Sickness

Impact

Profile™

Copyright © The Johns Hopkins University 1977
All Rights Reserved

SIP - 10030
SD I - 03564
SD II - 03657

Do not use without permission
THE FOLLOWING INSTRUCTIONS ARE FOR THE
INTERVIEWER-ADMINISTERED QUESTIONNAIRE

INSTRUCTIONS TO BE READ TO THE RESPONDENT

Before beginning the questionnaire, I am going to read you the instructions.

You have certain activities that you do in carrying on your life. Sometimes you do all of these activities. Other times, because of your state of health, you don't do these activities in the usual way: you may cut some out; you may do some for shorter lengths of time; you may do some in different ways. These changes in your activities might be recent or longstanding. We are interested in learning about any changes that describe you today and are related to your state of health.

I will be reading statements that people have told us describe them when they are not completely well. Whether or not you consider yourself sick, there may be some statements that will stand out because they describe you today and are related to your state of health. As I read the questionnaire, think of yourself today. I will pause briefly after each statement. When you hear one that does describe you and is related to health please tell me and I will check it.

Let me give you an example. I might read the statement "I am not driving my car." If this statement is related to your health and describes you today, you should tell me. Also, if you have not been driving for some time because of your health, and are still not driving today, you should respond to this statement.

If you are in the hospital today, you are here because of your state of health, and you are not doing a number of the things you usually do. For instance, if driving is usual for you, then you are not driving today because you are in the hospital, and you should respond to this statement.

On the other hand, if you never drive or are not driving today because your car is being repaired, the statement, "I am not driving my car" is not related to your health and you should not respond to it. If you simply are driving less, or are driving shorter distances, and feel that the statement only partially describes you, please do not respond to it.

I am now going to begin the questionnaire. Please tell me if you want me to slow down, repeat a statement, or stop so that you can think about one. Also let me know any time you would like to review the instructions. Remember we are interested in the recent or longstanding changes in your activities that are related to your health.
THE FOLLOWING INSTRUCTIONS ARE FOR
THE SELF-ADMINISTERED QUESTIONNAIRE

PLEASE READ THE ENTIRE INTRODUCTION BEFORE YOU READ
THE QUESTIONNAIRE. IT IS VERY IMPORTANT THAT
EVERYONE TAKING THE QUESTIONNAIRE FOLLOWS
THE SAME INSTRUCTIONS.

You have certain activities that you do in carrying on your life. Sometimes you do all of these
activities. Other times, because of your state of health, you don't do these activities in the usual way:
you may cut some out; you may do some for shorter lengths of time; you may do some in different
ways. These changes in your activities might be recent or longstanding. We are interested in learning
about any changes that describe you today and are related to your state of health.

The questionnaire booklet lists statements that people have told us describe them when they are not
completely well. Whether or not you consider yourself sick, there may be some statements that will
stand out because they describe you today and are related to your state of health. As you read the
questionnaire, think of yourself today. When you read a statement that you are sure describes you and
is related to your health, place a check on the line to the right of the statement. For example:

I am not driving my car

If you have not been driving for some time because of your health, and are still not driving today, you
should respond to this statement.

On the other hand, if you never drive or are not driving today because your car is being repaired,
the statement, "I am not driving my car" is not related to your health and you should not check it. If you
simply are driving less, or are driving shorter distances, and feel that the statement only partially
describes you, do not check it. In all of these cases you would leave the line to the right of the
statement blank. For example:

I am not driving my car

Remember that we want you to check this statement only if you are sure it describes you today and
is related to your state of health.

Read the introduction to each group of statements and then consider the statements in the order
listed. While some of the statements may not apply to you, we ask that you please read all of them. Check those that describe you as you go along. Some of the statements will differ only in a few words, so please read each one carefully. While you may go back and change a response, your first answer is usually the best. Please do not read ahead in the booklet.

Once you have started the questionnaire, it is very important that you complete it within one day (24 hours).

If you find it hard to keep your mind on the statements, take a short break and then continue. When you have read all of the statements on a page, put a check in the BOX in the lower right-hand corner. If you have any questions, please refer back to these instructions.

Please do not discuss the statements with anyone, including family members, while doing the questionnaire.

