

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 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? _____

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

| Over the past 2 weeks, how often have you been bothered by any of the following problems? | Not At all | Several Days | More Than Half the Days | Nearly Every Day |
|--|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling asleep, staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to
 Do your work, take care of things at home, or get along with other people?
- Not difficult at all Somewhat difficult Very difficult Extremely difficult

THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

| | YES | NO |
|--|-----------------------|-----------------------|
| 1. Has there ever been a period of time when you were not your usual self and... | | |
| ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? | <input type="radio"/> | <input type="radio"/> |
| ...you were so irritable that you shouted at people or started fights or arguments? | <input type="radio"/> | <input type="radio"/> |
| ...you felt much more self-confident than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you got much less sleep than usual and found you didn't really miss it? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more talkative or spoke much faster than usual? | <input type="radio"/> | <input type="radio"/> |
| ...thoughts raced through your head or you couldn't slow your mind down? | <input type="radio"/> | <input type="radio"/> |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | <input type="radio"/> | <input type="radio"/> |
| ...you had much more energy than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more active or did many more things than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? | <input type="radio"/> | <input type="radio"/> |
| ...you were much more interested in sex than usual? | <input type="radio"/> | <input type="radio"/> |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | <input type="radio"/> | <input type="radio"/> |
| ...spending money got you or your family into trouble? | <input type="radio"/> | <input type="radio"/> |
| 2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? | <input type="radio"/> | <input type="radio"/> |
| 3. How much of a problem did any of these cause you -- like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>Please circle one response only:</i> | | |
| No Problem Minor Problem Moderate Problem Serious Problem | | |
| 4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder? | <input type="radio"/> | <input type="radio"/> |
| 5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | <input type="radio"/> | <input type="radio"/> |

MacLean Screening Instrument for BPD

1. Have any of your closest relationships been troubled by a lot of arguments or repeated breakups? Yes ___ No ___
2. Have you deliberately hurt yourself physically (e.g., punched yourself, cut yourself, burned yourself)? How about made a suicide attempt? Yes ___ No ___
3. Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outbursts)? Yes ___ No ___
4. Have you been extremely moody? Yes ___ No ___
5. Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner? Yes ___ No ___
6. Have you often been distrustful of other people? Yes ___ No ___
7. Have you frequently felt unreal or as if things around you were unreal? Yes ___ No ___
8. Have you chronically felt empty? Yes ___ No ___
9. Have you often felt that you had no idea of who you are or that you have no identity? Yes ___ No ___
10. Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)? Yes ___ No ___

WAQ

1. What subjects do you worry about most often?

a) _____

d) _____

b) _____

e) _____

c) _____

f) _____

For the following items, please circle the corresponding number (0-8).

2. Do your worries seem excessive or exaggerated?

Not at all
excessive

Moderately
excessive

Totally
excessive

.....0.....1.....2.....3.....4.....5.....6.....7.....8.....

3. Over the past six months, how many days have you been bothered by excessive worry?

Never

1 day
out of 2

Everyday

.....0.....1.....2.....3.....4.....5.....6.....7.....8.....

4. Do you have difficulty controlling your worries? For example, when you start worrying about something, do you have difficulty stopping?

No
difficulty

Moderate
difficulty

Extreme
difficulty

.....0.....1.....2.....3.....4.....5.....6.....7.....8.....

5. Over the past six months, to what extent have you been disturbed by the following sensations when you were worried or anxious? Rate each sensation by circling a number (0-8).

a) Restlessness or feeling keyed up or on edge.

| | | | | |
|-------------|-------------|-------------|-------------|---------------|
| Not at all | | Moderately | | Very severely |
|0..... |1..... |2..... |3..... |4..... |
|5..... |6..... |7..... |8..... |9..... |

b) Being easily fatigued.

| | | | | |
|-------------|-------------|-------------|-------------|---------------|
| Not at all | | Moderately | | Very severely |
|0..... |1..... |2..... |3..... |4..... |
|5..... |6..... |7..... |8..... |9..... |

c) Difficulty concentrating or mind going blank.

| | | | | |
|-------------|-------------|-------------|-------------|---------------|
| Not at all | | Moderately | | Very severely |
|0..... |1..... |2..... |3..... |4..... |
|5..... |6..... |7..... |8..... |9..... |

d) Irritability.

| | | | | |
|-------------|-------------|-------------|-------------|---------------|
| Not at all | | Moderately | | Very severely |
|0..... |1..... |2..... |3..... |4..... |
|5..... |6..... |7..... |8..... |9..... |

e) Muscle tension.

| | | | | |
|-------------|-------------|-------------|-------------|---------------|
| Not at all | | Moderately | | Very severely |
|0..... |1..... |2..... |3..... |4..... |
|5..... |6..... |7..... |8..... |9..... |

f) Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).

