

Sickness Impact Profile 68 (SIP-68)

Assessment Overview

Assessment Area

ICF Domain:

Body Structure, Body Function, Activities and Participation

Subscales:

Somatic autonomy
Mobility control
Mobility range
Social behaviour
Emotional stability
Psych. autonomy/communication

You Will Need

Length:

15-20 minutes, 68 items

Scoring:

Items scored dichotomously (No=0, Yes=1). Overall score, 2 domain (physical & psychosocial) scores, or 6 subscale scores can be calculated, by adding the score of respective items. Higher scores indicate more health-related behavioral problems

Summary

The Sickness Impact Profile 68 (SIP-68) is a self-report/interview-style health status measure which assesses physical, mental and social aspects of health-related function. This scale is the short form of the 136-item version (SIP-136). The SIP-68 is commonly used in certain patient populations (e.g., Stroke, TBI); research of this scale in the SCI population is somewhat limited.

The response option in SCI may be skewed because all items related to difficulties with walking will be scored negatively, causing a lower score indicating greater health-related status. A scoring modification is proposed in such cases – for a “yes” response to the item “I cannot walk at all”, all 7 items related to walking are automatically assigned “yes”.

Availability

Available for free at: <https://eprovide.mapi-trust.org/instruments/sickness-impact-profile> (Registration required).

Languages: English, Spanish, and several other languages (SIP-136)

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Mean (SD) Scores:

22.8 (11.1)

(Post et al. 1996; N=315, 75% male, mixed injury types, mean (SD) time since injury = 3.6 (1.9) years)

Measurement Properties

Validity – **Moderate** to **High**

High correlation with Barthel Index (BI):

$r = -0.74$

Moderate correlation with Life Satisfaction Questionnaire (LSQ or LISAT-9):

$r = -0.52$

(Post et al. 1996; N=315, 75% male, mixed injury types, mean (SD) time since injury = 3.6 (1.9) years)

Moderate correlation with ADL:

$r = 0.44$

Moderate correlation with IADL:

$r = 0.57$

High correlation with SIP:

$r = 0.94$

(Nanda et al. 2003; N=398 (119 with SCI), 49% male, mean age (SD): 53.8 (18.2) years)

High correlation with $VO_{2\text{ peak}}$:

$r = -0.74$

High correlation with PO_{max} :

$r = -0.68$

(Dallmeijer et al. 2001; N=37, 10 high tetraplegia, 9 low tetraplegia, 7 motor incomplete tetraplegia, 11 paraplegia)

Number of studies reporting validity data: 5

Reliability – **High**

High Internal Consistency:

$\alpha = 0.92$

(Post et al. 1996; N=315, 75% male, mixed injury types, mean (SD) time since injury = 3.6 (1.9) years)

High test-retest correlation:

ICC = 0.88

(Nanda et al. 2003; N=40 (all with SCI), 100% male, mean age (SD): 51.9 (13.0) years)

Number of studies reporting reliability data: 3

Responsiveness

Floor/Ceiling Effect:

Ceiling effects are observed for three SIP68 scales:

Psychological autonomy and communication: 23.7%

Emotional stability: 53.6%

Mobility range: 23.7%

(Nanda et al. 2003; N=398 (119 with SCI), 49% male, mean age (SD): 53.8 (18.2) years)

Effect Size:

Not established in SCI

Number of studies reporting

responsiveness data: 0