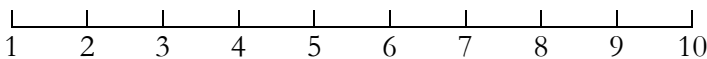


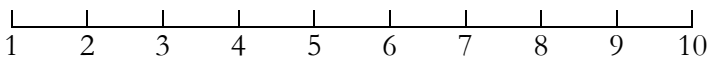
THE DROOLING IMPACT SCALE

Over the past week:

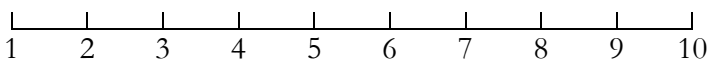
1. How frequently did your child dribble?

Not at all  Constantly

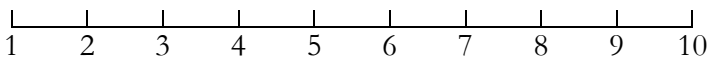
2. How severe was the drooling?

Remained dry  Profuse

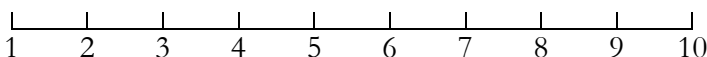
3. How many times a day did you have to change bibs or clothing due to drooling?

Once or not at all  10 or more

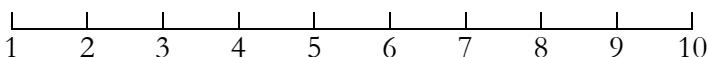
4. How offensive was the smell of the saliva on your child?

Not offensive  Very offensive

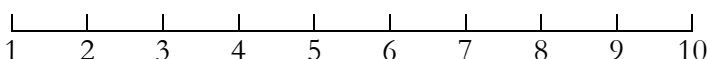
5. How much skin irritation has your child had due to drooling?

None  Severe rash

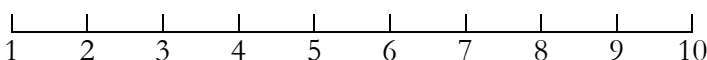
6. How frequently did your child's mouth need wiping?

Not at all  All the time

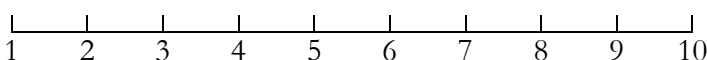
7. How embarrassed did your child seem to be about his/her dribbling?

Not at all  Very embarrassed

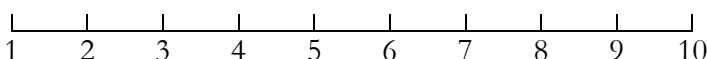
8. How much do you have to wipe or clean saliva from household items eg toys, furniture, computers etc?

Not at all  All the time

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

Not at all  Greatly

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

Not at all  Greatly