

Spinal Cord Injury Lifestyle Scale (SCILS)

Assessment Overview

Assessment Area

ICF Domain:

Activities and Participation

Subcategory:

Self-Care

Subscales:

Cardiovascular

Genitourinary

Neuromuscular

Skin

Psychosocial

You Will Need

Length:

5-10 minutes, 25 items

Scoring:

A score is generated for each subscale by totaling scores of each item in the subscale.

The frequency with which each behaviour has been performed over the past 3 months is rated using an ordinal scale where 4- 'almost always', 3- 'frequently', 2- 'sometimes', 1- 'rarely' and 0- 'never'. One item (genitourinary) is reverse scored. A total score ranging from 0-100 is calculated by summing the 5 subscale scores.

Summary

The Spinal Cord Injury Lifestyle Scale (SCILS) measures the frequency of health-related behaviour performance in people with SCI. It is designed to examine the effectiveness of clinical and educational efforts for health maintenance and prevention of secondary impairments.

Items were developed from a review of the literature on secondary impairments related to SCI. In addition, expert clinicians (physician assistants, nurses and physiotherapists) generated items, each one describing different health related behaviours.

The 5 subscales include: 1) Cardiovascular; 2) Genitourinary; 3) Neuromuscular; 4) Skin; and 5) Psychosocial

Availability

Worksheet: Can be found [here](#).

Languages: English and Persian.

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Change

Not established in SCI

Typical Values

Mean Scores (SD) for selection of items from SCILS:

Top 2

I am with or talk to other people at least once a day (Psychosocial) - 3.87 (0.45)

I am aware of the condition and repair needs of my wheelchair (Skin) - 3.74 (0.71)

Bottom 2

I monitor my blood pressure on a regular basis (Cardiovascular) - 1.50 (1.28)

I use a rectal suppository as part of my bowel program (Genitourinary) - 1.52 (1.72)

(Pruitt et al. 1998, n=49; 49 males; mean age: 45 years, 59% quadriplegia, 41% paraplegia; 1-50 years post-SCI)

Measurement Properties

Validity – **Low** to **High**

Moderate correlation with Self-assessment of overall health behavior:

$r = 0.51$

Moderate correlation with physician assistant's assessment of overall health behavior:

$r = 0.41$

Low correlation with physical therapist's assessment of overall health behavior:

$r = 0.30$

Low correlation with nurse's assessment of overall health behavior:

$r = -0.18$

High correlation with Health Behaviour Questionnaire (HBQ):

$r=0.65$

(Pruitt et al. 1998, n=49; 49 males; mean age: 45 years, 59% quadriplegia, 41% paraplegia; 1-50 years post-SCI)

(Shabany et al. 2018; n=97; 77 males, 20 females; mean (SD) age: 36.29 (11.49) years; 60 complete, 37 incomplete injury, 77 paraplegic, 20 tetraplegic; Persian version).

Number of studies reporting validity data: 2

Reliability – **Low** to **High**

Low to High Internal Consistency:

Total score: $\alpha = 0.75-0.81$

Subscales: $\alpha = 0.31-0.86$

(Pruitt et al. 1998, n=49; 49 males; mean age: 45 years, 59% quadriplegia, 41% paraplegia; 1-50 years post-SCI)

(Shabany et al. 2018; n=97; 77 males, 20 females; mean (SD) age: 36.29 (11.49) years; 60 complete, 37 incomplete injury, 77 paraplegic, 20 tetraplegic; Persian version).

Number of studies reporting reliability data: 2

Responsiveness

Floor/Ceiling Effect:

Not established in SCI

Effect Size:

Not established in SCI

**Number of studies reporting
responsiveness data: 0**