

2020 STOKE MANDEVILLE SPINAL NEEDS ASSESSMENT CHECKLIST (SMS-NAC)- ADULT

PLEASE ENSURE ALL SECTIONS ARE FULLY COMPLETED.

Add any points in the comment box of each section which you feel are important to be noted when the final summary is prepared.

PATIENT NAME:	DOB:	
ADDRESS:	MRN:	GENDER:
	CIVIC STATUS:	
	ETHNICITY:	

AFFIX PATIENT STICKY LABEL IN THIS BOX

Level of SCI	AIS grade	Cause (give brief detail if necessary)	Date of Injury

Admitting hospital after injury	Current ward	Mobilisation date

Date of Acute Care onset (if applicable)	Date of Rehabilitation Onset	Expected Discharge Date (if known)

Consultant		Named Nurse	
Keyworker		Clinical Psychologist	
OT		SCIC Case Manager / Social	
Physio		Worker / Discharge Co-ordinator	
Other		Care Manager (community)	

Nominated family member/significant other/friend for goal planning and discharge meetings			
Name		Contact No.	
Email			
Patient indicated no one available to attend goal planning meetings (tick here)			

Date of goal planning meeting (if arranged at this stage)

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Date form completed	By whom (staff member's name)

Is this the patient's

1st

OR

2nd

SMS-NAC?

If this is a 1st SMS-NAC, have you given the patient information about goal planning?

YES

NO

Would the patient like a patient experience leaflet showing previous achievements on the programme?

YES

NO

Your anonymised medical data, that is/was collected as part of routine care, may be used to improve patient care and for future research. As it is anonymised data no one can tell it is your data being used and you will not be informed of the results. All research will be reviewed by a national approval body called the Health Research Authority and by your local NHS Trust before it begins

How to complete the 2020 version of the Stoke Mandeville Spinal Needs Assessment Checklist (SMS-NAC):

1. **Always complete the checklist with the patient and DO NOT** give to the patient to complete without staff support; this includes all sections including psychological health.
2. **Know about the functional ability of the patient, level and completeness of SCI.** Administer the *(INSTRUCT OTHERS TO)** questions ONLY to patients who verbally instruct other people for the task and on assessment do not participate physically in completing it. If someone is currently instructing other people but will do the task themselves before discharge administer the “can you” questions. For some levels of injury (eg C5-7 in particular) you might use the verbal independence *(INSTRUCT OTHERS TO)** scale for some questions and the physical independence scale “can you” for others. **Please indicate throughout the assessment whether you are scoring physically or verbally** by either underlining the question used or writing PI (physical independence) or VI (verbal independence) in the comments section.
3. **Please read the following to the patient before completing the SMS-NAC:**

“The Stoke Mandeville Spinal Needs Assessment Checklist (SMS-NAC) goes through your main areas of need since your spinal cord injury. It asks you to rate your involvement and awareness of your rehabilitation goals. Questions ask whether you are doing the activity yourself or instructing others depending on your level of injury. Some questions are yes / no and some are on a scale which asks you to rate your independence and knowledge.

The questions help the team working with you to know your areas of need after spinal cord injury, and those you wish to concentrate on.

Goal planning meetings are based on your replies to this checklist; you will receive a copy of the SMS-NAC summary. We aim to ensure you are as knowledgeable and can do as much as possible when you are discharged. We have patient experience leaflets available showing people’s achievements with the programme and how they have found it. Would you like one of these? [There is a section on the front sheet to record this].

There are a lot of questions. It is important that you answer each question in relation to your knowledge and ability **at this moment in time**. For questions which ask you to rate how independent you are at something:

- 0 = Completely **DEPENDENT** on staff / carers; knows nothing about x / has never attempted to do x / never does x
- 1 = Mostly **DEPENDENT** on staff / carers; knows a little about x / has perhaps attempted to do x once / sometimes does x
- 2 = Moderately **INDEPENDENT**; knows a fair bit about x / may just need more practice at x / usually does x
- 3 = Completely **INDEPENDENT**; has complete knowledge of x / can do x successfully / always does x
- NA = **NOT APPLICABLE** - this is only ticked if this is not going to be applicable at any time during your rehabilitation (e.g. don’t tick this if you are currently not using a standing frame, but may be doing this at some point in the future)”

Please watch this youtube link prior to doing your first SMS-NAC and share the link with the patient when you complete the checklist <https://youtu.be/yPt7cvqzSKk> to give them information about the SMS-NAC and Goal Planning programme

PATIENT GOALS AND INFORMATION

Ask the patient the following before going through the questions on the SMS-NAC ...

