



# Self-Report Spinal Cord Independence Measure

## Multiple Data Collection Points

INTERVIEW

SR-SCIM-MULT

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**SCIM Completed at:**

- ☐ Admission to facility (within 72 hours after admission)
- ☐ Discharge from facility or 'Final RHSCIR' data collection point (within 72 hours before discharge)

### SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

**This section asks about functioning in activities of daily living.**

For each item, please check the box next to the statement that best reflects **your current situation**. Please read the text carefully and only check one box in each section.

#### 1. Eating and drinking

- ☐ I need artificial feeding or a stomach tube
- ☐ I need total assistance with eating/drinking
- ☐ I need partial assistance with eating/drinking or for putting on/taking off adaptive devices
- ☐ I eat/drink independently, but I need adaptive devices or assistance for cutting food, pouring drinks or opening containers
- ☐ I eat/drink independently without assistance or adaptive devices

#### 2. (a) Washing your upper body and head

*Washing your **upper body and head** includes soaping and drying, and using a water tap.*

- ☐ I need total assistance
- ☐ I need partial assistance
- ☐ I am independent but need adaptive devices or specific equipment (e.g., bars, chair)
- ☐ I am independent and do not need adaptive devices or specific equipment

#### (b) Washing your lower body

*Washing your **lower body** includes soaping and drying, and using a water tap.*

- ☐ I need total assistance
- ☐ I need partial assistance
- ☐ I am independent but need adaptive devices or specific equipment (e.g., bars, chair)
- ☐ I am independent and do not need adaptive devices or specific equipment

**3. (a) Dressing your upper body**

*Dressing the **upper body** includes putting on and taking off clothes like t-shirts, blouses, shirts, bras, shawls, or orthoses (e.g., arm splint, neck brace, corset)*

**Easy-to-dress** clothes are those **without** buttons, zippers, or laces.

**Difficult-to-dress** clothes are those **with** buttons, zippers, or laces.

- ☐ I need total assistance
- ☐ I need partial assistance, even with easy-to-dress clothes
- ☐ I do not need assistance with easy-to-dress clothes, but I need adaptive devices or specific equipment
- ☐ I am independent with easy-to-dress clothes and only need assistance or adaptive devices or a specific setting with difficult-to-dress clothes
- ☐ I am completely independent

**(b) Dressing your lower body**

*Dressing the **lower body** includes putting on and taking off clothes like shorts, trousers, shoes, socks, belts, or orthoses (e.g., leg splint)*

**Easy-to-dress** clothes are those **without** buttons, zippers, or laces.

**Difficult-to-dress** clothes are those **with** buttons, zippers, or laces.

- ☐ I need total assistance
- ☐ I need partial assistance, even with easy-to-dress clothes
- ☐ I do not need assistance with easy-to-dress clothes, but I need adaptive devices or specific equipment
- ☐ I am independent with easy-to-dress clothes and only need assistance or adaptive devices or a specific setting with difficult-to-dress clothes
- ☐ I am completely independent

**4. Grooming**

*Please think about activities such as washing hands and face, brushing teeth, combing hair, shaving, or applying makeup*

- ☐ I need total assistance
- ☐ I need partial assistance
- ☐ I am independent with adaptive devices
- ☐ I am independent without adaptive devices

**5. Breathing**

Please check **only one box**, depending on whether or not you need a respiratory (tracheal) tube.

*I **need** a respiratory (tracheal) tube...*

- ☐ as well as permanent or from time to time assisted ventilation
- ☐ as well as extra oxygen and a lot of assistance in coughing or respiratory tube management
- ☐ as well as little assistance in coughing or respiratory tube management

*I **do not** need a respiratory (tracheal) tube...*

- ☐ but I need extra oxygen or a lot of assistance in coughing or a mask (e.g., positive end-expiratory pressure (PEEP)) or assisted ventilation from time to time (e.g., bilevel positive airway pressure (BIPAP))
- ☐ and only little assistance or stimulation for coughing
- ☐ and can breathe and cough independently without any assistance or adaptive device

**6. Bladder management**

*Please think about the way you empty your bladder.*

**(a) Use of an indwelling catheter**

- ☐ Yes → Please go to question 7a
- ☐ No → Please also answer questions 6b and 6c

**(b) Intermittent catheterization**

- ☐ I need total assistance
- ☐ I do it myself with assistance (self-catheterization)
- ☐ I do it myself without assistance (self-catheterization)
- ☐ I do not use it

**(c) Use of external drainage instruments (e.g., condom catheter, diapers, sanitary napkins)**

- ☐ I need total assistance for using them
- ☐ I need partial assistance for using them
- ☐ I use them without assistance
- ☐ I am continent with urine and do not use external drainage instruments

**7. Bowel management**

**(a) Do you need assistance with bowel management (e.g., for applying suppositories)?**

- ☐ Yes
- ☐ No

**(b) My bowel movements are...**

- ☐ irregular or seldom (less than once in 3 days)
- ☐ regular (at least once every 3 days)

