

## Glasgow Outcome Scale - Extended (GOSE) - English Version

Patient's name:			Da	ate of inte	rview:	
Date of Birth:		Date of injury:		Gender I	M / F	
Age at injury:		Interval post-injury:				
Respondent:		 ve/ friend/ carer <sub>.</sub>	Relative/ friend	l/ carer ald	one	
Interviewer:						
CONSCIOUSNE  1. Is the head inju	SS ured person able	to obey simple c	ommands		1 = No (VS)	
or say any wor	•	to obey simple c	ommanus,		2 = Yes	
Anyone who shows ability to obey even simple commands, or utter any word or communicate specifically in any other way is no longer considered to be in the vegetative state. Eye movements are not reliable evidence of meaningful responsiveness. Corroborate with nursing staff. Confirmation of VS requires full assessment as in the Royal College of Physician Guidelines.						
INDEPENDENC	E IN THE HOME					
	ce of another per activities of daily I		ential every		1 = No 2 = Yes	
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 f home most of	frequent help or s the time?	someone to be a	round at		1 = No (Upper SD) 2 = Yes (Lower SD)	
For a 'No' answer to day if necessary, th	-			-	to 8 hours during the	
2c Was assistance	e at home essenti	ial before the inju	ıry?		1 = No 2 = Yes	
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	INDEPENDENCE OUTSIDE THE HOME				
3a	Are they able to shop without assistance?	1 = No (Upper SD) 2 = Yes			
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 mu st be able to do so.					
3b	Were they able to shop without assistance before the injury?	1 = No 2 = Yes			
4a	Are they able to travel locally without assistance?	1 = No (Upper SD) 2 = Yes			
They may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver.					
4b	Were they able to travel without assistance before the injury?	1 = No 2 = Yes			
	WORK				
5a	Are they currently able to work to their previous capacity?	1 = No 2 = Yes			
If they were working before, then their current capacity for work should be at the same level. If they were seeking work before, then the injury should not have adversely affected their chances of obtaining work or the level of work for which they are eligible. If the patient was a student before injury then their capacity for study should not have been adversely affected.					
5b	a) Reduced work capacity. b) Able to work only in a sheltered workshop or non-competitive job, or currently unable to work.	1 = a (Upper MD) 2 = b (Lower MD)			
5c	Were they either working or seeking employment before the injury (answer 'yes') or were they doing neither (answer 'no')?	1 = No 2 = Yes			
	SOCIAL & LEISURE ACTIVITIES				
6a	Are they able to resume regular social and leisure activities outside home?	1 = No 2 = Yes			
They need not have resumed all their previous leisure activities, but should not be prevented by physical or mental impairment. If they have stopped the majority of activities because of loss of interest or motivation then this is also considered a disability.					

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		1 = a (Lower GR)		
	injury. b) Participate much less: less than half as often.		2 = b (Upper MD)		
	c) Unable to participate: rarely, if ever, take part.		3 = c (Lower MD)		
6c	Did they engage in regular social and leisure activities outside home before the injury?		1 = No 2 = Yes		
	FAMILY & FRIENDSHIPS				
7a	Have there been psychological problems which have resulted in ongoing family disruption or disruption to friendships?		1 = No 2 = Yes		
Typical post-traumatic personality changes: quick temper, irritability, anxiety, insensitivity to others, mood swings, depression, and unreasonable or childish behaviour.					
7b	What has been the extent of disruption or strain?				
	<ul><li>a) Occasional - less than weekly</li><li>b) Frequent - once a week or more, but tolerable.</li><li>c) Constant - daily and intolerable.</li></ul>		1 = a (Lower GR) 2 = b (Upper MD) 3 = c (Lower MD)		
7c	Were there problems with family or friends before the injury?		1 = No 2 = Yes		
If there were some problems before injury, but these have become markedly worse since injury then answer 'No' to Q7c.					
	RETURN TO NORMAL LIFE				
8a	Are there any other current problems relating to the injury which affect daily life?		1 = No (Upper GR) 2 = Yes (Lower GR)		
Other typical problems reported after head injury: headaches, dizziness, tiredness, sensitivity to noise or light, slowness, memory failures, and concentration problems.					
8b	Were similar problems present before the injury?		1 = No 2 = Yes		
If there were some problems before injury, but these have become markedly worse since injury then answer 'No' to Q8b.					

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Epilepsy	
Since the injury has the head injured person had any epileptic fits?	No / Yes
Have they been told that they are currently at risk of developing epile	epsy? No / Yes
What is the most important factor in outcome?	
Effects of head injury	
Effects of illness or injury to another part of the body	
A mixture of these	
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Scoring	
The patient's overall rating is based on the lowest outcome category	indicated on the scale. Refer to
Guidelines for further information concerning administration and sco	ring
1 Dead	
2 Vegetative State (VS)	
3 Lower Severe Disability (Lower SD)	
4 Upper Severe Disability (Upper SD)	
5 Lower Moderate Disability (Lower MD)	
6 Upper Moderate Disability (Upper MD)	
7 Lower Good Recovery (Lower GR)	
8 Upper Good Recovery (Upper GR)	