“It is helpful for me and the team working with you to know about your priorities and the things that you value and enjoy doing. Therefore before we start focusing on your SCI, please can you tell me” ...

By what name do you like to be known? (We will use this on the SMS-NAC summary)	
Are there any important events happening for you or your family and friends within the next few months that we should be aware of for your rehabilitation?	
What makes your life enjoyable and meaningful/ what things are important to you? e.g. Family, Career, Spirituality ETC	
Before coming into hospital, how did you spend most of your time?	
Is there anything you would particularly like your team to support you with during your rehabilitation?	
Do you have access/skills to use the internet and remote learning channels? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there any topics you would specifically like to discuss with someone who has lived experience of Spinal Cord Injury (SCI)?	

1. PHYSICAL HEALTH CARE

1.1 Medical

NB: PLEASE ANSWER ALL QUESTIONS	YES 3	NO 0	N/A 3	Comments
Have you had your diagnosis/prognosis regarding your SCI explained to you and do you understand it?				
Do you know the names of the medications you take?				
Can you describe why you take these medications?				
Do you know the doses of your medications?				
Do you understand the side effects and precautions regarding your medications?				
Are you aware of how often your medication will need to be reviewed following discharge?				
Do you know what your new 'normal' blood pressure is?				
Questions about pre-existing medical problems, sight, hearing, etc				

1.2 Lifestyle

NB: PLEASE ANSWER ALL QUESTIONS	YES 3	NO 0	N/A 3	Comments
Did you smoke or use a vape at the time of your injury?				
IF YES, have you been given advice about the risks of smoking or vaping?				
Would you like support in giving up smoking or vaping?	0	3		
Have you received information on healthy eating and how to manage your weight?				
Do you have any concerns regarding your weight or body image that you would like to speak to a dietician about?	0	3		
Do you have any difficulties with chewing or swallowing food?	0	3		
Questions about communicating, drug and alcohol Use				

1.3 Pain

Have you had any pain in the last seven days, including today?

YES	
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NO	
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Does pain interfere with your ability to get on with your rehabilitation?

YES	⁰
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NO	³
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If the patient has answered “No” to both of the above questions, please go to section 1.5

How would you rate your average pain intensity in the last week? (0=No pain, 10= As bad as you can imagine)
In general, how much has pain interfered with your overall mood in the last week including today? (0=No interference, 10=Extreme interference)
In general, how much has pain interfered with your day-to-day activities in the last week including today? (0=No interference, 10=Extreme interference)
In general, how much has pain interfered with your ability to get a good night's sleep in the last week including today? (0=No interference, 10=Extreme interference)
Overall, how satisfied are you with your pain management? (0=Not satisfied at all, 10= Completely satisfied)

Answer (0-10)

1.4 Psychological Impact of Pain

Questions about psychological management of pain

1.5 Spasm and Spasticity

Questions about spasm and spasticity			

NB:

ONLY ADMINISTER SECTIONS 1.6-1.9 (PAGES 7 & 8) TO PATIENTS WITH COMPLETE/INCOMPLETE LESIONS T6 AND ABOVE

**PUT A LINE THROUGH PAGES 7 & 8 IF THEY DO NOT APPLY
AND GO TO SECTION 2 (PAGE 9)**

1.6 Autonomic Dysreflexia

Can you explain what Autonomic Dysreflexia (AD) is?

YES ³

NO ⁰

Are you aware that for your level of SCI you could experience AD?

YES

NO

Have you experienced an episode of AD?

