

Patient last name:

Date of birth: / /

Patient first name:

Date: / /

SCIM (Spinal Cord Independence Measure) Version III

	Dates		
SELF CARE	/ /	/ /	/ /
1. Feeding (cutting, opening containers, pouring, bringing food to mouth, holding cup with fluid)			
0- Needs parenteral, gastronomy, 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			
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)			
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			
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 cloth) 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 cloth) independently; does not require adaptive devices or specific setting			

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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			
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)			

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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			
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			

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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 waling)			
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)		