

OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Stroke Impact Scale (SIS)

Author: Developed by Pamela Duncan, Dennis Wallace, Sue Min Lai, Stephanie Studenski, Dallas Johnson, and Susan Embretson.

Publisher: University of Kansas Medical Center

Time required to administer: 15-20 minutes

Cost of the Test: Free

II. Description of Test

Type/Purpose of Test: To detect consequences of stroke, especially mild to moderate stroke on Quality of Life across multiple dimensions, including: strength, hand function, activities of daily living/instrumental activities of daily living, mobility, communication, emotion, memory, thinking and participation. It is also designed to track changes over time. The assessment is a self-report questionnaire with a rating scale from 1 (no deficit) to 5 (large amount of deficit). It has a total of 60 questions.

Population: Patients with stroke

Focus of measurement:

Organic systems **Abilities** **Participation/life habits** **Environmental Factors**

III. Practical Administration

Ease of Administration: Very easy. The respondents should see as well as hear the question before answering. It can be administered in person, mail-administered, or taken by proxy

Clarity of Directions: Short but fairly clear—especially since the scale is straightforward. I wouldn't rate them excellent, but certainly good. Scoring procedures and interpretation was a little more difficult

Scoring Procedures: **1)** Add up the total raw scores for each domain. **2)** Add up the lowest possible raw score for the domain and subtract from actual raw score. **3)** Add up and divide score by highest total possible score for domain. **4)** Multiple by 100 for final score. This client's score can be compared against the normative score of 50.

$[(\text{Actual raw score} - \text{lowest possible raw score}) / \text{Possible raw score range}] \times 100$

(Note: 3 items change polarity: 3f, 3h, & 3i. For these items, use the following equation to find the score for that item: 6 minus (-) individual rating.)

Examiner Qualification & Training: Be familiar with the assessment.

IV. Technical Considerations

Standardization: ___ Norms X Criterion Referenced ___ Other

Reliability:

Internal consistency: **Excellent** (Cronbach's alpha coefficients ranging from 0.83 to 0.90 for each of the 8 domains Duncan et al (1999)).

Test/Retest: Adequate to excellent (ICC = 0.7 to 0.92) with the exception of the Emotion domain, which had only a poor correlation (ICC = 0.57)

Validity:

Concurrent Validity: Average to excellent (mainly .7-.8 range)

Predictive Validity: SIS domains of Physical function, Emotion, and Participation were found to be statistically significant predictors of the patient's assessment of recovery. (Duncan et al., 1999)

Manual: ___ Excellent X Adequate ___ Poor

What is (are) the setting/s that you would anticipate using this assessment?

Any setting where the client is far enough along in their recovery to have a realistic idea of how the stroke will impact them (ie, likely not in an acute setting).

Summary of strengths and weaknesses:

Weakness:

- Instructions are only adequate
- Nothing tells what the scores mean, and how they can be used to improve treatment

Strength:

- Strong psychometric properties
- Free assessment
- Important to measure change as well as quality of life in patients of stroke
- Quick
- Ease (and multiple ways) of administration

References and guidebooks:

<http://www.qualitymetric.com/WhatWeDo/GenericHealthSurveys/tabid/184/Default.aspx?gclid=CO-5gbq3860CFeUZQgodUFmDsA>

<http://www.kumc.edu>

http://ph.kumc.edu/sis/documents/SIS_admin_guide.pdf

http://www.medicine.mcgill.ca/strokinge-assess/module_sis_psycho-en.html

<http://nrr.sagepub.com/content/24/5/486.full.pdf>