Glasgow Outcome Scale

The Glasgow Outcome Scale (GOS) is a global scale for functional outcome that rates patient status into one of five categories: Dead, Vegetative State, Severe Disability, Moderate Disability or Good Recovery. The Extended GOS (GOSE) provides more detailed categorization into eight categories by subdividing the categories of severe disability, moderate disability and good recovery into a lower and upper category:

Table 1: Extended Glasgow Outcome Scale (GOSE)

1	Death	D
2	Vegetative state	VS
3	Lower severe disability	SD -
4	Upper severe disability	SD +
5	Lower moderate disability	MD -
6	Upper moderate disability	MD +
7	Lower good recovery	GR -
8	Upper good recovery	GR +

Use of the structured interview is recommended to facilitate consistency in ratings.

References:

Jennett B, Bond M: Assessment of outcome after severe brain damage. Lancet 1:480–484, 1975.

Teasdale GM, Pettigrew LE, Wilson JT, Murray G, Jennett B. Analyzing outcome of treatment of severe head injury: A review and update on advancing the use of the Glasgow Outcome Scale. *Journal of Neurotrauma* 1998;15:587-597.

Wilson JTL, Pettigrew LEL, Teasdale GM. Structured interviews for the Glasgow Outcome Scale and the Extended Glasgow Outcome Scale: Guidelines for Their Use. J Neurotrauma 15(8): 573-85. 1997.

Wilson JT, Slieker FJ, Legrand V, Murray G, Stocchetti N, Maas AI. Observer variation in the assessment of outcome in traumatic brain injury: experience from a multicenter, international randomized clinical trial. Neurosurgery. Jul;61(1):123-8; discussion 128-9. 2007.

Recommended time for assessment: Basic Intermediate Advanced 3 months outcome 1 6 months outcome 12 months outcome

POST DISCHARGE STRUCTURED INTERVIEW FOR GOSE

· · · · · · · · · · · · · · · · · · ·								
Respondent:	0 = Patient alone	1 = Relative/friend/careta	iker alone	2 = Patient plus relative/friend/caretaker				
Conciousness:								
1. Is the head-injured person able to obey simple commands or say any words?								
	◯ Yes	No (VS)						
longer considered to be	in vegetative state. Eye		evidence of me	mmunicate specifically in any other way is no eaningful responsiveness. Corroborate with				
Independence at ho	ome:							
2a. Is the assistance	of another person at	home essential every day	for some ac	tivities of daily living?				
	◯ Yes	No (VS)	If no: go to	o 3				
Note: for a NO answer they should be able to look after themselves at home for 24 hours if necessary, though they need not actually look after themselves. Independence includes the ability to plan for and carry out the following activities: getting washed, putting on clean clothes without prompting, preparing food for themselves, dealing with callers and handling minor domestic crises. The person should be able to carry out activities without needing prompting or reminding and should be capable of being left alone overnight.								
2b. Do they need frequent help of someone to be around at home most of the time?								
	Yes (lower SD)	🔵 No (uppe	r SD)					
Note: for a NO answer t need not actually look a		ok after themselves at home	up to eight hou	urs during the day if necessary, though they				
2c. Was the patient i	ndependent at home	before the injury?						
	Yes	No						
Independence outs	ide home:							
3a. Are they able to a	shop without assistan	ce?						
·	Yes	O No (uppe	r SD)					
Note: this includes being able to plan what to buy, take care of money themselves and behave appropriately in public. They need not normally shop, but must be able to do so.								
3b. Were they able to shop without assistance before?								
	◯ Yes	O No						
4a. Are they able to travel locally without assistance?								
	◯ Yes	O No (uppe	er SD)					
Note: they may drive or and instruct the driver.	use public transport to g	et around. Ability to use a tax	i is sufficient, p	provided the person can phone for it themselves				
4b. Were they able	to travel locally withou	it assistance before the in	jury?					
	◯ Yes	◯ No						
Work:								
5a. Are they current	ly able to work (or loo	k after others at home) to go to 6 ONo	their previou	us capacity?				
5b. How restricted a	are they?							
a. Reduced work capacity?								
b. Able to work only in a sheltered workshop or non-competitive job or currently unable to work?								

5c. Does the level of restriction represent a change in respect to the pre-trauma situation?					
Yes No					
Social and Leisure activities:					
6a. Are they able to resume regular social and leisure activities outside home?					
Yes If yes, go to 7 No					
Note: they need not have resumed all their previous leisure activities, but should not be prevented by physical or mental impairment. If the have stopped the majority of activities because of loss of interest or motivation, then this is also considered a disability.	y				
6b. What is the extent of restriction on their social and leisure activities?					
a. Participate a bit less: at least half as often as before injury O a. (Lower GR)					
b. Participate much less: less than half as often Ob. (Upper MD)					
c. Unable to participate: rarely, if ever, take part O c. (Lower MD)					
6c. Does the extent of restriction in regular social and leisure activities outside home represent a change in respect or pre-trauma					
Yes No					
Family and friendships:					
7a. Has there been family or friendship disruption due to psychological problems?					
Yes No If no, go to 8					
Note: typical post-traumatic personality changes are: quick temper, irritability, anxiety, insensitivity to others, mood swings, depression and unreasonable or childish behaviour.	t				
7b. What has been the extent of disruption or strain?					
a. Occasional - less than weekly O a. (Lower GR)					
b. Frequent - once a week or more, but not tolerable O b. (Upper MD)					
c. Constant - daily and intolerable					
7c. Does the level of disruption or strain represent a change in respect to pre-trauma situation?					
Yes No					
Note: if there were some problems before injury, but these have become markedly worse since the injury then answer yes to question					
Return to normal life:					
8a. Are there any other current problems relating to the injury which affect daily life?					
Yes (Lower GR) No (Upper GR)					
Note: other typical problems reported after head injury: headaches, dizziness, sensitivity to noise or light, slowness, memory failures and concentration problems.					
8b. If similar problems were present before the injury, have these become markedly worse?					
Yes No					
9. What is the most important factor in outcome?					
a. Effects of head injury					
O b. Effects of illness or injury to another part of the body					
C. A mixture of these					
Note: extended GOS grades are shown beside responses on the CRF. The overall rating is based on the lowest outcome category					
indicated. Areas in which there has been no change with respect to the pre-trauma situation are ignored when the overall rating is made					