



## Clinician-Completed Spinal Cord Independence Measure

### Multiple Data Collection Points

CHART ABSTRACTION

CC-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, 2002-2011)

Enter the score for each function in the adjacent square.

### Self Care

☐

#### 1. Feeding (cutting, opening containers, pouring, bringing food to mouth, holding cup with fluid)

- 0. Needs parenteral, gastrostomy or fully assisted oral feeding
- 1. Needs partial assistance for eating and/or drinking, or for wearing adaptive devices
- 2. Eats independently; needs adaptive devices or assistance only for cutting food and/or pouring and/or opening containers
- 3. Eats and drinks independently; does not require assistance or adaptive devices

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#### 2. Bathing (soaping, washing, drying body and head, manipulating water tap)

##### A. Upper body

- 0. Requires total assistance
- 1. Requires partial assistance
- 2. Washes independently with adaptive devices or in a specific setting (e.g., bars, chair)
- 3. Washes independently; does not require **adaptive devices** or **specific setting** (not customary for healthy people) (adss)

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##### B. Lower Body

- 0. Requires total assistance
- 1. Requires partial assistance
- 2. Washes independently with **adaptive devices** or in a **specific setting** (adss)
- 3. Washes independently; does not require adaptive devices (adss) or specific setting

**Self Care - continued****3. Dressing** (clothes, shoes, permanent orthoses; dressing, wearing, undressing)☐**A. Upper body**

- 0. Requires total assistance
- 1. Requires partial assistance with **clothes without buttons, zippers or laces** (cwobzl)
- 2. Independent with cwobzl; requires **adaptive devices** and/or **specific settings** (adss)
- 3. Independent with cwobzl; does not require adss; needs assistance or adss only for bzl.
- 4. Dresses (any clothes) independently; does not require adaptive devices or specific setting

☐**B. Lower Body**

- 0. Requires total assistance
- 1. Requires partial assistance with **clothes without buttons, zippers or laces** (cwobzl)
- 2. Independent with (cwobzl); requires adaptive devices and/or specific settings (adss)
- 3. Independent with (cwobzl) without adss; needs assistance or adss only for bzl.
- 4. Dresses (any clothes) independently; does not require adaptive devices or specific setting

☐**4. Grooming** (washing hands and face, brushing teeth, combing hair, shaving, applying makeup)

- 0. Requires total assistance
- 1. Requires partial assistance
- 2. Grooms independently with adaptive devices
- 3. Grooms independently without adaptive devices

**Subtotal (0-20)****Respiration and Sphincter Management**☐**5. Respiration**

- 0. Requires tracheal tube (TT) and permanent or intermittent assisted ventilation (IAV)
- 2. Breathes independently with TT; requires oxygen, much assistance in coughing or TT management
- 4. Breathes independently with TT; requires little assistance in coughing or TT management
- 6. Breathes independently without TT; requires oxygen, much assistance in coughing, a mask (e.g., peep) or IAV (bipap)
- 8. Breathes independently without TT; requires little assistance or stimulation for coughing
- 10. Breathes independently without assistance or device

## CHART ABSTRACTION

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**Respiration and Sphincter Management - continued**☐**6. Sphincter Management - Bladder**

- 0. Indwelling catheter
- 3. Residual urine volume (RUV) > 100cc; no regular catheterization or assisted intermittent catheterization
- 6. RUV < 100cc or intermittent self-catheterization; needs assistance for applying drainage instrument
- 9. Intermittent self-catheterization; uses external drainage instrument; does not need assistance for applying
- 11. Intermittent self-catheterization; continent between catheterizations; does not use external drainage instrument
- 13. RUV <100cc; needs only external urine drainage; no assistance is required for drainage
- 15. RUV <100cc; continent; does not use external drainage instrument

☐**7. Sphincter Management - Bowel**

- 0. Irregular timing or very low frequency (less than once in 3 days) of bowel movements
- 5. Regular timing, but requires assistance (e.g., for applying suppository); rare accidents (less than twice a month)
- 8. Regular bowel movements, without assistance; rare accidents (less than twice a month)
- 10. Regular bowel movements, without assistance; no accidents

☐**8. Use of Toilet** (perineal hygiene, adjustment of clothes before/after, use of napkins or diapers)

