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 respirator 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.........................................................................................................................................................