YES

NO

DON'T KNOW

*** IT IS IMPORTANT TO UNDERLINE/HIGHLIGHT WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT**

NB: PLEASE ANSWER ALL QUESTIONS

	YES 3	NO 0	N/A 3	Comments
Do you know what the signs and symptoms of AD are?				
Do you know what the common causes and risks of AD are?				
Are you confident you could <i>(INSTRUCT OTHERS TO)*</i> manage an episode of AD?				
Have you had a discussion with your clinical team about medication for treating AD?				
Do you have an alert/medical emergency card which includes information on AD?				

1.7 Respiratory Management

Questions about respiratory management				
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1.8 Secretion Clearance

<i>Questions about secretion clearance</i>				
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1.9 Patients With a Tracheostomy/Ventilator

If the patient does not use a tracheostomy or ventilator, please go to section 2

<i>Questions for patients with a tracheostomy/ventilator</i>				
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If the patient does not use a ventilator, please go to section 2

Do you know your type and model of ventilator?				
Do you know your ventilator settings?				
Have techniques to help you breath when off your ventilator been discussed e.g. glossopharyngeal breathing (frog breathing)?				

SAMPLE

Key 0 = completely dependent/never does 2 = moderately independent/usually does (or instructs someone to)
 1 = mostly dependent/rarely does 3 = completely independent/always does (or instructs someone to)

2. DAILY LIVING ACTIVITIES

2.1 Food Management

*** IT IS IMPORTANT TO UNDERLINE/HIGHLIGHT WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT**

NB: ANSWER ALL QUESTIONS	0	1	2	3	Comments
Can you (<i>INSTRUCT OTHERS TO</i>)* use cutlery (knives, forks, spoons etc)?					
Can you (<i>INSTRUCT OTHERS TO</i>)* pick up a cup/glass?					
Can you (<i>INSTRUCT OTHERS TO</i>)* make a drink?					
Can you (<i>INSTRUCT OTHERS TO</i>)* carry/handle dishes and plates? (e.g. using a lap-tray or kitchen trolley)					

Are you able to (*INSTRUCT OTHERS TO*)* prepare a meal?

YES	3	NO	0	N/A	3
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Have you had the opportunity to (*INSTRUCT OTHERS TO*)* use a kitchen?

YES	3	NO	0	N/A	3
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2.2 Dressing

*** IT IS IMPORTANT TO UNDERLINE/HIGHLIGHT WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT**

NB: ANSWER ALL QUESTIONS	0	1	2	3	Comments
Can you (<i>INSTRUCT OTHERS TO</i>)* dress your upper body?					
Can you (<i>INSTRUCT OTHERS TO</i>)* undress your upper body?					
Can you (<i>INSTRUCT OTHERS TO</i>)* dress your lower body?					
Can you (<i>INSTRUCT OTHERS TO</i>)* undress your lower body?					
Can you (<i>INSTRUCT OTHERS TO</i>)* put on shoes/tie laces?					
Can you (<i>INSTRUCT OTHERS TO</i>)* use fasteners (zips, buttons etc)?					

Have you had any dressing practice?

YES	3	NO	0	N/A	3
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2.3 Facial Hygiene

<i>Questions about facial hygiene</i>						
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2.4 Personal Hygiene

<i>Questions about personal hygiene</i>						
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SAMPLE

Key 0 = completely dependent/never does 2 = moderately independent/usually does (or instructs someone to)
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3. SKIN AND POSTURE MANAGEMENT

Please read the following to the patient:

“Due to reduced sensation and ability to change position, visually checking your skin is probably the first time you will be aware that a pressure ulcer is forming or you have damaged your skin. Therefore, checking your skin is greatly important in helping to prevent further deterioration, **no matter what your level of SCI.**”

3.1 Skin Checks

*** IT IS IMPORTANT TO UNDERLINE/HIGHLIGHT WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT**

Are you aware of the changed sensation in your skin after your SCI?

YES	3	NO	0
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Do you have equipment that could be used to conduct skin checks e.g. mirror, mobile phone or tablet?

