

Name- _____

Date- _____

SCIM-SPINAL CORD INDEPENDENCE MEASURE

Version III, Sept 14, 2002
Exam 1 2 3 4 5 6

Self-Care

DATE

1 2 3 4 5 6

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

1 2 3 4 5 6

2. Bathing (soaping, washing, drying body and head, manipulating water tap). A-upper body; B-lower body

A. 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)

1 2 3 4 5 6

B. 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

1 2 3 4 5 6

3. Dressing (clothes, shoes, permanent orthoses: dressing, wearing, undressing). A-upper body; B-lower body

A. 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

1 2 3 4 5 6

B. 0. Requires total assistance

- 1. Requires partial assistance with clothes without buttons, zips 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

1 2 3 4 5 6

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

1 2 3 4 5 6

SUBTOTAL (0-20)

1 2 3 4 5 6

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

1 2 3 4 5 6

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

SUBTOTAL (0-40)

1 2 3 4 5 6

