

Spinal Cord Injury Lifestyle Scale

Adapted from Pruitt SD et al. Health Behavior in persons with spinal cord injury: development and initial validation of an outcome measure, Spinal Cord, 36: 724-731, 1998; Table 1. Used with permission from Nature Publishing.

Scoring:

A total score is comprised of the sum of the five scale scores. Higher scores on the SCILS are indicative of higher performance of behaviors that promote health in persons with SCI.

Rating System:
 4 = almost always
 3 = frequently
 2 = sometimes
 1 = rarely
 0 = never

One item (genitourinary #3) is reverse scored

Spinal Cord Injury Lifestyle Scale Worksheet:

Patient Name: _____

Date: _____

Rating System:
 4 = almost always
 3 = frequently
 2 = sometimes
 1 = rarely
 0 = never

Rating System for Reverse scoring: (#3 in genitourinary category)
 0 = almost always
 1 = frequently
 2 = sometimes
 3 = rarely
 4 = never

One item (genitourinary #3) is reverse scored

Item	Score (0-4)
<i>Cardiovascular:</i>	-----
1. I avoid smoking cigarettes.	
2. I limit the amount of fat and cholesterol in my diet (for example, I limit red meats, dairy products).	
3. I am aware of and try to reduce my risk for heart disease.	
4. I monitor my blood pressure on a regular basis.	
<i>Genitourinary:</i>	-----

1. I use an intermittent catheterization program and stick to the recommended schedule.	
2. I change my catheters as often as I have been directed to.	
3. I have episodes of bladder incontinence.*(item is reverse-scored)	
4. I use a rectal suppository as part of my regular bowel program.	
<i>Neuromusculoskeletal:</i>	-----
1. I do range of motion exercises daily to keep my joints flexible.	
2. I do exercises that enhance my muscle strength (for example, weight training) at least 3 times a week.	
3. My muscle strengthening exercises are monitored by a therapist at least once a year.	
4. I allow my shoulder joints to rest when I am having pain from overusing them.	
5. I do activities which put weight on the bones in my legs to help increase bone density about 3 times a week (for example, use standing frame).	
6. I pay attention to the position my body is in when I am in my wheelchair.	
7. I pay attention to the position my body is in when I am sleeping.	
8. If I noticed the beginning of a contracture (a joint that is `freezing up`), I would know exactly what to do.	
<i>Skin:</i>	-----
1. I check my skin to look for any areas of redness or breakdown.	
2. I do some type of pressure relief every 30 minutes any time I am in my chair or driving.	
3. I am careful not to bump my legs, feet, or buttocks when doing transfers.	
4. I wear something on my feet when I am out of bed (for example, shoes or foam boots).	
5. I am careful when handling hot liquids by not carrying them in my lap.	
6. I am aware of the condition of my wheelchair cushion.	
7. I am aware of the condition and repair needs of my wheelchair.	
<i>Psychosocial:</i>	-----
1. I am able to get around in my house (my house is wheelchair accessible).	
2. I am with or talk to other people at least once a day.	

Sum: _____