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Quadriplegia Index of Function**

<b>Availability:</b>	<b>A sample of the Quadriplegia Index of Function can be found at</b> The quadriplegia index of function (QIF): sensitivity and reliability demonstrated in a study of thirty quadriplegic patients article: <a href="#">Quadriplegia Index of Function Article Link</a>
<b>Classification:</b>	<b>Exploratory:</b> Spinal Cord Injury (SCI); not recommended for youth < 18 years.
<b>Short Description of Instrument:</b>	<p><b>Construct measured:</b> Upper extremity, activity, participation</p> <p><b>Generic vs. disease specific:</b> Disease specific</p> <p><b>Intended respondent:</b> Participant</p>
<b>Comments/Special instructions:</b>	<p><b>Scoring:</b> The total QIF score ranges from 0 to 100. Sub-scores for each task can also be used separately, as can the scores for individual items within each task. The items are weighted in terms of their assumed clinical relevance. The total short-form QIF score ranges from 0–24 and is a sum of the 6 tasks, each scored between 0 and 4 (no weighting).</p> <p><b>Background:</b> The mode of administration can be interview (patient report) or observation (performance measure). The QIF measures the level of independence in 10 tasks of ADL ): (a) transfers, (b) grooming, (c) bathing, (d) feeding, (e) dressing, (f) wheelchair mobility, (g) bed activities, (h) bladder program, (i) bowel program, and (j) understanding of personal care. There are multiple items within each domain and they are weighted for their relative contribution to the total score. Each item within the transfers, grooming, bathing, feeding, dressing, wheelchair mobility and bed activities domains is scored on a scale between 0 to 4 (independent, independent with devices, supervision, assistance needed, dependent); Bladder, bowel and understanding of care have unique sets of scoring criteria.</p> <p>-The short-form version of the QIF consists of 6 tasks that were found to be the best predictors of the total score through regression analysis (wash/dry hair, turn supine to side in bed, put on lower body clothing, open carton/jar, transfer from bed to chair, and lock wheelchair).</p> <p>SCI-Pediatric specific: There are no psychometric studies of the QIF in children. While some of the items are appropriate for younger child, in its entirety, it could be used in children aged 16 and older.</p>

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<p><b>Rationale/ Justification:</b></p>	<p><b>Strengths/Weaknesses:</b> Sensitivity to change in persons with mid and high tetraplegia; easily administered through observation or interview. Limitations: The scoring procedure is not intuitive if there are missing sub-scores. The weighting of the items have not been validated.</p> <p><b>Psychometric Properties:</b> The original study reported good inter-rater reliability among raters studying the same 20 subjects, all with complete tetraplegia. Pearson's correlation coefficient ranged from 0.62 to 0.95 (P &lt; 0.001) for individual tasks. No other reliability studies have been reported. The QIF is more sensitive to change when compared to other measures of self-care, including the FIM. There is strong correlation between the QIF and the ASIA Upper Extremity Motor Score .There is a possible ceiling effect in subjects with low cervical SCI.</p>
<p><b>References:</b></p>	<p>Gresham, G. E., Labi, M. L., Dittmar, S. S., Hicks, J. T., Joyce, S. Z., &amp; Stehlik, M. A. (1986). The Quadriplegia Index of Function (QIF): sensitivity and reliability demonstrated in a study of thirty quadriplegic patients. <i>Paraplegia</i>, 24(1), 38–44.</p> <p>Marino, R. J., &amp; Goin, J. E. (1999). Development of a short-form Quadriplegia Index of Function scale. <i>Spinal Cord</i>, 37(4), 289–296.</p> <p>Marino, R. J., Huang, M., Knight, P., Herbison, G. J., Ditunno, J. F., Jr., &amp; Segal, M. (1993). Assessing selfcare status in quadriplegia: comparison of the quadriplegia index of function (QIF) and the functional independence measure (FIM). <i>Paraplegia</i>, 31(4), 225–33.</p> <p>Yavuz, N., Tezyurek, M., &amp; Akyuz, M. (1998). A comparison of two functional tests in quadriplegia: the quadriplegia index of function and the functional independence measure. <i>Spinal Cord</i>, 36(12), 832–837.</p>