**APPENDIX D**

**Functional Independence Measure (FIM) Instrument**

|  |  |  |  |
| --- | --- | --- | --- |
|  Name:  | **ADMISSION** | **DISCHARGE** | **FOLLOW-UP** |
| **Self-Care** |   |  |  |
| A. Eating |   |  |   |
| B. Grooming |   |  |   |
| C. Bathing |   |  |   |
| D. Dressing - Upper Body |   |  |  |
| E. Dressing - Lower Body |   |  |   |
| F. Toileting |   |  |   |
| **Sphincter Control** |  |  |  |
| G. Bladder Management |  |  |   |
| H. Bowel Management |   |  |   |
| **Transfers** |  |  |  |
| I. Bed, Chair, Wheelchair |  |  |   |
| J. Toilet |  |  |  |
| K. Tub, Shower |  |  |   |
| **Locomotion** |  |  |  |
| L. Walk/Wheelchair |   |  |   |
| M. Stairs |   |  |  |
| *Motor Subtotal Score* |  |  |  |
| **Communication** |  |  |  |
| N. Comprehension |   |  |   |
| O. Expression |  |  |  |
| **Social Cognition** |  |  |  |
| P. Social Interaction |   |  |  |
| Q. Problem Solving |  |  |   |
| R. Memory |   |  |  |
| *Cognitive Subtotal Score* |  |  |  |
| **TOTAL FIM Score** |   |  |   |

|  |  |  |
| --- | --- | --- |
| **L E V E L S** | **Independent**7 Complete Independence (Timely, Safely) 6 Modified Independence (Device) | **NO HELPER** |
| **Modified Dependence**5 Supervision (Subject = 100%+)4 Minimal Assist (Subject = 75%+)3 Moderate Assist (Subject = 50%+)**Complete Dependence**2 Maximal Assist (Subject = 25%+)1 Total Assist (Subject = less than 25%) | **HELPER** |
| Note: Leave no blanks. Enter 1 if patient is not testable due to risk. |

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