YES	3	NO	0
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NB: ANSWER ALL QUESTIONS

	0	1	2	3	Comments
Do you know what to look for and where to look when checking your skin?					
Would you be able to notice changes in what your skin looks like below the level of your injury? (e.g. skin colour, scars, markings)					
Do you (<i>INSTRUCT OTHERS TO</i>)* check your skin using the equipment detailed above?					
Do you know what to do if you find a red mark or pressure ulcer?					
If you have a red mark, do you know how to decide if you should stay in bed or get up, and how to keep pressure off the area?					
Do you (<i>INSTRUCT OTHERS TO</i>)* check your feet regularly to identify ingrowing toenails, fungal infections, insect bites or pressure ulcers?					

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 1 = mostly dependent/rarely does 3 = completely independent/always does (or instructs someone to)

3.2 Preventing Skin Problems

*** IT IS IMPORTANT TO UNDERLINE/HIGHLIGHT WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT**

Have you attended an appointment at the Posture and Seating Clinic, to establish if your method of pressure relief is effective?

YES	3	NO	0	N/A	3
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Are you aware of how often to turn in bed?

YES	3	NO	0	N/A	3
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NB: ANSWER ALL QUESTIONS

	0	1	2	3	N/A	Comments
Questions about preventing skin problems						

Do you know why it is important to maintain joint mobility and a full range of movements in all your joints?

YES	3	NO	0	N/A	3
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 1 = mostly dependent/rarely does 3 = completely independent/always does (or instructs someone to)

3.3 Posture

Questions about posture management						
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3.4 Confidence in Skin Management

It can be more challenging to look after your skin and posture alongside other competing demands after leaving hospital, when you are in a new environment. **Please rate how confident you feel about managing your skin and posture.**

0	1	2	3	4	5	6	7	8	9	10
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*Not confident
at all*

*Completely
Confident*

Key 0 = completely dependent/never does 2 = moderately independent/usually does (or instructs someone to)
 1 = mostly dependent/rarely does 3 = completely independent/always does (or instructs someone to)

4. BLADDER MANAGEMENT

Please read the following to the patient:

"A spinal cord injury may interrupt communication along the nerves that control bladder function. This may mean; temporary or permanent loss of bladder control, being unable to stop and hold urine, changes in how often someone needs to empty their bladder or increased urinary tract infections (UTI's)."

What method of bladder management do you currently use? Please select one.

Intermittent Self-Catheterisation		Urethral Catheter	
Suprapubic Catheter		Voluntary/Spontaneous	
Other			

Is any other method going to be tried?

YES		NO		DON'T KNOW	
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IF YES, what method?

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If the patient does not currently use a method of bladder management, and **WILL NOT** require one in the future, please go to Section 4.1. Otherwise complete ONE relevant section with the patient, either A, B or C.

* IT IS IMPORTANT TO UNDERLINE/HIGHLIGHT WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT

A. Suprapubic/Indwelling Urethral Catheterisation

NB: ANSWER ALL QUESTIONS	0	1	2	3	N/A	Comments
Do you know how often to change your catheter and why?						
Can you (<i>INSTRUCT OTHERS TO</i>)* hygienically change your catheter?						
Further questions about management						

B. Intermittent Self-Catheterisation (ISC)

NB: ANSWER ALL QUESTIONS	0	1	2	3	N/A	Comments
Are you independent in (<i>INSTRUCTING OTHERS IN</i>)* performing ISC in bed?						
Are you independent in (<i>INSTRUCTING OTHERS IN</i>)* performing ISC in your wheelchair?						
Further question						

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C. Sheath Drainage

NB: ANSWER ALL QUESTIONS	0	1	2	3	N/A	Comments
Do you know how often to change your sheath and why?						
Further questions						

4.1 Bladder Care

NB: ANSWER ALL QUESTIONS	0	1	2	3	N/A	Comments
Do you know the size and type of catheter/sheath you use?						
Have your long-term bladder management issues been discussed?						

