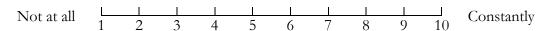
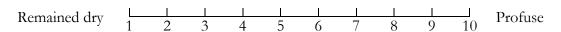
THE DROOLING IMPACT SCALE

Over the past week:

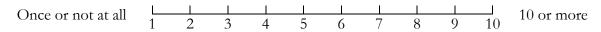
1. How frequently did your child dribble?



2. How severe was the drooling?



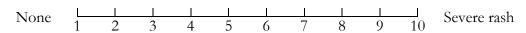
3. How many times a day did you have to change bibs or clothing due to drooling?



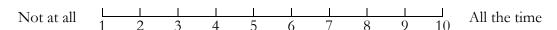
4. How offensive was the smell of the saliva on your child?



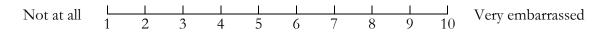
5. How much skin irritation has your child had due to drooling?



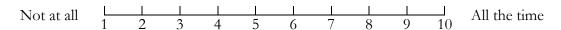
6. How frequently did your child's mouth need wiping?



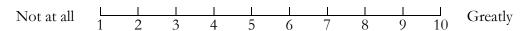
7. How embarrassed did your child seem to be about his/her dribbling?



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



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



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

