

# 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. If your symptoms interfered with your ability to find or hold a job or contributed in any way to your currently not working, you must give a score on this scale.

**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 or had other daily responsibilities, your productivity was reduced? \_\_\_\_\_