4.2 Bladder Related Problems

Questions about bladder related problems						
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4.3 Investigations

Questions about investigations

4.4 Confidence in Bladder Management

It can be more challenging to look after your bladder alongside other competing demands after leaving hospital, when you are in a new environment. **Please rate how confident you feel about managing your bladder.**

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

*Not confident
at all*

*Completely
Confident*

5. BOWEL MANAGEMENT

Please read the following to the patient:

“Spinal cord injury may result in one of several different types of bowel function:

- **Voluntary bowel function** is where you can accurately feel that you have solid, liquid or gaseous bowel contents in your rectum and use your external sphincter muscle to initiate or prevent a bowel movement at a convenient time. This is more often seen in incomplete injuries.
- **Reflex bowel function** is where a message from the rectum of its contents can be sent to the spinal cord, which returns an automatic response to empty it. This is more often seen in injuries of T12/L1 and above, and may involve the use of suppositories and digital stimulation.
- **Flaccid bowel function** is where a message from the rectum cannot reach the spinal cord to initiate spontaneous emptying. Flaccid bowel routines tend to rely on manual removal of stool. This is more often seen in injuries of L1 and below.

Establishing an effective bowel management programme after SCI is essential for the future well-being of all individuals, regardless of their type of bowel function.”

Voluntary		Reflex	
Flaccid		Unsure / Other	
Comments			

What type of bowel function do you have?

If you have answered you are unsure, can you feel the difference between solid, liquid and gaseous bowel contents?

Yes		No		Partial	
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Where is your bowel care performed currently?

Bed		Shower chair	
Toilet		I'm unsure	

Where will your bowel care be performed after discharge?

Bed		Shower chair	
Toilet		I'm unsure	

	YES 3	NO 0	? 0	N/A 3	Comments
Will you require assistance with performing your bowel care following discharge?					
If yes, is this already in place?					

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5.1 Bowel Routine

Questions about bowel routine						
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5.2 Long Term Bowel Management

Questions about long term bowel management						
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5.3 Confidence in Bowel Management

It can be more challenging to look after your bowel alongside other competing demands after leaving hospital, when you are in a new environment. **Please rate how confident you feel about managing your bowel.**

0	1	2	3	4	5	6	7	8	9	10
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Not confident at all

Completely Confident

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6. MOBILITY

6.1 Transfers

Please tick "N/A" for the below questions if the patient will not require the specified equipment at any point during rehabilitation.

Do you use a hoist?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Emergencies only	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Do you use a sliding/transfer board?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Emergencies only	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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What type of hoist and/or sliding/transfer board do you currently use?

What type of transferring equipment will you require for discharge?

*** IT IS IMPORTANT TO UNDERLINE/HIGHLIGHT WHETHER THE PATIENT IS PHYSICALLY OR VERBALLY INDEPENDENT**

NB: ANSWER ALL QUESTIONS

	0	1	2	3	N/A	Comments
Can you <i>(INSTRUCT OTHERS TO)*</i> transfer to/from a bed?						
Can you <i>(INSTRUCT OTHERS TO)*</i> transfer to/from a shower chair?						
Can you <i>(INSTRUCT OTHERS TO)*</i> transfer to/from a toilet?						
Can you <i>(INSTRUCT OTHERS TO)*</i> transfer to/from a bath?						
Can you <i>(INSTRUCT OTHERS TO)*</i> transfer to/from a car?						
Can you <i>(INSTRUCT OTHERS TO)*</i> transfer to/from the floor?						

Have you had a discussion about alternative methods for floor transfers e.g. staged lifts, scoop?

YES	<input type="checkbox"/>	3	NO	<input type="checkbox"/>	0	N/A	<input type="checkbox"/>	3
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6.2 Wheelchair Skills

Do you use a...	Manual wheelchair		Powered wheelchair		Both		Neither	3	Power assisted manual wheelchair	
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Have you been taught wheelchair skills?	YES	3	NO	0	Currently attending	3	N/A	3
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Further questions about wheelchair skills						
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6.3 Ambulation

Only administer to patients with a SCI sufficiently incomplete or at a level giving potential for ambulation. Otherwise, please go to section 7.1
Please liaise with the patient's physiotherapist if you are unsure.

