

Sheehan Disability Scale

Please select a number from 0-10 that most accurately reflects the degree to which the following statements are true:

Scale:

0 = not at all;

1-3 = mildly;

4-6 = moderately;

7-9 = markedly;

10 = extremely

	0	1	2	3	4	5	6	7	8	9	10
1) The symptoms have disrupted your work or school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) The symptoms have disrupted your social life/leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) The symptoms have disrupted your family life/home responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) 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?

(Please enter an integer from 0-7)

5) 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?

(Please enter an integer from 0-7)