

Self-Reported Functional Measure (SRFM)

Assessment Overview

Assessment Area

ICF Domain:

Activity

Subcategory:

Self-care

You Will Need

Length:

5-10 minutes, 13 items of basic ADL, 5 items of instrumental ADL, 8 items of disease severity, and 1 item of resource utilization

Scoring:

Basic ADL items scored 1-4. Total score (13-52) is the sum of basic ADL items only. Lower scores indicate greater need for assistance

Summary

The Self-Reported Functional Measure (SRFM) was developed to provide clinically useful information on personal functioning such as moving around indoors and personal hygiene. It can be administered by self-report or interview; in-person or by mail.

The SRFM is suitable for people with SCI and was designed to correspond closely in wording, format, and scoring to the Functional Independence Measure (FIM).

The SRFM assesses the need for assistance for basic and instrumental ADLs, as well as disease severity and resource utilization (e.g., mobility aids).

Scores of the SRFM indicate the amount of assistance an individual requires. This may be useful when monitoring treatment efficacy after rehabilitation or when the individual has returned to the community.

Availability

Available for free here:

http://www.scireproject.com/wp-content/uploads/worksheet_self_reported_functional_measure_srfm.pdf

Languages: English

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Not established in SCI

Measurement Properties

Validity – Not Ranked

***Not Ranked* Statistically significant correlations between SRFM score with:**

- Number of affected limbs
- Amount of movement
- Amount of motor dysfunction
- Motor impairment*

*Correlation still significant after stratifying on self-reported visual, sensory, or memory impairment

(Hoenig et al. 1999; N=6361; data from SCD National Veterans Survey, traumatic SCI, no further information on injury or chronicity)

***Not Ranked* Odds Ratios for Health Care Utilization of Lowest SRFM Quartile Patients (SRFM 13-22) vs. Highest SRFM Quartile Patients (SRFM 43-52): (95% CI)**

Hospitalized: 1.91 (1.71-2.13)

*Died in hospital: 2.41 (1.62-3.58)

*Hospital length of stay >7 days: 2.18 (1.85-2.57)

*Discharged to institution: 2.86 (2.00-4.08)

*Of those hospitalized

(Hoenig et al. 2001; N=8150 (3.7% female); data from SCD National Veterans Survey; N=6361 SCI (2.4% female), N=1789 MS (8.5% female); mean age: 52.9 years, mean duration of diagnosis: 20 years)

Number of studies reporting validity data: 2

Reliability – Moderate to High

***Moderate to High* Kappa coefficients:**

≥0.65 for all but one item:

Mobility at Home = 0.052 (p=0.003)

***High* Intraclass correlation (95% CI):**

Answered every SRFM item = 0.90 (0.88)

Traumatic injury = 0.92 (0.91)

Disease = 0.87 (0.84)

Trauma & disease = 0.92 (0.89)

Memory deficits = 0.86 (0.80)

Memory intact = 0.91 (0.89)

History of head injury = 0.85 (0.80)

No head injury = 0.91 (0.89)

(Hoenig et al. 1998; N=725 (dual respondents); 48.14% Traumatic, 26.90% Disease, 23.86% Disease & Trauma; data from veterans discharged from a VA medical center <5 years OR included on lists from the Paralyzed Veterans of America)

Number of studies reporting reliability data: 1

Responsiveness

Floor/Ceiling Effect:

Not established in SCI

Effect Size:

Not established in SCI

Number of studies reporting

responsiveness data: 0