## 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: 1 <sup>st</sup> session or 2 <sup>nd</sup> 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:
<b>POSITION OF PATIENT</b> (check position that patient is in during the baseline observations):
in bed lying on backin bed sitting up between 45 & 90 degreesside-lying in bedupright in chair
reclined in chair
SPONTANEOUS/RANDOM MOVEMENTS: (check all that are observed)
eyebrow movement (circle one: right left both)frown or grimacesmilingbiting or grinding of teeth
mouth twitching or tremorstongue movementlip movementhead movementLLE movement
RLE movementRUE movementnone
<b>RESPIRATION:</b> (check the appropriate boxes)quietshallowstriderousfastother
SWALLOWING: Check the amount of drooling:constantoccasionalnot observednone
Check location of drooling:right cornerleft cornermidlineall of these locationsnone
# of spontaneous swallows observed:
<b>POSTURE:</b> 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):darkdimbright
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 eyesboth eyes deviated right
both eyes deviated leftleft eye deviatedright 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:dilatedconstricted left pupil:dilatedconstricted
Dec. 1

### Source:

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## **TEST STIMULI BY MODALITIES**

Social Knowledge Items	No Response (NR)	Generalized Response (GR)	Localized Response (LR)
Greet (Social Greeting):	No Response (NR)	Generalized Response (GR)	Localized Response (ER)
1. "Hi, I'm" (say your name), "How's it going? $\Rightarrow \Rightarrow$	0	1	2
Taste & Swallowing Items	No Response (NR)	Generalized Response (GR)	Localized Response (LR)
Taste/Swallow:     2. Cotton Tip Applicator (w/ juice) $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$	0	1	2
2. Cotton Tip Applicator (w/ juice) $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$	0	1	2
3. Massage (Masseter) $\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow$	0	1	2
Olfactory Items	No Response (NR)	Generalized Response (GR)	Localized Response (LR)
Odors:   4.a. Odor1 (name of odor:)⇒⇒⇒⇒⇒	0	1	2
4.b. Odor2 (name of odor:) $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$	0	1	2
Proprioceptive & Vestibular Items	No Response (NR)	Generalized Response (GR)	Localized Response (LR)
Passive Movement:	, , , , , , , , , , , , , , , , , , ,		
5. Any Joint (limb ranged:) $\Rightarrow \Rightarrow \Rightarrow \Rightarrow$	0	1	2
Tactile Items	No Response (NR)	Generalized Response (GR)	Localized Response (LR)
Light Tactile:     6. Air $\Rightarrow \Rightarrow $	0	1	2
7. Feather $\Rightarrow$	0	1	2
8. Hair $\Rightarrow$	0	1	2
9. Vibration to BIG TOE or HEEL $\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow\Rightarrow$	0	1	2
Firm Tactile:     10. Hand $\Rightarrow$	0	1	2
11. Scrub $\Rightarrow$	0	1	2
Temperature:			
12. Swab (alcohol swab on big toe or heel) $\Rightarrow \Rightarrow \Rightarrow \Rightarrow$	0	1	2
13. Cube (cube on ankle, big toe or heel) $\Rightarrow \Rightarrow \Rightarrow \Rightarrow$	0	1	2
Auditory Items	No Response (NR)	Generalized Response (GR)	Localized Response (LR)
Auditory Startle:     14. Whistle $\Rightarrow$	0	1	2
15. Clap $\Rightarrow$	0	1	2
Auditory Localization:			
16. Name $\Rightarrow$	0	1	2
17. Bell $\Rightarrow$	0	1	2
Auditory Comprehension:			
18.a. 1-Step Command:	0	1	2
18.b. 1-Step Command:	0	1	2

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Visual Items	No Response (NR)	Generalized Response (GR)	Localized Response (LR)
Blinking (Blink Response = LR):			
19.a. Upper $\Rightarrow$	0	1	2
19.b. Middle $\Rightarrow$	0	1	2
19.c. Lower $\Rightarrow$	0	1	2
19.d. Left $\Rightarrow$	0	1	2
19.e. Right $\Rightarrow$	0	1	2
<b>Focusing on Objects</b> (Blink Response = GR):			
$20.a. \text{ Upper} \Rightarrow \Rightarrow$	0	1	2
20.b. Middle $\Rightarrow$	0	1	2
20.c. Lower $\Rightarrow$	0	1	2
20.d. Left $\Rightarrow$	0	1	2
20.e. Right $\Rightarrow$	0	1	2
Tracking Objects:			
21.a. Horizontal $\Rightarrow$	0	1	2
21.b. Vertical $\Rightarrow$	0	1	2
Tracking Familiar Faces:			
22.a. Horizontal $\Rightarrow$	0	1	2
22.b. Vertical $\Rightarrow$	0	1	2
Focusing on Familiar Faces:			
23.a. Upper $\Rightarrow$	0	1	2
23.b. Middle $\Rightarrow$	0	1	2
23.c. Lower $\Rightarrow$	0	1	2
23.d. Left $\Rightarrow$	0	1	2
23.e. Right $\Rightarrow$	0	1	2

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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" = 0Patient did not require their name to be spoken to rsse-establish "testing readiness" = 1

#### 5. Tactile/Deep Pressure Stimuli:

Patient required deep pressure to re-establish "testing readiness" = 0Patient 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" = 0Patient did not require rolling to re-establish "testing readiness" = 1

#### 8. Rocking Stimuli:

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