Self-Reported Functional Measure (SRFM)

Assessment Overview

Assessment Area

ICF Domain:
Activity
Subcategory:
Self-care

You Will Need

Length:
5-10 minutes
Main scale includes: 13 items of basic ADL
Non-scored part of the scale also includes questions about cause of SCI, level of SCI, etc.
Scoring:
Basic ADL items scored 1 ("total help") to 4 ("no help"). Total score (13-52) is the sum of basic ADL items only. Higher scores indicate greater independence

Summary

The Self-Reported Functional Measure (SRFM) was developed to provide clinically useful information on activities of daily living s (ADLs) 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 independence an individual has in completing daily tasks. This may be useful when monitoring treatment efficacy after rehabilitation or when the individual has returned to the community.

Availability

Worksheet: Can be found here.

Languages: English

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

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)

Interpretability: Relation between hours of personal assistance and SRFM score:

Hours of personal assistance per day	Total [% (n)]
No help	40.6 (2580)
≤ 2 hrs/day	15.9 (1010)
2 – 4 hrs/day	19.4 (1234)
> 4 hrs/ day	21.1 (1340)
Total [% overall (n)]	100 (6361)

(Hoenig et al. 1999: n=6361; from the SCD National Veterans Survey Traumatic SCI)

Measurement Properties

Validity – **High**

High correlation with Spinal Cord Injury – Functional Index (SCI-FI):
r = 0.69 – 0.89 (p < 0.01)

(Tyner et al. 2022; N=269; 193 male; mean (SD) age 43.8 (15.5) years; mean (SD) time since injury 6.8 (8.7) years)

Number of studies reporting validity data: 3

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