

Egen Klassifikation Scale Version 2 (EK2)

Steffensen 2008

Name

Date of Birth

Date of assessment

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 How do you get around indoors and outdoors?	N/A
	Able to use a manual wheelchair on flat ground, 10m < 1 minute	0
	Able to use a manual wheelchair on flat ground, 10m > 1 minute	1
	Unable to use manual wheelchair, requires power wheelchair	2
	Uses power wheelchair, but occasionally has difficulty steering	3
2	Ability to transfer from wheelchair How do you transfer from your wheelchair to a bed?	N/A
	Able to transfer from wheelchair without help	0
	Able to transfer independently from wheelchair, with use of aid	1
	Needs assistance to transfer with or without additional aids (hoist, easy glide)	2
	Needs to be lifted with support of head when transferring from wheelchair	3
3	Ability to stand Do you sometimes stand? How do you do this?	N/A
	Able to stand with knees supported, as when using braces	0
	Able to stand with knees and hips supported, as when using standing aids	1
	Able to stand with full body support	2
	Unable to be stood	3
4	Ability to balance in the wheelchair Can you bend forwards and to the sides and return to the upright position?	N/A
	Able to push himself upright from complete forward flexion by pushing up with hands	0
	Able to move the upper part of the body $\geq 30^\circ$ in all directions from the upright position, but cannot push himself upright as above	1
	Able to move the upper part of the body $< 30^\circ$ from one side to the other	2
	Unable to change position of the upper part of the body, cannot sit without total support of the trunk and head	3
5	Ability to move the arms Can you move your fingers, hands and arms against gravity?	N/A
	Able to raise the arms above the head with or without compensatory movements	0
	Unable to lift the arms above the head, but able to raise the forearms against gravity, ie. hand to mouth with / without elbow support	1
	Unable to lift the forearms against gravity, but able to use the hands against gravity when the forearm is supported	2
	Unable to move the hands against gravity but able to use the fingers	3
6	Ability to use the hands and arms for eating Can you describe how you eat?	N/A
	Able to eat and drink without elbow support	0
	Eats or drinks with support at elbow	1
	Eats and drinks with elbow support; with reinforcement of the opposite hand +or – aids	2
	Has to be fed	3
7	Ability to turn in bed How do you turn in bed during the night?	N/A
	Able to turn himself in bed with bedclothes	0
	Needs some help to turn in bed or can turn in some directions	1
	Unable to turn himself in bed. Has to be turned 0 - 3 times during the night	2
	Unable to turn himself in bed. Has to be turned ≥ 4 times during the night	3
8	Ability to cough How do you cough when you have to?	N/A
	Able to cough effectively	0
	Has difficulty to cough and sometimes needs manual reinforcement. Able to clear throat	1
	Always needs help with coughing. Only possible to cough in certain positions and with manual reinforcement, air-stacking etc.	2
	Unable to cough, Needs suction and/or hyperventilation techniques or IPPB in order to keep airways clear	3
9	Ability to speak Can you speak so that what you say can be understood if you sit at the back of a large room?	N/A
	Powerful speech. Able to sing and speak loudly	0
	Speaks normally, but cannot raise his voice	1
	Speaks with quiet voice and needs a breath after 3 to 5 words	2
	Speech is difficult to understand except to close relatives	3
10	Physical well-being This relates to respiratory insufficiency only (see manual) Use the categories as questions	N/A
	No complaints, feels good	0
	Easily tires. Has difficulty resting in a chair or in bed	1
	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

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

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	0
	Uses an adapted joystick or has adjusted wheelchair in order to use joystick	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
	Eats all textures of food	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
	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

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

17	Hand function Which of these activities can you do?	N/A
	Can unscrew the lid of a water or 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	
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Comments: reasons any items were not applicable (N/A)
<p>Surgery please record date and type of surgery</p> <p>Date of starting assisted ventilation and type</p> <p>Height</p> <p>Weight</p> <p>FVC</p> <p>FVC%</p> <p>Brooke score</p>