



FIM™ score sheet: Burns

Name: _____ Date of birth: _____
 Date of assessment: _____ Date of motor accident _____
 Hospital/unit: _____
 Method of administration: Direct observation Interview with: _____

Area	Score	Is score due to the burns?	Explain reasons for giving this score
SELF CARE			
1.Eating		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.Grooming		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.Bathing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.Dressing– Upper Body		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.Dressing– Lower Body		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPHINCTER CONTROL			
6.Toileting		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.Bladder management		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.Bowel management		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self care subtotal			
TRANSFERS			
9.Transfers: Bed/ Chair/Wheelchair		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: W– Walk C- Wheelchair B- Both
10.Transfers: Toilet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.Transfers: Bath/Shower		<input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCOMOTION			
12.Walk/ Wheelchair		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: W– Walk C- Wheelchair B- Both
13.Stairs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobility subtotal			

FIM™ score sheet: Burns

Area	Score	Is score due to the burns?	Explain reasons for giving this score
COMMUNICATION			
14.Comprehension		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: A – Auditory V - Visual C - Both
15.Expression		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: V – Vocal N - Non-vocal B - Both
SOCIAL COGNITION			
16.Social interaction		<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.Problem solving		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.Memory		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cognition subtotal			
FIM™ TOTAL SCORE			

Administered by: _____ FIM™ credentialed: Yes No
 Signature: _____ Date of assessment: _____

FIM™ LEVELS

No helper

- 7 Complete Independence (Timely, Safely)
- 6 Modified Independence (Device)

Helper – Modified Dependence

- 5 Supervision (Subject = 100%)
- 4 Minimal assistance (Subject = 75% or more)
- 3 Moderate assistance (Subject = 50% or more)

Helper – Complete Dependence

- 2 Maximal assistance (Subject = 25% or more)
- 1 Total assistance (Subject less than 25%)

Contact details for queries about eligibility for the Lifetime Care and Support Scheme:

Lifetime Care and Support Authority Commissioner of the ACT: www.act.gov.au/LTCSS
 Phone: 132281
 Email: ltcss@act.gov.au

LTCS FIM™ score sheet – BURNS – JULY 2011

AF2014-54 made under the Lifetime Care and Support (Catastrophic Injuries) Act 2014, s 98