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 Al. 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 6 months outcome 12 months outcome	Х	X	X X X	

POST DISCHARGE STRUCTURED INTERVIEW FOR GOSE

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Respondent:	0 = Patient alone	1 = Relative/friend/caretake	er alone	2 = Patient plus relative/friend/caretaker	
Conciousness:					
1. Is the head-inj	ured person able to obey	simple commands or say a	ny words?		
	Yes	No (VS)			
Note: anyone who shows the ability to obey even simple commands or utter any word or communicate specifically in any other way is no longer considered to be in vegetative state. Eye movements are not reliable evidence of meaningful responsiveness. Corroborate with nursing staff and/or other caretakers. Confirmation of VS requires full assessment.					
Independence a	t home:				
2a. Is the assista	nce of another person at	home essential every day for	or some activ	vities of daily living?	
	Yes	No (VS)	If no: go to	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	I frequent help of someor	ne to be around at home mo	st of the time	e?	
	Yes (lower SD)	No (upper S	3D)		
Note: for a NO answer they should be able to look after themselves at home up to eight hours during the day if necessary, though they need not actually look after themselves					
2c. Was the patie	ent independent at home	before the injury?			
	Yes	○ No			
Independence of	utside home:				
3a. Are they able	to shop without assistar	ice?			
	Yes	No (upper S	3D)		
	being able to plan what to bu must be able to do so.	uy, take care of money themselv	es and behave	e appropriately in public. They need not	
3b. Were they ab	le to shop without assist	ance before?			
	Yes	○ No			
4a. Are they abl	e to travel locally without	assistance?			
	Yes	No (upper	SD)		
Note: they may driv		get around. Ability to use a taxi is	s sufficient, pro	ovided the person can phone for it themselves	
4b. Were they a	ble to travel locally witho	ut assistance before the inju	ry?		
ŕ	Yes	○ No			
Work:					
5a. Are they cur	rently able to work (or loc	ok after others at home) to the	neir previous	capacity?	
	Yes If yes,	go to 6 No			
5b. How restricted	ed are they?				
a. Reduced	work capacity?	a. (Upp	er MD)		
	ork only in a sheltered we petitive job or currently ur	orkshop or Ob. (Low			

oc. Does the level of t	- restriction represent a change if	n respect to	the pre-	irauma situation?	
	Yes	○ No			
Social and Leisure a	activities:				
6a. Are they able to re	esume regular social and leisure	e activities o	outside h	ome?	
	Yes If yes, go to 7	○ No			
	resumed all their previous leisure ary of activities because of loss of inter				
6b. What is the extent	t of restriction on their social and	d leisure ac	tivities?		
a. Participate a bi	it less: at least half as often as b	pefore injury	'	a. (Lower GR)	
b. Participate mud	ch less: less than half as often			b. (Upper MD)	
c. Unable to partic	cipate: rarely, if ever, take part			c. (Lower MD)	
6c. Does the extent o a change in respe	of restriction in regular social and ect or pre-trauma	d leisure act	tivities ou	itside home represent	
	Yes	○ No			
Family and friendsh	ips:				
7a. Has there been fa	amily or friendship disruption due	e to psychol	logical pi	roblems?	
	Yes	No I	lf no, go	to 8	
Note: typical post-traumar unreasonable or childish	tic personality changes are: quick te behaviour.	mper, irritabil	lity, anxiet	y, insensitivity to others, mod	od swings, depression and
7b. What has been th	e extent of disruption or strain?				
a. Occasional - le	ess than weekly			a. (Lower GR)	
b. Frequent - once	e a week or more, but not tolera	able	\sim	b. (Upper MD)	
c. Constant - daily	y and intolerable		Č	c. (Lower MD)	
7c. Does the level of	disruption or strain represent a	change in re	espect to	pre-trauma situation?	
	Yes	○ No			
Note: if there were some	problems before injury, but these ha	ave become m	narkedly w	orse since the injury then ar	nswer yes to question
Return to normal life	e:				
8a. Are there any other	er current problems relating to the	he injury wh	nich affec	t daily life?	
	Yes (Lower GR)	O No (U)	pper GR)	
Note: other typical problems.	ms reported after head injury: heada	aches, dizzine	ess, sensit	ivity to noise or light, slowne	ss, memory failures and
8b. If similar problems	were present before the injury,	have these	become	markedly worse?	
(Yes	○ No			
9. What is the most in	mportant factor in outcome?				
	a. Effects of head injury				
	b. Effects of illness or injury	y to another	part of t	he body	
	c. A mixture of these				
Note: extended GOS grad	des are shown beside responses on	the CRF. The	e overall r	ating is based on the lowest	outcome category
indicated.	been no change with respect to the				