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Price & Availability – Available for a fee from instrument website. Download order form. Instrument package includes: master copy of the instrument including royalty-free permission to use and reproduce (upon filing a Project Registration Form); 89 page Sickness Impact Profile User Manual; technical notes article from March 1996 Bulletin titled “The Sickness Impact Profile: Part I”; reprints of two articles on the development and formulation of the instrument.

Brief Description of Instrument – A 136-item behaviourally-based, health status questionnaire. Everyday activities in 12 categories (sleep and rest, emotional behaviour, body care and movement, home management, mobility, social interaction, ambulation, alertness behaviour, communication, work, recreation and pastimes, and eating) are measured. Respondents endorse items that describe themselves and are related to their health. Selected items for each category printed in original citation.

Administration time – 20-30 minutes.

Scale Format – Yes/No.
**Administration Technique** – Self- or interviewer-administered.

**Scoring and Interpretation** – The SIP is scored according to the number and type of items endorsed. Overall score, 2 domain scores, and 12 category scores; items are weighted according to a standardized weighting scheme. User Manual available.

**Factors and Norms** – 12 categories (sleep and rest, eating, work, home management, recreation and pastimes, ambulation, mobility, body care and movement, social interaction, alertness behaviour, emotional behaviour, communication).

- 2 overall domains (physical and psychosocial)
  - Physical: ambulation, mobility, body care and movement
  - Psychosocial: social interaction, communication, alertness behaviour, emotional behaviour; sleep and rest, eating, home management, recreation and pastimes, employment.

**Test-retest Reliability** – Results reported from 3 field studies, range from $r=0.88-0.92$ for overall SIP score and 0.50-0.56 for category items. This suggests that though subjects change the specific items they respond to within a 24-hour period, the combination of items checked on the two occasions are sufficiently similar in scale value to provide similar overall and category scores.

**Internal Consistency** – Results reported for two field studies, $r$ ranges from 0.94-0.97.

**Construct Validity** – Multitrait-multimethod technique assessed convergent and discriminant validity by examining the relative effect of the method of measurement and the construct being measured on the correlations among measures. Minimal redundancy among categories found. As well, higher correlation of category scores to overall score points to the importance of each category to the total instrument. Reproducibility of SIP scores found to be higher than Activities of Daily Living and National Health Interview Survey.
**Criterion-Related Validity** – Assessed by determining the relationship between self- and clinician-report of dysfunction and level of sickness and the SIP score. Also, correlations to criterion measures were moderate to high and in the direction hypothesized. Measures of dysfunction included Activities of Daily Living Index and selected questions from the National Health Interview Survey. Assessed groups of patients in following disease categories over time: total hip replacement, hyperthyroidism and rheumatoid arthritis. SIP scores correlated with other clinical measures specific to each group. See original citation for details.

**Responsive to Change Over Time** – Investigated through pattern and profile analysis of mean differences, variability differences and pattern differences of SIP scores three disease categories. See original citation for details. Cluster analysis approach to pattern analysis was also applied to each diagnostic group across times, allowing for the definition of a cluster of categories that consistently differentiated between/within each group of patients.

**Content & Face Validity** – The concept of dysfunction was used in scaling the SIP items and in rating SIP protocols obtained from field trial subjects. SIP items were derived from empirically obtained statements describing sickness-related behaviours. Also checked against clinical judgment for validity.

**Strengths** – Tool has been developed and refined through extensive field testing with subjects that span a range of type and severity of illness.

**Limitations** – SIP measures behavioural impacts of sickness in terms of dysfunction and does not assess levels of positive functioning.

**Notes for Consideration** – When investigating method of administration, it was found that mail delivered questionnaires had the lowest reliability. Interview administered, or having someone available to answer questions and review instructions before self-administration (interviewed-delivered self-administration) are suggested as the best options in the original citation.
Updates – Various translations of the SIP are described in the literature, search for the instrument by title. SIP has also been abbreviated by other researchers (68- and 30-item versions), and adapted to suit specific diseases groups/populations such as nursing homes, stroke, pts with Parkinson’s.
