

Spinal Cord Independence Measure

Patient name:				ID:					
Examiner name:									
Enter the score for each function in the adjacent square, below the date. The form may be used for up to 6 examinations.									
				Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	Exam 6
Self-care			Dates:						
1. Feeding (cutting, opening containers, pouring, bringing food to mouth, holding cup with fluid)									
<ul style="list-style-type: none"> • 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 									
2. Bathing (soaping, washing, drying body and head, manipulating water tap). A-upper body; B-lower body									
A-upper body									
<ul style="list-style-type: none"> • 0 = Requires total assistance • 1 = Requires partial assistance • 2 = Washes independently; does not require adaptive devices or specific setting (not customary for healthy people) (adss) • 3 = Eats and drinks independently; does not require assistance or adaptive devices 									
B-lower body									
<ul style="list-style-type: none"> • 0 = Requires total assistance • 1 = Requires partial assistance • 2 = Washes independently with adss • 3 = Washes independently; does not require adss 									
3. Dressing (clothes, shoes, permanent orthoses: dressing, wearing, undressing). A-upper body; B-lower body									
A-upper body									
B-lower body									
<ul style="list-style-type: none"> • 0 = Requires total assistance • 1 = Requires partial assistance with clothes without buttons, zippers or laces (cwobzl) • 2 = Independent with cwobzl; requires 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 									
4. Grooming (washing hands and face, brushing teeth, combing hair, shaving, applying makeup)									
<ul style="list-style-type: none"> • 0 = Requires total assistance • 1 = Requires partial assistance • 2 = Grooms independently with adaptive devices • 3 = Grooms independently without adaptive devices 									
Subtotal (0-20):									

	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	Exam 6
Respiration and sphincter management						
5. Respiration						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • 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).						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • 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).						
<ul style="list-style-type: none"> • 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) 						

	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	Exam 6
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)						
<ul style="list-style-type: none"> • 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						
13. Mobility for moderate distances (10-100 meters)						
14. Mobility outdoors (more than 100 meters)						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • 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)						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • 0 = Requires total assistance • 1 = Transfers independent with or without adaptive devices (or does not require wheelchair) 						
Subtotal (0-40)						
Total SCIM score (0-100)						

Reference

Catz, A., Itzkovich, M., Agranov, E., Ring, H., & Tamir, A. (1997). SCIM – spinal cord independence measure: a new disability scale for patients with spinal cord lesions. *Spinal Cord*, 35(12), 850–856. <https://doi.org/10.1038/sj.sc.3100504>