

SHEEHAN DISABILITY SCALE

A BRIEF, PATIENT RATED, MEASURE OF DISABILITY AND IMPAIRMENT

Please mark **ONE** circle for each scale.

WORK* / SCHOOL

The symptoms have disrupted your work / school work:

Not at all Mildly Moderately Markedly Extremely

0 ← 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 →

I have not worked /studied at all during the past week for reasons unrelated to the disorder.
* Work includes paid, unpaid volunteer work or training

SOCIAL LIFE

The symptoms have disrupted your social life / leisure activities:

Not at all Mildly Moderately Markedly Extremely

0 ← 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 →

FAMILY LIFE / HOME RESPONSIBILITIES

The symptoms have disrupted your family life / home responsibilities:

Not at all Mildly Moderately Markedly Extremely

0 ← 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 →

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 UNDERPRODUCTIVE

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? _____