**Self-Administered ALS Functional Rating Scale-Revised**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Scoring Sheet (for use by the health**  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 = | **care provider)**  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 = |
| 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 = | 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 = |
| 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 = | 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 = |
| 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 = | 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 = |
| 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 = | 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 = |
| 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 = | 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 = |
| 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 = | ***Total Score \_\_= / 48*** |