

MODIFIED RANKIN SCALE

Patient's name:

Hospital number:

CHECK ONE
GRADE ONLY

DESCRIPTION

- | | | |
|---|-------|---|
| 0 | | No symptoms at all. |
| 1 | | No significant disability despite symptoms:
<i>Able to carry out all usual activities.</i> |
| 2 | | Slight disability. |
| 3 | | Moderate disability:
<i>Requiring some help but able to walk without assistance.</i> |
| 4 | | Moderate to severe disability:
<i>Unable to walk without assistance and unable to attend to own bodily needs without assistance.</i> |
| 5 | | Severe disability:
<i>Bedridden, incontinent and requiring constant nursing care and attention.</i> |
| 6 | | Death. |