- 0. Requires total assistance
- 1. Requires partial assistance; does not clean self
- 2. Requires partial assistance; cleans self independently
- 4. Uses toilet independently in all tasks but needs adaptive devices or special setting (e.g., bars)
- 5. Uses toilet independently; does not require adaptive devices or special setting

**Subtotal (0-40)****Mobility (room and toilet)**☐**9. Mobility in Bed and Action to Prevent Pressure Sores**

- 0. Needs assistance in all activities: turning upper body in bed, turning lower body in bed, sitting up in bed, doing push-ups in wheelchair, with or without adaptive devices, but not with electric aids
- 2. Performs one of the activities without assistance
- 4. Performs two or three of the activities without assistance
- 6. Performs all the bed mobility and pressure release activities independently

**Mobility (room and toilet) - continued**

- ☐ **10. Transfers: bed-wheelchair** (locking wheelchair, lifting footrests, removing and adjusting arm rests, transferring, lifting feet)
- 0. Requires total assistance
  - 1. Needs partial assistance and/or supervision, and/or adaptive devices (e.g., sliding board)
  - 2. Independent (or does not require wheelchair)
- ☐ **11. Transfers: wheelchair-toilet-tub** (if uses toilet wheelchair: transfers to and from; if uses regular wheelchair: locking wheelchair, lifting footrests, removing and adjusting armrests, transferring, lifting feet)
- 0. Requires total assistance
  - 1. Needs partial assistance and/or supervision, and/or adaptive devices (e.g., grab-bars)
  - 2. Independent (or does not require wheelchair)

**Mobility (indoors and outdoors, on even surface)**

- ☐ **12. Mobility Indoors**
- 0. Requires total assistance
  - 1. Needs electric wheelchair or partial assistance to operate manual wheelchair
  - 2. Moves independently in manual wheelchair
  - 3. Requires supervision while walking (with or without devices)
  - 4. Walks with a walking frame or crutches (swing)
  - 5. Walks with crutches or two canes (reciprocal walking)
  - 6. Walks with one cane
  - 7. Needs leg orthosis only
  - 8. Walks without walking aids
- ☐ **13. Mobility for Moderate Distances (10-100 meters)**
- 0. Requires total assistance
  - 1. Needs electric wheelchair or partial assistance to operate manual wheelchair
  - 2. Moves independently in manual wheelchair
  - 3. Requires supervision while walking (with or without devices)
  - 4. Walks with a walking frame or crutches (swing)
  - 5. Walks with crutches or two canes (reciprocal walking)
  - 6. Walks with one cane
  - 7. Needs leg orthosis only
  - 8. Walks without walking aids

**Mobility (indoors and outdoors, on even surface) - continued**☐**14. Mobility Outdoors (more than 100 meters)**

- 0. Requires total assistance
- 1. Needs electric wheelchair or partial assistance to operate manual wheelchair
- 2. Moves independently in manual wheelchair
- 3. Requires supervision while walking (with or without devices)
- 4. Walks with a walking frame or crutches (swing)
- 5. Walks with crutches or two canes (reciprocal walking)
- 6. Walks with one cane
- 7. Needs leg orthosis only
- 8. Walks without walking aids

☐**15. Stair Management**

- 0. Unable to ascend or descend stairs
- 1. Ascends and descends at least 3 steps with support or supervision of another person
- 2. Ascends and descends at least 3 steps with support of handrail and/or crutch or cane
- 3. Ascends and descends at least 3 steps without any support or supervision

☐**16. Transfers: wheelchair-car** (approaching car, locking wheelchair, removing arm and footrests, transferring to and from car, bringing wheelchair into and out of car)

- 0. Requires total assistance
- 1. Needs partial assistance and/or supervision and/or adaptive devices
- 2. Transfers independent; does not require adaptive devices (or does not require wheelchair)

☐**17. Transfers: ground-wheelchair**

- 0. Requires assistance
- 1. Transfers independent with or without adaptive devices (or does not require wheelchair)

**Subtotal (0-40)****TOTAL SCIM SCORE (0-100)**

## CHART ABSTRACTION

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**Date SCIM Completed:**

				/			/		
YYYY					MM			DD	

☐ Unknown

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

## Data Collection Details

**Collected By:**  
(please print)**Initial Here:****Date Interview/  
Abstraction  
Completed:**

YYYY-MM-DD