

Disorders of Consciousness Scale (DOCS) Neurobehavioral Evaluation Score Form for Non-Research Purposes

BASELINE OBSERVATIONS

Location of Baseline Observation (specify): _____

Time and Nature of Previous Activity: _____

Evaluation was broken into 2 sessions: Yes or No If Yes, is this the: 1st session or 2nd session

Noise Level of Environment (Circle): Noisy Quiet Intermittent Noise Interruptions

Heart Rate: Lowest reading: _____ Highest Reading: _____

Blood Oxygen Level (via pulse oximetry): Lowest reading: _____ Highest Reading: _____

POSITION OF PATIENT (check position that patient is in during the baseline observations):

___ in bed lying on back ___ in bed sitting up between 45 & 90 degrees ___ side-lying in bed ___ upright in chair

___ reclined in chair

SPONTANEOUS/RANDOM MOVEMENTS: (check all that are observed)

___ eyebrow movement (circle one: right left both) ___ frown or grimace ___ smiling ___ biting or grinding of teeth

___ mouth twitching or tremors ___ tongue movement ___ lip movement ___ head movement ___ LLE movement

___ RLE movement ___ LUE movement ___ RUE movement ___ none

RESPIRATION: (check the appropriate boxes) ___ quiet ___ shallow ___ stridorous ___ fast ___ other

SWALLOWING: Check the amount of drooling: ___ constant ___ occasional ___ not observed ___ none

Check location of drooling: ___ right corner ___ left corner ___ midline ___ all of these locations ___ none

of spontaneous swallows observed: _____

POSTURE: Describe the following as: tense, relaxed, spastic, flexed, extended or describe other posturing:

Facial Posture: _____

Neck Posture: _____

LUE Posture: _____

RUE Posture: _____

LLE Posture: _____

RLE Posture: _____

Whole Body Posture: _____

VISUAL: Does patient wear eye glasses? Yes No If yes, were they worn during this observation? Yes No

Level of illumination in room (check only one): ___ dark ___ dim ___ bright

Duration & Frequency of Eye Opening: (check only one):

___ eyes closed; no spontaneous eye opening

___ eyes closed initially; spontaneous eye opening for less than 1 minute

___ eyes closed initially; spontaneous eye opening for greater than 1 minute

___ eyes open initially; spontaneously close after ___ seconds and remain closed

___ eyes open initially; spontaneously close after ___ seconds, but reopened for ___ seconds

___ eyes spontaneously open and remain open throughout the observation period

___ partially open (circle amount that the eyes are open): 1/4 1/2 3/4

___ eyes remain open all the time (circle one: without any blinking or with blinking)

___ one eye open Right___ or Left___

Eye Positioning & Movement: (check all that are appropriate) ___ could not observe eyes ___ both eyes deviated right

___ both eyes deviated left ___ left eye deviated ___ right eye deviated

___ nystagmus (i.e., rhythmical oscillation of the eyeballs- either pendular or jerky)

___ ptosis (i.e., drooping of the upper eyelid): left eye right eye bilateral

right pupil: ___ dilated ___ constricted left pupil: ___ dilated ___ constricted

Source:

Pape, T. L.-B., Heinemann, A., Kelly, J.P., Hurder, A, G, Lundgren, S. (2005). A Measure of Neurobehavioral Functioning after Coma-Part I: Theory Reliability and Validity of the Disorders of Consciousness Scale, Journal of Rehabilitation Research and Development, Jan/Feb, 42 (1) 1-18.

Pape, T. L.-B., Senno, R., Guernon, A. Kelly, J. (2005). A Measure of Neurobehavioral Functioning after Coma-Part II: Detection and Measurement of Meaningful Effects during Coma Recovery, Journal of Rehabilitation Research and Development, Jan/Feb, 42 (1) 19-28.

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TESTING READINESS ITEMS: Circle score or response for each test item

1. Is a third nerve palsy (i.e. third cranial nerve damage-inability to lift eyelids) suspected? YES or NO

2. Is cortical blindness (i.e. optic nerve damage) suspected? YES or NO

3. Is bilateral ptosis (i.e. drooping of the upper eyelid) suspected? YES or NO

4. Auditory Stimuli:

Patient required their name to be spoken to re-establish "testing readiness" = 0

Patient did not require their name to be spoken to re-establish "testing readiness" = 1

5. Tactile/Deep Pressure Stimuli:

Patient required deep pressure to re-establish "testing readiness" = 0

Patient did not require deep pressure to re-establish "testing readiness" = 1

6. Passive Movement Stimuli:

Patient required passive movement to re-establish "testing readiness" = 0

Patient did not require passive movement to re-establish "testing readiness" = 1

7. Rolling Stimuli:

Patient required rolling to re-establish "testing readiness" = 0

Patient did not require rolling to re-establish "testing readiness" = 1

8. Rocking Stimuli:

Patient required rocking to re-establish "testing readiness" = 0

Patient did not require rocking to re-establish "testing readiness" = 1

9. Maintaining State of Testing Readiness:

Did the patient require stimulation throughout the evaluation to maintain a state of testing readiness ? Yes = 0 No = 1

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