



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

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.

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Data Collection Details					
Collected By: (please print)		Initial Here:		Date Interview/ Abstraction Completed:	YYYY-MM-DD