Now turn to the questionnaire booklet and read the statements. Remember we are interested in the recent or longstanding changes in your activities that are related to your health.
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I spend much of the day lying down in order to rest ______ (083)
2. I sit during much of the day ______ (049)
3. I am sleeping or dozing most of the time - day and night ______ (104)
4. I lie down more often during the day in order to rest ______ (058)
5. I sit around half-asleep ______ (084)
6. I sleep less at night, for example, wake up too early, don't fall asleep for a long time, awaken frequently ______ (061)
7. I sleep or nap more during the day ______ (060)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

I say how bad or useless I am, for example, that I am a burden on others

2. I laugh or cry suddenly

3. I often moan and groan in pain or discomfort

4. I have attempted suicide

5. I act nervous or restless

6. I keep rubbing or holding areas of my body that hurt or are uncomfortable

7. I act irritable and impatient with myself, for example, talk badly about myself, swear at myself, blame myself for things that happen

8. I talk about the future in a hopeless way

9. I get sudden frights

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I make difficult moves with help, for example, getting into or out of cars, bathtubs
   _____  (084)

2. I do not move into or out of bed or chair by myself but am moved by a person or mechanical aid
   _____  (021)

3. I stand only for short periods of time
   _____  (072)

4. I do not maintain balance
   _____  (098)

5. I move my hands or fingers with some limitation or difficulty
   _____  (064)

6. I stand up only with someone's help
   _____  (100)

7. I kneel, stoop, or bend down only by holding on to something
   _____  (064)

8. I am in a restricted position all the time
   _____  (125)

9. I am very clumsy in body movements
   _____  (058)

10. I get in and out of bed or chairs by grasping something for support or using a cane or walker
    _____  (082)

11. I stay lying down most of the time
    _____  (113)

12. I change position frequently
    _____  (030)

13. I hold on to something to move myself around in bed
    _____  (086)

(Continued on next page)
14. I do not bathe myself completely, for example, require assistance with bathing
   _____ (089)
15. I do not bathe myself at all, but am bathed by someone else
   _____ (115)
16. I use bedpan with assistance
   _____ (114)
17. I have trouble getting shoes, socks, or stockings on
   _____ (057)
18. I do not have control of my bladder
   _____ (124)
19. I do not fasten my clothing, for example, require assistance with buttons, zippers, shoelaces
   _____ (074)
20. I spend most of the time partly undressed or in pajamas
   _____ (074)
21. I do not have control of my bowels
   _____ (128)
22. I dress myself, but do so very slowly
   _____ (043)
23. I get dressed only with someone’s help
   _____ (088)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
THIS GROUP OF STATEMENTS HAS TO DO WITH ANY WORK YOU USUALLY DO IN CARING FOR YOUR HOME OR YARD. CONSIDERING JUST THOSE THINGS THAT YOU DO, PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH

1. I do work around the house only for short periods of time or rest often

2. I am doing less of the regular daily work around the house than I would usually do

3. I am not doing any of the regular daily work around the house that I would usually do

4. I am not doing any of the maintenance or repair work that I would usually do in my home or yard

5. I am not doing any of the shopping that I would usually do

6. I am not doing any of the house cleaning that I would usually do

7. I have difficulty doing handwork, for example, turning faucets, using kitchen gadgets, sewing, carpentry

8. I am not doing any of the clothes washing that I would usually do

9. I am not doing heavy work around the house

10. I have given up taking care of personal or household business affairs, for example, paying bills, banking, working on budget

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
Please respond to (check) only those statements that you are sure describe you today and are related to your state of health.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am getting around only within one building</td>
<td>(086)</td>
</tr>
<tr>
<td>I stay within one room</td>
<td>(106)</td>
</tr>
<tr>
<td>I am staying in bed more</td>
<td>(081)</td>
</tr>
<tr>
<td>I am staying in bed most of the time</td>
<td>(109)</td>
</tr>
<tr>
<td>I am not now using public transportation</td>
<td>(041)</td>
</tr>
<tr>
<td>I stay home most of the time</td>
<td>(066)</td>
</tr>
<tr>
<td>I am only going to places with restrooms nearby</td>
<td>(056)</td>
</tr>
<tr>
<td>I am not going into town</td>
<td>(048)</td>
</tr>
<tr>
<td>I stay away from home only for brief periods of time</td>
<td>(054)</td>
</tr>
<tr>
<td>I do not get around in the dark or in unlit places without someone’s help</td>
<td>(072)</td>
</tr>
</tbody>
</table>

Check here when you have read all statements on this page.
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I am going out less to visit people       _____     (044)
2. I am not going out to visit people at all     _____     (101)
3. I show less interest in other people's problems, for example, don't listen when they tell me about their problems, don't offer to help       _____     (067)
4. I often act irritable toward those around me, for example, snap at people, give sharp answers, criticize easily       _____     (084)
5. I show less affection       _____     (052)
6. I am doing fewer social activities with groups of people       _____     (036)
7. I am cutting down the length of visits with friends       _____     (043)
8. I am avoiding social visits from others       _____     (080)
9. My sexual activity is decreased       _____     (051)
10. I often express concern over what might be happening to my health       _____     (052)
11. I talk less with those around me       _____     (056)
12. I make many demands, for example, insist that people do things for me, tell them how to do things       _____     (088)
13. I stay alone much of the time       _____     (086)

