

# 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

