### Table 1.
Clinical criteria for determining states of altered consciousness and consciousness.

<table>
<thead>
<tr>
<th>Definitions &amp; Criterion</th>
<th>Coma</th>
<th>Vegetative State</th>
<th>Minimally Conscious State</th>
<th>Consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Definitions</td>
<td>A state of unarousable neurobehavioral responsiveness.</td>
<td>A state of arousal without behavioral evidence of awareness of self or capacity to interact with the environment.</td>
<td>A condition in which minimal but definite evidence of self or environmental awareness is demonstrated.</td>
<td>Consciousness is inferred when a person adaptively responds to ongoing sensory input in a manner that is not reflexic, stereotypical, or automatic.</td>
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<tr>
<td>Clinical Criteria</td>
<td>Does not—</td>
<td>1. Demonstrate eye-opening. 2. Follow commands. 3. Demonstrate volitional behavior. 4. Verbalize. 5. Mouth words. 6. Demonstrate sleep-wake cycle.</td>
<td>1. No evidence of sustained, reproducible, purposeful, or voluntary behavioral responses to visual, auditory, tactile, or noxious stimuli. 2. No evidence of language comprehension or expression. 3. Intermittent wakefulness manifested by preservation of sleep-wake cycles. 4. Sufficiently preserved hypothalamic and brain stem autonomic functions to permit survival with medical and nursing care. 5. Bowel and bladder incontinence. 6. Varially preserved cranial nerve and spinal reflexes.</td>
<td>One or more of the following must be clearly discernible and occur on a reproducible basis: 1. Follows simple commands. 2. Gestural or verbal “yes-no” responses (regardless of accuracy). 3. Intelligible verbalization. 4. Movements or affective behaviors that occur in contingent relation to relevant environmental stimuli and are not attributable to reflexive activity.</td>
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