

# 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

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

**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% males, mixed injury types (55 SCI, 56 other injuries); 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% males, mixed injury types (55 SCI, 56 other injuries); 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% males, mean age (SD): 53.8 (18.2) years)

#### **High** correlation with $VO_{2peak}$ :

$r = -0.74$

#### **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% males, mean age (SD): 53.8 (18.2) years)

#### **Effect Size:**

Not established in SCI

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