(Continued on next page)
14. I act disagreeable to family members, for example, I act spiteful, I am stubborn
   _____ (088)

15. I have frequent outbursts of anger at family members, for example, strike at them, scream, throw things at them
   _____ (119)

16. I isolate myself as much as I can from the rest of the family
   _____ (102)

17. I am paying less attention to the children
   _____ (064)

18. I refuse contact with family members, for example, turn away from them
   _____ (115)

19. I am not doing the things I usually do to take care of my children or family
   _____ (079)

20. I am not joking with family members as I usually do
    _____ (043)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE □
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I walk shorter distances or stop to rest often _____ (048)
2. I do not walk up or down hills _____ (056)
3. I use stairs only with mechanical support, for example, handrail, cane, crutches _____ (067)
4. I walk up or down stairs only with assistance from someone else _____ (076)
5. I get around in a wheelchair _____ (096)
6. I do not walk at all _____ (105)
7. I walk by myself but with some difficulty, for example, limp, wobble, stumble, have stiff leg _____ (055)
8. I walk only with help from someone _____ (088)
9. I go up and down stairs more slowly, for example, one step at a time, stop often _____ (054)
10. I do not use stairs at all _____ (083)
11. I get around only by using a walker, crutches, cane, walls, or furniture _____ (079)
12. I walk more slowly _____ (035)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I am confused and start several actions at a time       _____  (090)
2. I have more minor accidents, for example, drop things, trip and fall, bump into things _____ (075)
3. I react slowly to things that are said or done        _____  (059)
4. I do not finish things I start                      _____  (067)
5. I have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things _____ (084)
6. I sometimes behave as if I were confused or disoriented in place or time, for example, where I am, who is around, directions, what day it is   _____  (113)
7. I forget a lot, for example, things that happened recently, where I put things, appointments _____  (078)
8. I do not keep my attention on any activity for long   _____  (067)
9. I make more mistakes than usual                      _____  (064)
10. I have difficulty doing activities involving concentration and thinking   _____  (080)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE

☐
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I am having trouble writing or typing
2. I communicate mostly by gestures, for example, moving head, pointing, sign language
3. My speech is understood only by a few people who know me well
4. I often lose control of my voice when I talk, for example, my voice gets louder or softer, trembles, changes unexpectedly
5. I don't write except to sign my name
6. I carry on a conversation only when very close to the other person or looking at him
7. I have difficulty speaking, for example, get stuck, stutter, stammer, slur my words
8. I am understood with difficulty
9. I do not speak clearly when I am under stress

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
THE NEXT GROUP OF STATEMENTS HAS TO DO WITH ANY WORK YOU USUALLY DO OTHER THAN MANAGING YOUR HOME. BY THIS WE MEAN ANYTHING THAT YOU REGARD AS WORK THAT YOU DO ON A REGULAR BASIS.

<table>
<thead>
<tr>
<th>Do you usually do work other than managing your home?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

IF YOU ANSWERED YES, GO ON TO THE NEXT PAGE.

IF YOU ANSWERED NO:

<table>
<thead>
<tr>
<th>Are you retired?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

IF YOU ARE RETIRED, WAS YOUR RETIREMENT RELATED TO YOUR HEALTH?

| YES | NO |

IF YOU ARE NOT RETIRED, BUT ARE NOT WORKING, IS THIS RELATED TO YOUR HEALTH?

| YES | NO |

NOW SKIP THE NEXT PAGE.
NOW CONSIDER THE WORK YOU DO AND RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH. (IF TODAY IS A SATURDAY OR SUNDAY OR SOME OTHER DAY THAT YOU WOULD USUALLY HAVE OFF, PLEASE RESPOND AS IF TODAY WERE A WORKING DAY.)

1. I am not working at all  (361)

(IF YOU CHECKED THIS STATEMENT, SKIP TO THE NEXT PAGE.)

