RHSCIR ID	#	



# **Self-Report Spinal Cord Independence Measure Multiple Data Collection Points**

INTERVIEW SR-SCIM-MULT Page 1 of 7

SCIM Complete	d at:  ☐ Admission to facility (within 72 hours after admission) ☐ Discharge from facility or 'Final RHSCIR' data collection point (within 72 hours before discharge)
	nal Cord Independence Measure (Version III, Self-report 2013) sks about functioning in activities of daily living.
· •	ease check the box next to the statement that best reflects <b>your current</b> read the text carefully and only check one box in each section.
1. Eatir	ng 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
П	adaptive devices
Ц	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 <u>upper body and head</u>
	ashing your <b>upper body and head</b> includes soaping and drying, and using a ater 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 <u>lower body</u>
W	ashing 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

RHSCIR ID #	ŧ

SR-SCIM-MULT Page 2 of 7

3.	(a) Dressing your <u>upper body</u>
	Dressing the <b>upper body</b> 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
	<ul> <li>devices or specific equipment</li> <li>I am independent with easy-to-dress clothes and only need assistance or adaptive devices or a specific setting with difficult-to-dress clothes</li> </ul>
	☐ I am completely independent
	(b) Dressing your <u>lower body</u>
	Dressing the <b>lower body</b> includes putting on and taking off clothes like shorts, trousers, shoes, socks, belts, or orthoses (e.g., leg splint)
	<b>Easy-to-dress</b> clothes are those <b>without</b> buttons, zippers, or laces.
	<b>Difficult-to-dress</b> clothes are those <b>with</b> 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
	$\square$ I am independent without adaptive devices

RHSCIR ID #	

SR-SCIM-MULT Page 3 of 7

5.	Breathing
	Please check <b>only one box</b> , depending on whether or not you need a respiratory (tracheal) tube.
	I <b>need</b> a respiratory (tracheal) tube
	$\square$ as well as permanent or from time to time assisted ventilation
	$\hfill \square$ as well as extra oxygen and a lot of assistance in coughing or respiratory tube management
	$\square$ as well as little assistance in coughing or respiratory tube management
	I do not need a respiratory (tracheal) tube
	<ul> <li>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))</li> </ul>
	$\square$ and only little assistance or stimulation for coughing
	$\hfill\Box$ 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 $\rightarrow$ Please go to question 7a
	$\square$ No $\Rightarrow$ 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)
	$\square$ I need total assistance for using them
	$\square$ I need partial assistance for using them
	$\square$ I use them without assistance
	$\ \square$ I am continent with urine and do not use external drainage instruments

RHSCIR ID #	

SR-SCIM-MULT Page 4 of 7

7.	Bowel management
	(a) Do you need assistance with bowel management (e.g., for applying suppositories)?
	□ Yes
	□ No
	(b) My bowel movements are
	$\square$ 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
	$\square$ I do not need assistance but I need adaptive devices (e.g., bars) or a special setting (e.g., wheelchair accessible toilet)
	$\ \square$ 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

RHSCIR ID #	

SR-SCIM-MULT Page 5 of 7

	Transfers from the <u>bed to the wheelchair</u>
	☐ I need total assistance
	$\square$ I need partial assistance, supervision or adaptive devices (e.g., sliding board)
	$\square$ I do not need any assistance or adaptive devices
	$\square$ I do not use a wheelchair
11.	Transfers from the <u>wheelchair to the toilet/tub</u> 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
	<ul> <li>need an electric wheelchair or partial assistance to operate a manual wheelchair</li> </ul>
	☐ am independent in a manual wheelchair
	I walk <b>indoors</b> and I
	<ul> <li>I walk indoors and I</li> <li>□ need supervision while walking (with or without walking aids)</li> <li>□ walk with a walking frame or crutches, swinging forward with both feet at a time</li> </ul>
	<ul> <li>need supervision while walking (with or without walking aids)</li> <li>walk with a walking frame or crutches, swinging forward with both feet at a</li> </ul>
	<ul> <li>□ need supervision while walking (with or without walking aids)</li> <li>□ walk with a walking frame or crutches, swinging forward with both feet at a time</li> </ul>
	<ul> <li>□ need supervision while walking (with or without walking aids)</li> <li>□ walk with a walking frame or crutches, swinging forward with both feet at a time</li> <li>□ walk with crutches or two canes, setting one foot before the other</li> </ul>

