

# Skin Management Needs Assessment Checklist (SMNAC)

## Assessment Overview

### Assessment Area

**ICF Domain:**

Activity

**Subcategory:**

Self-care

### You Will Need

**Length:**

12 items

**Scoring:**

The items are summed to generate a total score ranging from 0-36. The value reported is a proportion (client score/36) x 100%. Higher scores reflect greater independence.

**Training:**

None, but wound-care experience recommended

### Summary

The Skin Management Needs Assessment Checklist (SMNAC) is a self-report subscale extracted from the Needs Assessment Checklist (NAC).

The SMNAC is developed to be a post discharge measure to assess client knowledge and ability to perform skin checks, pressure relief and prevention of skin breakdown, and provides SCI specific information related to skin management needs.

The SMNAC requires people to demonstrate or, for someone with a high lesion, instruct their personal care attendant to perform the activities.

### Availability

**Worksheet:** Can be found by contacting the author (P. Kennedy, see article [here](#)).

**Languages:** English

## Assessment Interpretability

### Minimal Clinically Important Difference

Not established in SCI

### Statistical Error

**Standard Error of Measurement:**

3.27

**Minimal Detectable Change:**

9.05

(Berry & Kennedy 2003; n=43; 38 males; 13.9% complete tetraplegia, 37.2% incomplete tetraplegia, 23.3% complete paraplegia, 25.6% incomplete paraplegia; mean (SD) time since injury: 17.5 (13.2) weeks)

### Typical Values

**Mean (SD) Scores:**

25.67 (10.54)

(Berry & Kennedy 2003; n=43; 38 males; 13.9% complete tetraplegia, 37.2% incomplete tetraplegia, 23.3% complete paraplegia, 25.6% incomplete paraplegia; mean (SD) time since injury: 17.5 (13.2) weeks)

## Measurement Properties

### Validity – **Low**

#### **Low** correlation with age:

$r = -0.22$  to  $-0.27$

(Berry et al. 2004;  $n=317$ ; traumatic or non-traumatic SCI)

**Number of studies reporting validity data: 1**

### Reliability – **High**

#### **High** Internal Consistency:

$\alpha = 0.85$

(Berry et al. 2004;  $n=317$ ; traumatic or non-traumatic SCI)

**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: 1**