Has your physiotherapist discussed your potential for functional ambulation with you?	YES	3	NO	0	N/A	3
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NB: ANSWER ALL QUESTIONS	0	1	2	3	N/A	Comments
Can you ambulate with orthoses? IF SO, which?.....						
Can you ambulate with a frame? IF SO, which?.....						
Can you ambulate with other equipment? IF SO, what?						
Further questions about ambulation						

Key 0 = completely dependent/never does 2 = moderately independent/usually does (or instructs someone to)
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7. WHEELCHAIR AND EQUIPMENT

7.1 Wheelchair

NB: ANSWER ALL QUESTIONS	YES	NO	N/A	Comments
Has contact been made with your wheelchair service?				
Have you discussed your powered wheelchair requirements with OT?				
Have you attended a lightweight wheelchair clinic?				
Has it been decided which wheelchair you will be provided with on discharge?				

Further questions about wheelchair						
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7.2 Cushion

NB: ANSWER ALL QUESTIONS	YES	NO	N/A	Comments
Have you trialled different cushions?				
Has it been decided which cushion you should have on discharge?				
Do you know how to recognise signs of wear and tear on your cushion?				
Do you know how and where to replace your cushion?				

Further questions about cushion						
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7.3 Standing Frames

Questions about standing frames					
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If you will require assistance with standing device transfers following discharge, has the person been identified and received training?

YES	3
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NO	0
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N/A	3
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7.4 Splints, Calipers and Brace

Questions about splints, etc					
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If the patient has answered “No” or “N/A” to all of the above, please go to section 7.5

NB: ANSWER ALL QUESTIONS

	0	1	2	3	N/A	Comments
Can you <i>(INSTRUCT OTHERS TO)*</i> put your splints/orthoses/brace on and take off?						
Do you know the reason for using splints/orthoses/brace?						
Do you know when to review your splints/orthoses/brace?						
Do you know your splint/orthoses/brace wearing time?						

7.5 Special Equipment

<i>Questions about special equipment</i>					
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7.6 Equipment on Discharge

<i>Questions about equipment on discharge</i>					
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7.7 Disposable Supplies

<i>Questions about disposable supplies</i>					
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8. COMMUNITY PREPARATION

8.1 Community Skills

Have you been out of the spinal centre?	Not yet	0	Once or twice?	1	3 or 4 times?	2	5 or more times?	3
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Please tick all applicable boxes:

Have you been to...	your home?	1	a friend / relatives' home?	1	the local shop?	1
	the town centre?	1	a restaurant/pub?	1	a leisure/sports centre?	1

Have you had information on/the opportunity to practise:

Shopping	YES	3	NO	0	N/A	3
Accessing disabled toilets and radar key	YES	3	NO	0	N/A	3
Accessing public transport	YES	3	NO	0	N/A	3
(If injury is above T4) Assistive technology (using a mobile phone/computer/ tablet etc)	YES	3	NO	0	N/A	3
Accessing online information on spinal cord injury (e.g. www.nsic-online.org.uk)	YES	3	NO	0	N/A	3
Doing your laundry (washing and ironing)	YES	3	NO	0	N/A	3
Do you know how to arrange accessible vehicles/taxis?	YES	3	NO	0	N/A	3

8.2 Education/Employment

Questions about education / employment					
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8.3 Employment

Questions about employment					
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8.3 Employment (Continued)

<i>Further questions about employment</i>					
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8.4 Community Preparation and Teaching

NB: ANSWER ALL QUESTIONS

		YES 3	NO 0	? 0	N/A 3	Comments
Have you attended the teaching session on...	Bladder?					
	Bowel?					
	Skin?					

8.5 Driving and Related Issues

<i>Questions about driving</i>					
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9. PSYCHOLOGICAL HEALTH

9.1 Feelings

Read each item below and **tick the box** that indicates how much, on a four-point scale that statement corresponds to how you have been feeling **in the last two weeks**. Don't take too long over your replies, your immediate reaction is probably more accurate than a long, thought-out response. Please ensure you **answer all questions**.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

NB: ANSWER ALL QUESTIONS

	Not at all	Several Days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling/staying asleep				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television.				
Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.				
Thoughts that you would be better off dead or of hurting yourself in some way.				

	Not at all	Several Days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				

9.2 Thoughts

We are interested in the thoughts people have about their SCI. Using the following scale, rate the extent to which the following statements reflect your **current** perceptions of your injury by circling your responses. Consider first whether you **agree** or **disagree** with each statement, and then whether that agreement/disagreement is **strong**, **moderate** or **mild**.