RHSCIR ID #	

SR-SCIM-MULT Page 6 of 7

	ring around <u>moderate distances (10 to 100 metres)</u> ase check <b>only one box</b> , depending on whether or not you usually use a
	relchair or walk to move around moderate distances (10 to 100 meters).
I us	e 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 wa	alk <b>moderate distances</b> and I
	need supervision while walking (with or without walking aids)
	walk with a walking frame or crutches, swinging forward with both feet 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)
□ <b>4. Mov</b> <i>Plea</i>	walk without walking aids  ring around outdoors for more than 100 metres  ase check only one box, depending on whether or not you usually use a
□ . <b>4. Mov</b> Plea whe	walk without walking aids ring around outdoors for more than 100 metres
4. Mov Plea whe	walk without walking aids  ring around outdoors for more than 100 metres  see check only one box, depending on whether or not you usually use a elchair or walk to move around outdoors for more than 100 metres.  e a wheelchair. To move around, I
□ . <b>4. Mov</b> Plea whe I us	walk without walking aids  ring around outdoors for more than 100 metres  ase check only one box, depending on whether or not you usually use a  selchair or walk to move around outdoors for more than 100 metres.
□ . <b>4. Mov</b> Plea whe	walk without walking aids  ring around outdoors for more than 100 metres  see check only one box, depending on whether or not you usually use a elchair or walk to move around outdoors for more than 100 metres.  e a wheelchair. To move around, I  need total assistance  need an electric wheelchair or partial assistance to operate a manual
I us	walk without walking aids  ring around outdoors for more than 100 metres  rise check only one box, depending on whether or not you usually use a relchair or walk to move around outdoors for more than 100 metres.  re a wheelchair. To move around, I  need total assistance  need an electric wheelchair or partial assistance to operate a manual wheelchair
□ A. Mov Plea whe	walk without walking aids  Fing around outdoors for more than 100 metres  Is a check only one box, depending on whether or not you usually use a selchair or walk to move around outdoors for more than 100 metres.  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 us	walk without walking aids  ring around outdoors for more than 100 metres  see check only one box, depending on whether or not you usually use a selchair or walk to move around outdoors for more than 100 metres.  e 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 wa	walk without walking aids  ring around outdoors for more than 100 metres  see check only one box, depending on whether or not you usually use a selchair or walk to move around outdoors for more than 100 metres.  e 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  alk 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
I wa	walk without walking aids  Fing around outdoors for more than 100 metres  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is a wheelchair or walk to move around, I  In eed total assistance  In eed an electric wheelchair or partial assistance to operate a manual  In wheelchair  In independent in a manual wheelchair  In more than 100 metres and I  In eed supervision while walking (with or without walking aids)  In walk with a walking frame or crutches, swinging forward with both feet  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only one box, depending on whether or not you usually use a  It is check only on the box, depending on whether or not you usually use a  It is check only on the box, depending on whether or not you usually use a  It is check on the box, depending on the box of the b
I wa	walk without walking aids  Fing around outdoors for more than 100 metres  Is a check only one box, depending on whether or not you usually use a selchair or walk to move around outdoors for more than 100 metres.  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  and independent in a manual wheelchair  and wheelchair am independent in a manual wheelchair

RHSCIR ID #	

SR-SCIM-MULT Page 7 of 7

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.				
$\square$ I am unable to go up and down stairs				
I can go up and down at least 3 steps				
$\square$ but only with assistance or supervision				
☐ but only with devices (e.g., handrail, crutch or cane)				
$\ \square$ 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				
$\square$ I need partial assistance, supervision or adaptive devices				
$\square$ I do not need any assistance or adaptive devices				
☐ I do not use a wheelchair				
17. Transfers from the <u>floor to the wheelchair</u>				
☐ I need assistance				
☐ I do not need any assistance				
☐ I do not use a wheelchair				
Date SCIM Completed:    YYYY				
☐ Unknown				

FOR OFFICE	USE ONLY:				
Data Collection	on Details		_	_	_
Collected By: (please print)		Initial Here:	Δ.	Date Interview/ Abstraction Completed:	YYYY-MM-DD