**(c) Faecal incontinence ('accidents') happens...**

- ☐ twice a month or more
- ☐ once a month
- ☐ not at all

**8. Using the toilet**

*Please think about the use of the toilet, cleaning your genital area and hands, putting on and taking off clothes, and the use of sanitary napkins or diapers.*

- ☐ I need total assistance
- ☐ I need partial assistance and cannot clean myself
- ☐ I need partial assistance but can clean myself
- ☐ I do not need assistance but I need adaptive devices (e.g., bars) or a special setting (e.g., wheelchair accessible toilet)
- ☐ I do not need any assistance, adaptive devices or a special setting

**9. How many of the following four activities can you perform without assistance or electrical aids**

- *turning your upper body in bed*
- *turning your lower body in bed*
- *sitting up in a bed*
- *doing push-ups in wheelchair (with or without adaptive devices)*

- ☐ none, I need assistance in all these activities
- ☐ one
- ☐ two or three
- ☐ all of them

**10. Transfers from the bed to the wheelchair**

- ☐ I need total assistance
- ☐ I need partial assistance, supervision or adaptive devices (e.g., sliding board)
- ☐ I do not need any assistance or adaptive devices
- ☐ I do not use a wheelchair

**11. Transfers from the wheelchair to the toilet/tub**

*Transferring also includes transfers from the wheelchair or bed to a toilet wheelchair*

- ☐ I need total assistance
- ☐ I need partial assistance, supervision or adaptive devices (e.g., grab-bars)
- ☐ I do not need any assistance or adaptive devices
- ☐ I do not use a wheelchair

**12. Moving around indoors**

*Please check **only one box**, depending on whether or not you usually use a wheelchair or walk to move around indoors.*

*I use a wheelchair. To move around, I...*

- ☐ need total assistance
- ☐ need an electric wheelchair or partial assistance to operate a manual wheelchair
- ☐ am independent in a manual wheelchair

*I walk **indoors** and I...*

- ☐ need supervision while walking (with or without walking aids)
- ☐ walk with a walking frame or crutches, swinging forward with both feet at a time
- ☐ walk with crutches or two canes, setting one foot before the other
- ☐ walk with one cane
- ☐ walk with a leg orthosis(es) only (e.g., leg splint)
- ☐ walk without walking aids

**13. Moving around moderate distances (10 to 100 metres)**

Please check **only one box**, depending on whether or not you usually use a wheelchair or walk to move around moderate distances (10 to 100 meters).

*I use a wheelchair. To move around, I...*

- ☐ need total assistance
- ☐ need an electric wheelchair or partial assistance to operate a manual wheelchair
- ☐ am independent in a manual wheelchair

*I walk **moderate distances** and I...*

- ☐ need supervision while walking (with or without walking aids)
- ☐ walk with a walking frame or crutches, swinging forward with both feet at a time
- ☐ walk with crutches or two canes, setting one foot before the other
- ☐ walk with one cane
- ☐ walk with a leg orthosis(es) only (e.g., leg splint)
- ☐ walk without walking aids

**14. Moving around outdoors for more than 100 metres**

Please check **only one box**, depending on whether or not you usually use a wheelchair or walk to move around outdoors for more than 100 metres.

*I use a wheelchair. To move around, I...*

- ☐ need total assistance
- ☐ need an electric wheelchair or partial assistance to operate a manual wheelchair
- ☐ am independent in a manual wheelchair

*I walk **more than 100 metres** and I...*

- ☐ need supervision while walking (with or without walking aids)
- ☐ walk with a walking frame or crutches, swinging forward with both feet at a time
- ☐ walk with crutches or two canes, setting one foot before the other
- ☐ walk with one cane
- ☐ walk with a leg orthosis(es) only (e.g., leg splint)
- ☐ walk without walking aids

## CHART ABSTRACTION

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**15. Going up and down stairs**

Please check **only one box**, depending on whether or not you are able to go up and down stairs.

☐ I am unable to go up and down stairs

*I can go up and down at least 3 steps...*

☐ but only with assistance or supervision

☐ but only with devices (e.g., handrail, crutch or cane)

☐ without any assistance, supervision or devices

**16. Transfers from the wheelchair into the car**

*Transfers also include putting the wheelchair into and taking it out of the car.*

☐ I need total assistance

☐ I need partial assistance, supervision or adaptive devices

☐ I do not need any assistance or adaptive devices

☐ I do not use a wheelchair

**17. Transfers from the floor to the wheelchair**

☐ I need assistance

☐ I do not need any assistance

☐ I do not use a wheelchair

**Date SCIM Completed:**

/   /    
 YYYY MM DD

☐ Unknown

Enter as much of the date as is known. If no details available, check Unknown.

**FOR OFFICE USE ONLY:****Data Collection Details**

<b>Collected By:</b> (please print)		<b>Initial Here:</b>		<b>Date Interview/ Abstraction Completed:</b>	YYYY-MM-DD
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