| | | | | |
|-------------|-------------|-------------|-------------|---------------|
| Not at all | | Moderately | | Very severely |
|0..... |1..... |2..... |3..... |4..... |
|5..... |6..... |7..... |8..... |9..... |

6. To what extent does worry or anxiety interfere with your life? For example, your work, social activities, family life, etc.?

| | | | | |
|-------------|-------------|-------------|-------------|---------------|
| Not at all | | Moderately | | Very severely |
|0..... |1..... |2..... |3..... |4..... |
|5..... |6..... |7..... |8..... |9..... |



SCL-90 R

NAME _____ FILE : _____ DATE : _____

Here is a list of problems people sometimes complain about. Read carefully each statement and circle the number best describing HOW MUCH YOU HAVE BEEN DISTURBED BY THIS PROBLEM DURING THE LAST SEVEN(7) DAYS INCLUDING TODAY

| | Not at all | A bit | Fairly | A lot | Extremely |
|--|------------|-------|--------|-------|-----------|
| 1. Headaches | 0 | 1 | 2 | 3 | 4 |
| 2. Nervousness or shakiness inside | 0 | 1 | 2 | 3 | 4 |
| 3. Unwanted thoughts, words, or ideas that won't leave your mind | 0 | 1 | 2 | 3 | 4 |
| 4. Faintness or dizziness | 0 | 1 | 2 | 3 | 4 |
| 5. Loss of sexual interest or pleasure | 0 | 1 | 2 | 3 | 4 |
| 6. Feeling critical of others | 0 | 1 | 2 | 3 | 4 |
| 7. The idea that someone else can control your thoughts | 0 | 1 | 2 | 3 | 4 |
| 8. Feeling others are to blame for most of your troubles | 0 | 1 | 2 | 3 | 4 |
| 9. Trouble remembering things | 0 | 1 | 2 | 3 | 4 |
| 10. Worried about sloppiness or carelessness | 0 | 1 | 2 | 3 | 4 |
| 11. Feeling easily annoyed or irritated | 0 | 1 | 2 | 3 | 4 |
| 12. Pains in heart or chest | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling afraid in open spaces or on the streets | 0 | 1 | 2 | 3 | 4 |
| 14. Feeling low in energy or slowed down | 0 | 1 | 2 | 3 | 4 |
| 15. Thoughts of ending your life | 0 | 1 | 2 | 3 | 4 |

| | Not at all | A bit | Fairly | A lot | Extremely |
|---|------------|-------|--------|-------|-----------|
| 16. Hearing voices that other people do not hear | 0 | 1 | 2 | 3 | 4 |
| 17. Trembling | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling that most people cannot be trusted | 0 | 1 | 2 | 3 | 4 |
| 19. Poor appetite | 0 | 1 | 2 | 3 | 4 |
| 20. Crying easily | 0 | 1 | 2 | 3 | 4 |
| 21. Feeling shy or uneasy with the opposite sex | 0 | 1 | 2 | 3 | 4 |
| 22. Feeling of being trapped or caught | 0 | 1 | 2 | 3 | 4 |
| 23. Suddenly scared for no reason | 0 | 1 | 2 | 3 | 4 |
| 24. Temper outbursts that you could not control | 0 | 1 | 2 | 3 | 4 |
| 25. Feeling afraid to go out of your house alone | 0 | 1 | 2 | 3 | 4 |
| 26. Blaming yourself for things | 0 | 1 | 2 | 3 | 4 |
| 27. Pains in lower back | 0 | 1 | 2 | 3 | 4 |
| 28. Feeling blocked in getting things done | 0 | 1 | 2 | 3 | 4 |
| 29. Feeling lonely | 0 | 1 | 2 | 3 | 4 |
| 30. Feeling blue | 0 | 1 | 2 | 3 | 4 |
| 31. Worrying too much about things | 0 | 1 | 2 | 3 | 4 |
| 32. Feeling no interest in things | 0 | 1 | 2 | 3 | 4 |
| 33. Feeling fearful | 0 | 1 | 2 | 3 | 4 |
| 34. Your feelings being easily hurt | 0 | 1 | 2 | 3 | 4 |
| 35. Other people being aware of your private thoughts | 0 | 1 | 2 | 3 | 4 |

