Egen Klassifikation Scale Version 2 (EK2) Steffensen 2008

Assessor (please circle) (NOTE: 'Score the best you have done in the last two weeks especially if there is variation between good and bad days 1. Ability to use wheelchair flow do you get around indoors and outdoors? NA Able to use a manual wheelchair roll tet ground, 10m -1 minute 1. Ability to use manual wheelchair roll tet ground, 10m -1 minute 2. Unable to use a manual wheelchair roll tet ground, 10m -1 minute 3. Uses power wheelchair, trout occasionally has difficulty steering 3. Uses power wheelchair, but occasionally has difficulty steering 2. Ability to transfer from wheelchair without help 3. Abile to transfer from wheelchair without help 4. Abile to transfer from wheelchair without help 4. Abile to transfer from wheelchair without help 4. Abile to transfer independently from wheelchair without help 5. Abile to stand be you considered with support of head	Date of assessment Assessor (please of NOTE: "Score the best you have done in the last two weeks especially if there is variation between good and bad days 1 Ability to use a manual wheelchair How do you get around indoors and outdoors? Able to use a manual wheelchair on flat ground, 10m < 1 minute Able to use a manual wheelchair on flat ground, 10m < 1 minute Unsels to use manual wheelchair on flat ground, 10m < 1 minute Unsels to use manual wheelchair on flat ground, 10m < 1 minute Unsels to use manual wheelchair on flat ground, 10m < 1 minute Able to transfer from wheelchair requires one of the property	Steffensen 2008			
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oposon to dimonic to didorstand except to dissert indiatives	10 Physical well-being This relates to respiratory insufficiency only (see manual) Use the categories as questions			3	
No complaints, feels good Cosily time Use difficulty resting in a shair or in had				-	
Easily tires. Has difficulty resting in a chair or in bed 1 Hes loss of weight, loss of appetite. Secred of folling calcon at eight, along healty.					
Has loss of weight, loss of appetite, Scared of falling asleep at night, sleeps badly 2	Experience additional symptoms to score 2: change of mood, stomach ache, palpitations, perspiring,			3	

Brooke score

11	Daytime fatigue Do you have to organise your day or take a rest to avoid getting too tired?	N/A		
	Doesn't get tired during day	0		
	Need to limit activity to avoid getting too tired	1		
	Need to limit my activity and have a rest period to avoid getting too tired	2		
	Get tired during day even if I rest and limit activity	3		
12	Head Control How much head support do you need in your wheelchair?	N/A		
	Does not need head support	0		
	Needs head support when going up and down slope (15° standard ramp)	1		
	Needs head support when driving wheelchair	2		
	When sitting still in a wheelchair needs head support	3		
40	Ability to control Investigly What kind of investigly do you up a to control your project	NI/A		
13	Ability to control Joystick What kind of joystick do you use to control your chair?	N/A		
	Uses a standard joystick without special adaptation Uses an adapted joystick or has adjusted wheelchair in order to use joystick	0		
		1		
	Uses other techniques for steering than joystick such as blowing sucking systems or scanned driving	2		
	Unable to operate wheelchair. Needs another person to operate it	3		
14	Food Textures Do you have to modify your food in any way in order to eat it?	N/A		
14	Eats all textures of food	0 0		
	Eats cut up or small pieces of food or avoids hard/chewy foods	1		
	Eats minced/ pureed food	2		
	Main intake consists of being tube fed	3		
15	Eating a meal (with or without assistance) How long does it take to complete a whole meal?	N/A		
10	Able to consume a whole meal in the same time as others sharing the meal	0		
	Able to consume a whole meal in the same time as others only with encouragement or needs some additional time (approx 10 min)	1		
	Able to consume a whole meal but requires substantially more time compared to others eating the same meal (15 m or more extra)	2		
	Unable to consume a whole meal even with additional time, assistance	3		
	Official to consume a whole mean even with additional time, assistance			
16	Swallowing Do you ever have problems with swallowing?	N/A		
	Never has problems when swallowing and never chokes on food/drink,	0		
	May experience occasional (less than once a month) problems swallowing certain types of food or occasionally chokes	1		
	Has regular trouble swallowing food/drink or chokes on food/drink (more than once a month)	2		
	Has trouble swallowing saliva or secretions	3		
	· act notation or an action of the control of the c			
17	Hand function Which of these activities can you do?	N/A		
	Can unscrew the lid of a water of fizzy drink bottle and break the seal	0		
	Can write two lines or use computer keyboard	1		
	Can write signature or send text or use remote control	2		
	Cannot use hands	3		
	TOTAL SCORE /51			
	Comments: reasons any items were not applicable (N/A)			
Cura	Comments: reasons any items were not applicable (N/A) ery please record date and type of surgery			
ourg	or y product record date and type or ourgery			
Date	of starting assisted ventilation and type			
Heigl	nt			
Weig	ht			
FVC				
FVC%				