? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

6. ...felt mixed up or confused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

7. ...felt like you've spent a worthwhile day? \_ 0 1 2 3 4 5 6 7 8

8. ...felt tense? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

9. ...felt bored or useless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

IN THE PAST WEEK ...

10. ...how satisfied have you been in general very very

(with relationships, with finances, dissatisfied satisfied

with friends and family?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

11. ...how often did you get together with never often

people outside of your home? \_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

12. ...did you handle the basic necessities all

such as paying bills, shopping and never the time

taking care of your room (home;apt)?\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

13. ...how much time did you spend with friends & none some much

family talking or doing things together? 0 1 2 3 4 5 6 7 8

a great

14. ...how much conflict was there with the none some deal

person(s) you live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

15. ...have you used alcohol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

16. ...have you used drugs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

17. How much would friends or community a great

members support you if you were sick none deal

or having problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

not part full

18. Are you employed (includes self‑ employed time time

employed, housewife, student, employee)?\_\_\_\_ 0 1 2 3 4 5 6 7 8

19. Do you feel that you do a good job

(whether self‑employed,housewife not at all completely

student, employee)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

20. How much do you like your work (or studies)? 0 1 2 3 4 5 6 7 8

21. Do emotional problems interfere with

your work (or studies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

22. In the past month, was the amount of money no enough

you had, enough to pay the bills? \_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

23. Do you feel that you are in good physical poor good

condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 1 2 3 4 5 6 7 8

10-20-90