| | Not at all | A bit | Fairly | A lot | Extremely |
|--|------------|-------|--------|-------|-----------|
| 36. Feeling others do not understand you or are unsympathetic | 0 | 1 | 2 | 3 | 4 |
| 37. Feeling that people are unfriendly or dislike you | 0 | 1 | 2 | 3 | 4 |
| 38. Having to do things very slowly to insure correctness | 0 | 1 | 2 | 3 | 4 |
| 39. Heart pounding or racing | 0 | 1 | 2 | 3 | 4 |
| 40. Nausea or upset stomach | 0 | 1 | 2 | 3 | 4 |
| 41. Feeling inferior to others | 0 | 1 | 2 | 3 | 4 |
| 42. Soreness of your muscles | 0 | 1 | 2 | 3 | 4 |
| 43. Feeling that you are watched or talked about by others | 0 | 1 | 2 | 3 | 4 |
| 44. Trouble falling asleep | 0 | 1 | 2 | 3 | 4 |
| 45. Having to check and double-check what you do | 0 | 1 | 2 | 3 | 4 |
| 46. Difficulty making decisions | 0 | 1 | 2 | 3 | 4 |
| 47. Feeling afraid to travel on buses, subways, or trains | 0 | 1 | 2 | 3 | 4 |
| 48. Trouble getting your breath | 0 | 1 | 2 | 3 | 4 |
| 49. Hot or cold spells | 0 | 1 | 2 | 3 | 4 |
| 50. Having to avoid certain things places, or activities because they frighten you | 0 | 1 | 2 | 3 | 4 |
| 51. Your mind going blank | 0 | 1 | 2 | 3 | 4 |
| 52. Numbness or tingling in parts of your body | 0 | 1 | 2 | 3 | 4 |
| 53. A lump in your throat | 0 | 1 | 2 | 3 | 4 |
| 54. Feeling hopeless about the future | 0 | 1 | 2 | 3 | 4 |
| 55. Trouble concentrating | 0 | 1 | 2 | 3 | 4 |

| | Not at all | A bit | Fairly | A lot | Extremely |
|---|------------|-------|--------|-------|-----------|
| 56. Feeling weak in parts of your body | 0 | 1 | 2 | 3 | 4 |
| 57. Feeling tense or keyed up | 0 | 1 | 2 | 3 | 4 |
| 58. Heavy feelings in your arms or legs | 0 | 1 | 2 | 3 | 4 |
| 59. Thoughts of death or dying | 0 | 1 | 2 | 3 | 4 |
| 60. Overeating | 0 | 1 | 2 | 3 | 4 |
| 61. Feeling uneasy when people are watching or talking about you | 0 | 1 | 2 | 3 | 4 |
| 62. Having thoughts that are not your own | 0 | 1 | 2 | 3 | 4 |
| 63. Having urges to beat, injure, or harm someone | 0 | 1 | 2 | 3 | 4 |
| 64. Awakenings in the early morning | 0 | 1 | 2 | 3 | 4 |
| 65. Having to repeat the same actions such as touching, counting, washing | 0 | 1 | 2 | 3 | 4 |
| 66. Sleep that is restless or disturbed | 0 | 1 | 2 | 3 | 4 |
| 67. Having urges to break or smash things | 0 | 1 | 2 | 3 | 4 |
| 68. Having ideas or beliefs that others do not share | 0 | 1 | 2 | 3 | 4 |
| 69. Feeling very self-conscious with others | 0 | 1 | 2 | 3 | 4 |
| 70. Feeling uneasy in crowds, such as shopping or at a movie | 0 | 1 | 2 | 3 | 4 |
| 71. Feeling everything is an effort | 0 | 1 | 2 | 3 | 4 |
| 72. Spells of terror or panic | 0 | 1 | 2 | 3 | 4 |
| 73. Feeling uncomfortable about eating or drinking in public | 0 | 1 | 2 | 3 | 4 |
| 74. Getting into frequent arguments | 0 | 1 | 2 | 3 | 4 |
| 75. Feeling nervous when you are left alone | 0 | 1 | 2 | 3 | 4 |

| | Not at all | A bit | Fairly | A lot | Extremely |
|--|------------|-------|--------|-------|-----------|
| 76. Others not giving you proper credit for your achievements | 0 | 1 | 2 | 3 | 4 |
| 77. Feeling lonely even when you are with people | 0 | 1 | 2 | 3 | 4 |
| 78. Feeling so restless you couldn't sit still | 0 | 1 | 2 | 3 | 4 |
| 79. Feelings of worthlessness | 0 | 1 | 2 | 3 | 4 |
| 80. Feeling that familiar things are strange or unreal | 0 | 1 | 2 | 3 | 4 |
| 81. Shouting or throwing things | 0 | 1 | 2 | 3 | 4 |
| 82. Feeling afraid you will faint in public | 0 | 1 | 2 | 3 | 4 |
| 83. Feeling that people will take advantage of you if you let them | 0 | 1 | 2 | 3 | 4 |
| 84. Having thoughts about sex that bother you a lot | 0 | 1 | 2 | 3 | 4 |
| 85. The idea that you should be punished for your sins | 0 | 1 | 2 | 3 | 4 |
| 86. Feeling pushed to get things done | 0 | 1 | 2 | 3 | 4 |
| 87. The idea that something serious is wrong with your body | 0 | 1 | 2 | 3 | 4 |
| 88. Never feeling close to another person | 0 | 1 | 2 | 3 | 4 |
| 89. Feelings of guilt | 0 | 1 | 2 | 3 | 4 |
| 90. The idea that something is wrong with your mind | 0 | 1 | 2 | 3 | 4 |

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