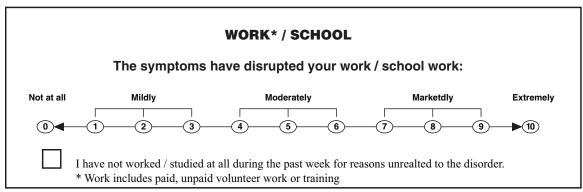
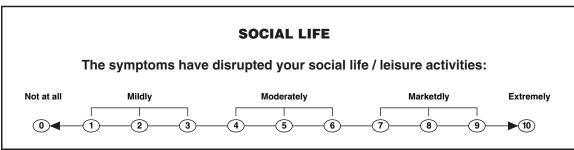
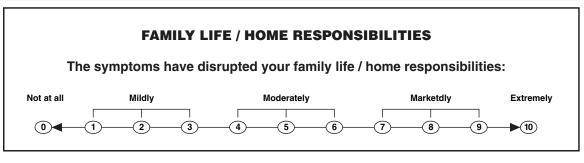
## **Sheehan Disability Scale**

A brief, patient rated, measure of disability and impairment.

Please mark ONE circle for each scale.







## **Days Lost**

On how many days in the last week did your symptoms cause you to miss school or work or leave you unable to carry out your normal daily responsibilities?

## **Days Unproductive**

On how many days in the last week did you feel so impaired by your symptoms, that even though you went to school or work, your productivity was reduced?