2. I am doing part of my job at home  (037)

3. I am not accomplishing as much as usual at work  (055)

4. I often act irritable toward my work associates, for example, snap at them, give sharp answers, criticize easily  (080)

5. I am working shorter hours  (043)

6. I am doing only light work  (050)

7. I work only for short periods of time or take frequent rests  (061)

8. I am working at my usual job but with some changes, for example, using different tools or special aids, trading some tasks with other workers  (034)

9. I do not do my job as carefully and accurately as usual  (062)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
THIS GROUP OF STATEMENTS HAS TO DO WITH ACTIVITIES YOU USUALLY DO IN YOUR FREE TIME. THESE ACTIVITIES ARE THINGS THAT YOU MIGHT DO FOR RELAXATION, TO PASS THE TIME, OR FOR ENTERTAINMENT. PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I do my hobbies and recreation for shorter periods of time
   _____ (039)

2. I am going out for entertainment less often
   _____ (036)

3. I am cutting down on some of my usual inactive recreation and pastimes, for example, watching TV, playing cards, reading
   _____ (059)

4. I am not doing any of my usual inactive recreation and pastimes, for example, watching TV, playing cards, reading
   _____ (084)

5. I am doing more inactive pastimes in place of my other usual activities
   _____ (051)

6. I am doing fewer community activities
   _____ (033)

7. I am cutting down on some of my usual physical recreation or activities
   _____ (043)

8. I am not doing any of my usual physical recreation or activities
   _____ (077)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE
PLEASE RESPOND TO (CHECK) ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

1. I am eating much less than usual _____ (037)

2. I feed myself but only by using specially prepared food or utensils _____ (077)

3. I am eating special or different food, for example, soft food, bland diet, low-salt, low-fat, low-sugar _____ (043)

4. I eat no food at all but am taking fluids _____ (104)

5. I just pick or nibble at my food _____ (099)

6. I am drinking less fluids _____ (036)

7. I feed myself with help from someone else _____ (099)

8. I do not feed myself at all, but must be fed _____ (117)

9. I am eating no food at all, nutrition is taken through tubes or intravenous fluids _____ (133)

CHECK HERE WHEN YOU HAVE READ ALL STATEMENTS ON THIS PAGE

[ ]
NOW, PLEASE REVIEW THE QUESTIONNAIRE TO BE CERTAIN YOU HAVE FILLED OUT ALL THE INFORMATION. LOOK OVER THE BOXES ON EACH PAGE TO MAKE SURE EACH ONE IS CHECKED SHOWING THAT YOU HAVE READ ALL OF THE STATEMENTS. IF YOU FIND A BOX WITHOUT A CHECK, THEN READ THE STATEMENTS ON THAT PAGE.
CALCULATION OF CATEGORY SCORES, DIMENSION SCORES,
AND OVERALL SIP SCORE

The score for each category is calculated by adding the scale values for each item checked within the category and dividing by the maximum possible dysfunction score for the category. This figure is then multiplied by 100 to obtain the category score.

Two dimension scores may be calculated. The physical dimension score is obtained by adding the scale values for each item checked within categories BCM, M, and A, dividing by the maximum possible dysfunction score for these categories, and then multiplying by 100; the psychosocial dimension score is obtained by adding the scale values for each item checked within categories EB, SI, AB, and C, dividing by the maximum possible dysfunction score for these categories, and then multiplying by 100. The scores for the remaining categories are always calculated individually.

The overall score for the SIP is calculated by adding the scale values for each item checked across all categories and dividing by the maximum possible dysfunction score for the SIP. This figure is then multiplied by 100 to obtain the SIP overall score.

In the SIP booklet the scale values are coded to one decimal as follows:

1. Following the checking line for each item, the item number and scale value are shown, e.g., 070-083 indicates item 70 has a scale value of 8.3.

2. Following each category code in the upper right-hand corner of the page, the total possible scale value for the category is shown, e.g., SR-0499 indicates a total possible scale value of 49.9 for category SR.

3. On the title page of the booklet in the lower right-hand corner appears SD I-03564 and SD II-03657. These indicate a total possible scale value of 356.4 for the physical scoring dimension, and total scale value of 365.7 for the psychosocial scoring dimension. These are the denominators for calculating the respective dimension scores.

4. Also on the title page of the booklet in the lower right-hand corner appears SIP-10030 indicating a total possible scale value of 1003.0 for the entire SIP. This is the denominator for calculating the overall SIP score.

Please note that there are two special considerations in scoring Category W - Work:
(1) When a subject answers **YES** to either,

"If you are retired, was your retirement related to your health?" or

"If you are not retired, but are not working, is this related to your health?",

he is instructed to skip Category W - Work. However, in editing the questionnaire prior to coding or scoring, for subjects who answered **YES** to either of these questions, **item 100 should be checked**.

(2) Item 100, the first item, has been coded 100-361, indicating an unusually high scale value. The scale value for this item has been statistically adjusted to take into account the fact that when item 100 is checked no other item in category W can be checked.