FIRST NAME LAST NAME BIRTHDATE STUDY ID# TODAY'S DATE

ALS Functional Rating Scale—Revised 12 (ALSFRS-R12)

1. Speech

Normal speech processes	Detectable speech disturbance	Intelligible with repeating	Speech with nonvocal communication	Loss of useful speech
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

2. Salivation

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

3. Swallowing

Normal eating habits	Early eating problems—occasional choking	Dietary consistency changes	Needs supplemental tube feeding	NPO—needs a feeding tube or TPN
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

4. Handwriting

Normal	Slow or sloppy; all words legible	Not all words legible	Able to grip pen but unable to write	Unable to grip a pen or pencil
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

5. A. Cutting food and handling utensils (for patients without a gastrostomy)

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

B. Cutting food and handling utensils (alternate scale for patients with gastrostomy)

Normal	Clumsy but able to perform without help	Some help needed with closures and fasteners	Provides minimal assistance to caregiver	Unable to perform any aspect of task
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

6. Dressing and hygiene

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

7. Turning in bed and adjusting bed clothes

Normal	Somewhat slow and clumsy	Can turn alone or adjust sheets but with difficulty	Can initiate, but not turn or adjust sheets alone	Total dependence
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

8. Walking

Normal	Early ambulation difficulties	Walks with assistance	Nonambulatory functional movement	No purposeful leg movement
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

9. Climbing stairs

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

10. Shortness of breath (dyspnea)

None	Occurs when walking	Occurs with one or more: eating, bathing, dressing	Occurs at rest, difficulty breathing after sitting or lying	Significant difficulty, thinking about mechanical respiratory support
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

11. Breathing while lying flat (orthopnea)

None	Difficulty sleeping flat at night due to shortness of breath	Needs extra pillows in order to sleep (more than two)	Can only sleep sitting up	Unable to sleep
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐

12. Need for respiratory assistance

None	Intermittent use of BiPAP	Continuous use of BiPAP at night	Continuous use of BiPAP at night and day	Invasive mechanical ventilation by intubation or tracheostomy
4	**3**	**2**	**1**	**0**
☐	☐	☐	☐	☐