

**NINDS CDE Notice of Copyright  
Stroke Impact Scale (SIS)**

<b>Availability:</b>	The SIS is copyrighted by the University of Kansas <a href="#">Stroke Impact Scale website</a> . Non-English language translations are available from PROQOLID: <a href="#">Non-English language translations of SIS</a> .
<b>Classification:</b>	Supplemental for Stroke.
<b>Short Description of Instrument:</b>	<p><u>Purpose:</u> The Stroke Impact Scale is a stroke-specific, self-report, health status measure. It was designed to assess multidimensional stroke outcomes, including strength, hand function, activities of daily living/ instrumental activities of daily living (ADL/IADL), mobility, communication, emotion, memory and thinking, and participation. The SIS can be used both in clinical and research settings.</p> <p><u>Overview:</u> It was designed to assess multidimensional stroke outcomes. The SIS version 3.0 includes 59 items and assesses 8 domains: Strength - 4 items, Hand function - 5 items, ADL/IADL - 10 items, Mobility - 9 items, Communication - 7 items, Emotion - 9 items, Memory and thinking - 7 items, Participation/Role function - 8 items.</p> <p><u>Time:</u> There is no set time limit for this examination. The SIS can be administered in person, over the phone or by mail.</p> <p><u>Scoring:</u> The SIS is a patient-based, self-report scale in which each item is rated in a 5-point Likert scale in terms of the difficulty the patient has experienced in completing each item. A score of 1 = an inability to complete the item and a score of 5 = no difficulty experienced at all. Using an algorithm equivalent to the one used in the SF-36, summative scores are generated for each domain.</p> <p>The SIS is scored in the following way, for each domain:</p> $\text{Transformed Scale} = \frac{[(\text{Actual raw score} - \text{lowest possible raw score}) / \text{Possible raw score range}] \times 100}{1}$ <p>Both the SIS version 3.0 and the SIS-16 are available in proxy version when patients are unable to complete them.</p> <p><u>Psychometric Properties:</u> The SIS is reliable, valid, and sensitive to change. Unlike the SF-36, it does not have a floor effect in stroke patients. There are clear differences when the SIS is done via proxy report versus self-report.</p> <p><u>Other Important Notes:</u> Alternate forms of the Stroke Impact Scale include the SIS-16, developed to address the lack of sensitivity to differences in physical functioning in functional measures of stroke outcome. The SIS-16 consists of 16 items from the SIS 2.0: seven ADL/IADL items, eight Mobility items, and a single Hand Function item.</p> <p>The SIS and the SIS-16 has been translated by MAPI Research Institute: <a href="#">(Non-English language translations website)</a> into numerous languages.</p> <p>The SIS-16: The SIS-16 was recently developed as a short stand alone tool for measuring the physical aspects of stroke recovery. This version implements 16 questions from the SIS 3.0 across four of the eight domains to create a short composite.</p>

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<b>References:</b>	<p>Ware, J. E. Jr., Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. <i>Med Care</i>, 30, 473-483.</p> <p>Duncan, PW, Lai, SM, Tyler, DA, Perera, S, Reker, DM, Studenski, S. 2002. Evaluation of proxy responses to the Stroke Impact Scale. <i>Stroke</i> 33(11): 2593-99.</p> <p>Duncan, P. W., Wallace, D., Lai, S. M., Johnson, D., Embretson, S., Laster, L. J. (1999). The Stroke Impact Scale version 2.0: Evaluation of reliability, validity, and sensitivity to change. <i>Stroke</i>, 30, 2131-2140.</p> <p>Duncan, P. W., Lai, S. M., Tyler, D., Perera, S., Reker, D. M., Studenski, S. (2002a). Evaluation of Proxy Responses to the Stroke Impact Scale. <i>Stroke</i>, 33, 2593-2599.</p> <p>Duncan, P. W., Lai, S. M., Bode, R. K., Perea, S., DeRosa, J. T., GAIN Americas Investigators. (2003a). Stroke Impact Scale-16: A brief assessment of physical function. <i>Neurology</i>, 60, 291-296.</p>
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