Sheehan Disability Scale

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

<table>
<thead>
<tr>
<th>Scale:</th>
<th>0 = not at all;</th>
<th>1-3 = mildly;</th>
<th>4-6 = moderately;</th>
<th>7-9 = markedly;</th>
<th>10 = extremely</th>
</tr>
</thead>
</table>

1) The symptoms have disrupted your work or school work
   - [ ] 0  - [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5  - [ ] 6  - [ ] 7  - [ ] 8  - [ ] 9  - [ ] 10

2) The symptoms have disrupted your social life/leisure activities
   - [ ] 0  - [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5  - [ ] 6  - [ ] 7  - [ ] 8  - [ ] 9  - [ ] 10

3) The symptoms have disrupted your family life/home responsibilities
   - [ ] 0  - [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5  - [ ] 6  - [ ] 7  - [ ] 8  - [ ] 9  - [ ] 10

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?
   - [ ] 0  - [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5  - [ ] 6  - [ ] 7
   (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?
   - [ ] 0  - [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5  - [ ] 6  - [ ] 7
   (Please enter an integer from 0-7)