Since my injury life is more frightening for me.	STRONGLY DISAGREE	MODERATELY DISAGREE	MILDLY DISAGREE	MILDLY AGREE	MODERATELY AGREE	STRONGLY AGREE
I cannot believe that this has happened to me.	STRONGLY DISAGREE	MODERATELY DISAGREE	MILDLY DISAGREE	MILDLY AGREE	MODERATELY AGREE	STRONGLY AGREE
I will continue to live my life to its full capacity.	STRONGLY DISAGREE	MODERATELY DISAGREE	MILDLY DISAGREE	MILDLY AGREE	MODERATELY AGREE	STRONGLY AGREE
I am going to miss out on so many aspects of my life.	STRONGLY DISAGREE	MODERATELY DISAGREE	MILDLY DISAGREE	MILDLY AGREE	MODERATELY AGREE	STRONGLY AGREE
This experience has made me a stronger person.	STRONGLY DISAGREE	MODERATELY DISAGREE	MILDLY DISAGREE	MILDLY AGREE	MODERATELY AGREE	STRONGLY AGREE
There are many things I can do to change my situation.	STRONGLY DISAGREE	MODERATELY DISAGREE	MILDLY DISAGREE	MILDLY AGREE	MODERATELY AGREE	STRONGLY AGREE

9.3 Adjustment Issues

The following questions ask how often you have certain feelings/beliefs about your injury. Please read each statement carefully, indicating how often you feel like this by ticking the appropriate number of the scale, as follows:

column 1 = **NOT AT ALL** column 2 = **SOMETIMES** column 3 = **FAIRLY OFTEN** column 4 = **ALMOST ALWAYS**

NB: ANSWER ALL QUESTIONS

	1	2	3	4
I believe that this situation is manageable				
I feel that I have learnt the skills to cope with most of the problems that have arisen from my injury/illness				
I believe that I am able to continue to take part in activities that I find enjoyable and rewarding				
I feel supported by the people around me				
I am motivated to engage in what happens around me				

9.4 Intimacy and Relationships

Questions about intimacy and relationships					
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9.5 Support

Has your family attended a family and friends information day?

YES	³	NO	⁰	N/A	³
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Are you a parent or carer of a child under 18 years of age?

YES		NO	
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Are you the carer of an older adult?

YES		NO	
-----	--	----	--

Are you the carer of a dependent/vulnerable adult aged over 18?

YES		NO	
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If YES, are there any aspects of care that you need help or advice with?

Please briefly explain ...

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Further questions about support					
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10. DISCHARGE COORDINATION

10.1 Community Issues

<i>Questions about community</i>					
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10.2 Accommodation

<i>Questions about accommodation</i>					
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10.3 Arrangements for Discharge Accommodation

<i>Questions about arrangements for discharge accommodation</i>					
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10.4 Adaptations at Home

<i>Questions about adaptations at home</i>					
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10.5 Care Package

Please liaise with the patient's Case Manager if you are unsure which questions in this section are relevant. Please read the following to the patient:

"To be able to safely discharge from the spinal centre, you will need appropriate care in place at your discharge location. Your Case Manager will refer you to community services if required. This may include **Adult Social Care services** or, if you have a primary health need, **Continuing Health Care.**"

<i>Questions about care package</i>					
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10.5 Care Package (Continued)

NB: ANSWER ALL QUESTIONS

	YES 3	NO 0	? 0	N/A 3	Comments
Have your team discussed your care needs on discharge with you?					

<i>Further questions about care package</i>					
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10.6 Home Visits

<i>Questions about home visits</i>					
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10.7 District Nursing Service

<i>Questions about community</i>					
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11. FURTHER INFORMATION

Is there anything else you think we need to know having completed this assessment?



Thank you for your time and help in completing this important checklist. The information will now be put on a graph and your goals summarised. A copy of the summary sheet highlighting your goals will be sent to you shortly and will be used in your goal planning meetings.

Amended June 2023

**Thank you for completing this checklist with the patient.
Please return it to the administrator as soon as possible.**