Outcome Measure	**Disability Rating Scale (DRS)**
Sensitivity to Change	No
Population	Adult
Domain	Global Outcome
Type of Measure	Clinican-rated scale
ICF-Code/s	b1, d2, d5, d8
Description	The DRS (Rappaport et al. 1982) was developed for people with TBI to monitor progress from the acute stages of recovery through to longer-term outcome. The DRS is widely used in the USA. It is administered by a clinician using information based on their knowledge and observations of the patient and information obtained from other sources (e.g., nursing staff). The DRS is an 8-item scale covering 4 domains: (1) The arousal and awareness domain: uses 3 items from the Glasgow Coma Scale (GCS; eye-opening, motor response and verbal response). (2) Cognitive capacity for self-care tasks: uses 3 items (feeding, toileting and grooming). (3) Physical dependency on other people (single item) (4) Employability in the workplace (or home duties or schooling). Each of the items and response levels has detailed operational definitions. Items have a variable score range: the 3 items of the GCS are scored on the traditional 4-6 point score (but with the scoring direction reversed). The 3 self-care items are each rated on a 4-point scale from 0 (complete independence) to 3 (no independence), the level of functioning on a 6-point scale from 0 (completely independent) to 5 (totally dependent), and employability on a 4-point scale from 0 (not restricted) to 3 (not employable). A total score is used for the DRS, ranging from 0 to 30, with higher scores indicating greater impairment/disability. Scores can also be collapsed into 8 broad categories as follows: 0-3 = none (0), mild (1), partial (2-3) 4-6 = moderate 7-11 = moderately severe 12-16 = severe 17-21 = extremely severe 22-24 = vegetative state 25-29 = extreme vegetative state 30 = death The scale is suggested to take between 5-15 mins to complete.
Properties	See Tate (2010) for the following psychometric properties: *Inter-rater reliability* – r=.97-.98 (Rappaport et al., 1982); r=.98 (Gouvier et al., 1987)

	Test-retest reliability – 1 day r= .95 (Gouvier et al., 1987) *Internal consistency* – item-total correlation range : r = .54-.94 (Rappaport et al., 1982) *Concurrent validity* – with evoked potentials (r= .78, Rappaport et al., 1982); with Stover-Zeiger Scale (r=.81) and an expanded version of GOS (r= .85) Gouvier et al., 1987); with CIQ (r=-.43) and CHART (r=-.53) Zhang et al., 2002) Predictive validity: admission DRS correlated with 1 year DRS (r=.53, Rappaport et al., 1982); admission DRS correlated with discharge expanded GOS (r=.73, Gouvier et al., 1987). Responsiveness to change: from admission to discharge (Govuvier et al., 1987; Hall et al., 1996)
Advantages	One of the most established outcome measures in TBI. Good scale properties. Quick to administer Relevant across the full spectrum of recovery
Disadvantages	Crude and quick to administer tool that doesn't tap into higher level function. Less sensitivity to change in individuals at higher levels of functioning. Does not detect more subtle impairments. Heavily weighted toward people coming out of a coma or with high care needs.
Additional Information	The DRS is a Supplemental measure in the Global Outcome Domain in Wilde et al (2010).
Reviewers	Jenny Fleming

References

All references are from:

Tate, R. L. (2010) *A compendium of tests, scales, and questionnaires: The practitioners guide to measuring outcomes after acquired brain impairment*. Psychology Press.