VALIDATED ASSESSMENT SCALE · PARENT / CAREGIVER REPORT

The Drooling Impact Scale

Caregiver-reported measure of the impact of drooling in children with developmental disabilities

10 items | Recall period: past week | Completed by parent / caregiver

Child's name: _____ **ID:** _____ **Date:** _____

Completed by (name / relationship): _____

Over the past week: please circle **one number** for each question.

1 How frequently did your child dribble?

Not at all 1 2 3 4 5 6 7 8 9 10 *Constantly*

2 How severe was the drooling?

Remained dry 1 2 3 4 5 6 7 8 9 10 *Profuse*

3 How many times a day did you have to change bibs or clothing due to drooling?

Once or not at all 1 2 3 4 5 6 7 8 9 10 *10 or more*

4 How offensive was the smell of the saliva on your child?

Not offensive 1 2 3 4 5 6 7 8 9 10 *Very offensive*

5 How much skin irritation has your child had due to drooling?

None 1 2 3 4 5 6 7 8 9 10 *Severe rash*

6 How frequently did your child's mouth need wiping?

Not at all 1 2 3 4 5 6 7 8 9 10 *All the time*

7 How embarrassed did your child seem to be about his/her dribbling?

Not at all 1 2 3 4 5 6 7 8 9 10 *Very embarrassed*

8 How much do you have to wipe or clean saliva from household items eg toys, furniture, computers etc?

Not at all 1 2 3 4 5 6 7 8 9 10 *All the time*

9 To what extent did your child's drooling affect his or her life?

Not at all 1 2 3 4 5 6 7 8 9 10 *Greatly*

10 To what extent did your child's dribbling affect you and your family's life?

Not at all 1 2 3 4 5 6 7 8 9 10 *Greatly*

Total score

Sum of all 10 items (range 10–100). Higher scores indicate greater impact of drooling.

_____ / 100

Source: Reid SM, Johnson HM, Reddihough DS. The Drooling Impact Scale: a measure of the impact of drooling in children with developmental disabilities. *Dev Med Child Neurol*. 2010;52(2):e23–e28. Reproduced with attribution and reformatted by the Pediatric Complex Care Platform; item wording unchanged; all rights remain with the original authors and publisher.