

Self-Administered ALS Functional Rating Scale-Revised

Patient Name: _____ Date: _____

Scoring Sheet (for use by the health care provider)

1. SPEECH

No change value = 4
Noticeable speech disturbance value = 3
Asked often to repeat words or phrases value = 2
Alternative communication methods value = 1
Unable to communicate verbally value = 0
Q1. Score =

2. SALIVATION

No change value = 4
Slight excess saliva, nighttime drooling value = 3
Moderately excessive saliva, minimal drooling value = 2
Marked excess of saliva, some drooling value = 1
Marked drooling, requires constant tissue value = 0
Q2. Score =

3. SWALLOWING

No change value = 4
Occasional choking episodes value = 3
Modified the consistency of foods value = 2
Supplemental tube feedings value = 1
NPO (do not eat anything by mouth) value = 0
Q3. Score =

4. HANDWRITING

No change value = 4
Slow or sloppy, all words legible value = 3
Not all words legible value = 2
Able to hold pen, unable to write value = 1
Unable to hold pen value = 0
Q4. Score =

5a. CUTTING FOOD AND HANDLING UTENSILS

(patients without gastrostomy)
No change value = 4
Somewhat slow and clumsy, needs no help value = 3
Sometimes needs help value = 2
Foods cut by someone else value = 1
Needs to be fed value = 0
Q5a. Score =

5b. CUTTING FOOD AND HANDLING UTENSILS

(patients with gastrostomy)
Uses PEG without assistance or difficulty value = 4
Somewhat slow and clumsy, needs no help value = 3
Requires assistance with closures and fasteners value = 2
Provides minimal assistance to caregiver value = 1
Unable to perform any manipulations value = 0
Q5b. Score =

6. DRESSING AND HYGIENE

No change value = 4
Performs without assistance with increased effort or decreased efficiency value = 3
Intermittent assistance or different methods value = 2
Requires daily assistance value = 1
Completely dependent value = 0
Q6. Score =

7. TURNING IN BED AND ADJUSTING BEDCLOTHES

No change value = 4
Slower or more clumsy, without assistance value = 3
Can turn alone or adjust bed clothes value = 2
Can initiate but requires assistance value = 1
Helpless in bed value = 0
Q7. Score =

8. WALKING

No change value = 4
Change in walking, no assistance or devices value = 3
Requires assistance to walk value = 2
Can move legs or stand up, unable to walk from room to room value = 1
Cannot walk or move legs value = 0
Q8. Score =

9. CLIMBING STAIRS

No change value = 4
Slower value = 3
Unsteady and/or more fatigued value = 2
Requires assistance value = 1
Cannot climb stairs value = 0
Q9. Score =

10. DYSPNEA

No change value = 4
Occurs only with walking value = 3
Occurs with minimal exertion value = 2
Occurs at rest, either sitting or lying value = 1
Significant shortness of breath considering mechanical support value = 0
Q10. Score =

11. ORTHOPNEA

No change value = 4
Occasional shortness of breath, does not routinely use more than two pillows value = 3
Require more than 2 pillows to sleep value = 2
Can only sleep sitting up value = 1
Require the use of respiratory support (BiPAP®) to sleep value = 0
Q11. Score =

12. RESPIRATORY INSUFFICIENCY

No respiratory support value = 4
Intermittent use of BiPAP® value = 3
Continuous use of BiPAP® at night value = 2
Continuous use of BiPAP day and night value = 1
Invasive mechanical ventilation value = 0
Q12. Score =

Total Score __ = / 48

