

The Drooling Impact Scale

Over the past week:

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 e.g. 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