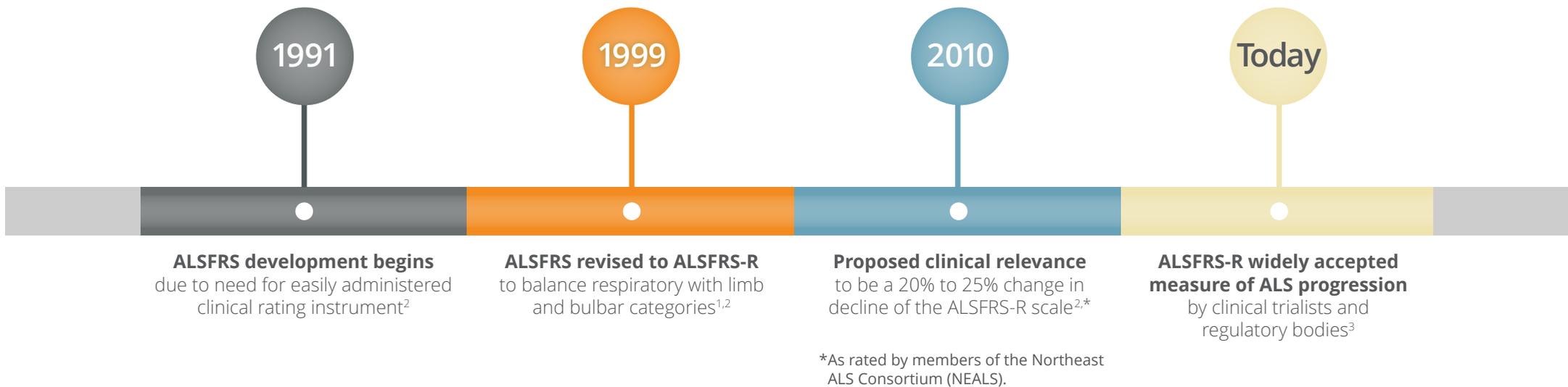


# ALS Functional Rating Scale–Revised (ALSFRS-R)

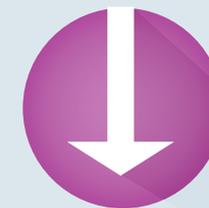
Measuring progression of disability in people with ALS<sup>1</sup>



The **ALSFRS-R** is a simple, validated, and reliable tool for evaluating decline in function. Scores decline with disease progression at a rate that is generally consistent across clinical trials.<sup>1,2</sup>



**1 month**



**1 point drop**

Individual patient rates of decline may vary.<sup>4</sup>

See the full ALSFRS-R questionnaire on reverse.

# ALS Functional Rating Scale–Revised (ALSFRS-R)<sup>5</sup>



## BULBAR

### Speech

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

### Salivation

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

### Swallowing

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



## FINE MOTOR

### 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

### Cutting Food\*

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

### Dressing and Hygiene

- 4 Normal
- 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

\*There are different assessments for cutting food with gastrostomy.



## GROSS MOTOR

### Turning in Bed

- 4 Normal
- 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

### Walking

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

### Climbing Stairs

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



## RESPIRATORY

### 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

### 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 pillow in order to sleep (more than two)
- 1 Can only sleep sitting up
- 0 Unable to sleep

### Respiratory Insufficiency

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

**References:** 1. Cedarbaum JM, Stambler N, Malta E, et al. The ALSFRS-R: a revised ALS functional rating scale that incorporates assessments of respiratory function. *J Neuro/ Sci.* 1999;169(1-2):13–21. 2. Castrillo-Viguera C, Grasso DL, Simpson E, et al. Clinical significance in the change of decline in ALSFRS-R. *Amyotroph Lateral Scler.* 2010;11(1-2):178–180. 3. Berry JD, Cudkowicz ME. New considerations in the design of clinical trials for amyotrophic lateral sclerosis. *Clin Investig (Lond).* 2011;1(10):1375–1389. 4. Simon GN, Turner MR, Vucic S, et al. Quantifying disease progression in amyotrophic lateral sclerosis. *Ann Neurol.* 2014;76(5):643–657. 5. The ALS C.A.R.E. Program. Center for Outcomes Research, University of Massachusetts Medical School. <http://www.outcomes-umassmed.org/ALS/alsscale.aspx>. Accessed November 28, 2017.

