

# Drooling Impact Scale (DIS)<sup>1</sup>

The DIS is a tool developed to help assess the impact of drooling on quality of life across a number of areas and can help assess the effectiveness of a treatment. The total score out of 100 gives an understanding of the severity of drooling and its impact on the life of the child and the parent/carer.

Use the boxes on the right to provide a score out of 10 for the following parameters. Over the past week:

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
<p><b>Q1. How frequently did your child dribble?</b></p> <p>Not at all <span style="float: right;">Constantly</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q2. How severe was the drooling?</b></p> <p>Remained dry <span style="float: right;">Profuse</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q3. How many times a day did you have to change bibs or clothing due to drooling?</b></p> <p>Once or not at all <span style="float: right;">10 or more</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q4. How offensive was the smell of the saliva on your child?</b></p> <p>Not offensive <span style="float: right;">Very offensive</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q5. How much skin irritation has your child had due to drooling?</b></p> <p>None <span style="float: right;">Severe rash</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q6. How frequently did your child's mouth need wiping?</b></p> <p>Not at all <span style="float: right;">All the time</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q7. How embarrassed did your child seem to be about his/her dribbling?</b></p> <p>Not at all <span style="float: right;">Very embarrassed</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q8. How much do you have to wipe or clean saliva from household items e.g. toys, furniture, computers, etc?</b></p> <p>Not at all <span style="float: right;">All the time</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q9. To what extent did your child's drooling affect his/her life?</b></p> <p>Not at all <span style="float: right;">Greatly</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Q10. To what extent did your child's dribbling affect you and your family's life?</b></p> <p>Not at all <span style="float: right;">Greatly</span>            1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Overall score:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>