

Patient Name _____
Rater _____
Date Completed _____

Disability Rating Scale (DRS)

Arousability, Awareness, & Responsivity

Eye Opening

- 0 Spontaneous
- 1 To Speech
- 2 To Pain
- 3 None

Communication Ability

- 0 Oriented
- 1 Confused
- 2 Inappropriate
- 3 Incomprehensible
- 4 None

Motor Response

- 0 Obeying
- 1 Localizing
- 2 Withdrawing
- 3 Flexing
- 4 Extending
- 5 None

Cognitive Ability for Self Care Activities

Knows how and when to feed, toilet or groom self

Feeding

- 0.0 Complete
- 0.5
- 1.0 Partial
- 1.5
- 2.0 Minimal
- 2.5
- 3.0 None

Toileting

- 0.0 Complete
- 0.5
- 1.0 Partial
- 1.5
- 2.0 Minimal
- 2.5
- 3.0 None

Grooming

- 0.0 Complete
- 0.5
- 1.0 Partial
- 1.5
- 2.0 Minimal
- 2.5
- 3.0 None

Dependence on Others

Level of Functioning

Physical & cognitive disability

- 0.0 Completely Independent
- 0.5
- 1.0 Independent in special environment
- 1.5
- 2.0 Mildly Dependent-Limited assistance
Non-resident helper
- 2.5
- 3.0 Moderately Dependent-moderate assist
Person in home
- 3.5
- 4.0 Markedly Dependent
Assistance with all major activities, all times
- 4.5
- 5.0 Totally Dependent
24 hour nursing care

Psychosocial Adaptability

Employability

As full time worker, homemaker, student

- 0.0 Not Restricted
- 0.5
- 1.0 Selected jobs, competitive
- 1.5
- 2.0 Sheltered workshop, Noncompet.
- 2.5
- 3.0 Not Employable

Total Score (sum all scores) _____