

ALS Functional Rating Scale Revised (ALS-FRS-R)

Date:.....Name patient:.....Date of Birth:.....

Patient's number.....Right-/left-handed

Item 1: SPEECH

- 4 Normal speech process
- 3 Detectable speech disturbance
- 2 Intelligible with repeating
- 1 Speech combined with non-vocal communication
- 0 Loss of useful speech

Item 2: SALIVATION

- 4 Normal
- 3 Slight but definite excess of saliva in mouth; may have nighttime drooling
- 2 Moderately excessive saliva; may have minimal drooling (during the day)
- 1 Marked excess of saliva with some drooling
- 0 Marked drooling; requires constant tissue or handkerchief

Item 3: SWALLOWING

- 4 Normal eating habits
- 3 Early eating problems – occasional choking
- 2 Dietary consistency changes
- 1 Needs supplement tube feeding
- 0 NPO (exclusively parenteral or enteral feeding)

Item 4: HANDWRITING

- 4 Normal
- 3 Slow or sloppy: all words are legible
- 2 Not all words are legible
- 1 Able to grip pen, but unable to write
- 0 Unable to grip pen

Item 5a: CUTTING FOOD AND HANDLING UTENSILS

Patients without gastrostomy → Use 5b if >50% is through g-tube

- 4 Normal
- 3 Somewhat slow and clumsy, but no help needed
- 2 Can cut most foods (>50%), although slow and clumsy; some help needed
- 1 Food must be cut by someone, but can still feed slowly
- 0 Needs to be fed

Item 5b: CUTTING FOOD AND HANDLING UTENSILS

Patients with gastrostomy → 5b option is used if the patient has a gastrostomy and only if it is the primary method (more than 50%) of eating .

- 4 Normal
- 3 Clumsy, but able to perform all manipulations independently
- 2 Some help needed with closures and fasteners
- 1 Provides minimal assistance to caregiver
- 0 Unable to perform any aspect of task

Item 6: DRESSING AND HYGIENE

- 4 Normal function
- 3 Independent and complete self-care with effort or decreased efficiency
- 2 Intermittent assistance or substitute methods
- 1 Needs attendant for self-care
- 0 Total dependence

Item 7: TURNING IN BED AND ADJUSTING BED CLOTHES

- 4 Normal function
- 3 Somewhat slow and clumsy, but no help needed
- 2 Can turn alone, or adjust sheets, but with great difficulty
- 1 Can initiate, but not turn or adjust sheets alone
- 0 Helpless

Item 8: WALKING

- 4 Normal
- 3 Early ambulation difficulties
- 2 Walks with assistance
- 1 Non-ambulatory functional movement
- 0 No purposeful leg movement

Item 9: CLIMBING STAIRS

- 4 Normal
- 3 Slow
- 2 Mild unsteadiness or fatigue
- 1 Needs assistance
- 0 Cannot do

Item 10: DYSPNEA

- 4 None
- 3 Occurs when walking
- 2 Occurs with one or more of the following: eating, bathing, dressing (ADL)
- 1 Occurs at rest: difficulty breathing when either sitting or lying
- 0 Significant difficulty: considering using mechanical respiratory support

Item 11: ORTHOPNEA

- 4 None
- 3 Some difficulty sleeping at night due to shortness of breath, does not routinely use more than two pillows
- 2 Needs extra pillows in order to sleep (more than two)
- 1 Can only sleep sitting up
- 0 Unable to sleep without mechanical assistance

Item 12: RESPIRATORY INSUFFICIENCY

- 4 None
- 3 Intermittent use of BiPAP
- 2 Continuous use of BiPAP during the night
- 1 Continuous use of BiPAP during day & night
- 0 Invasive mechanical ventilation by intubation or tracheostomy

Interviewer's name.....