



PROOF

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICAID & MEDICAID SERVICES

Affix Patient Labels Here

IMPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

Function Modifiers*		39. FIM™ Instrument*			
Complete the following specific functional items prior to scoring the FIM™ Instrument:		ADMISSION	DISCHARGE	GOAL	
29. Bladder Level of Assistance (Score using FIM Levels 1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Bladder Frequency of Accidents (Score as below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 - No accidents 6 - No accidents; uses device such as a catheter 5 - One accident in the past 7 days 4 - Two accidents in the past 7 days 3 - Three accidents in the past 7 days 2 - Four accidents in the past 7 days 1 - Five or more accidents in the past 7 days					
Enter in Item 39G (Bladder) the lower (more dependent) score from Items 29 and 30 above.					
31. Bowel Level of Assistance (Score using FIM Levels 1 - 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Bowel Frequency of Accidents (Score as below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 - No accidents 6 - No accidents; uses device such as an ostomy 5 - One accident in the past 7 days 4 - Two accidents in the past 7 days 3 - Three accidents in the past 7 days 2 - Four accidents in the past 7 days 1 - Five or more accidents in the past 7 days					
Enter in Item 39H (Bowel) the lower (more dependent) score of Items 31 and 32 above.					
33. Tub Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Shower Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Score Items 33 and 34 using FIM Levels 1 - 7; use 0 if activity does not occur) See training manual for scoring of Item 39K (Tub/Shower Transfer)					
35. Distance Walked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Distance Walked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Code Items 35 and 36 using; 3 - 150 feet; 2 - 50 to 149 feet; 1 - Less than 50 feet; 0 - activity does not occur)					
37. Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Score Items 37 and 38 using FIM Levels 1 - 7; 0 if activity does not occur) See training manual for scoring of Item 39L (Walk/Wheelchair)					
		SELF-CARE			
		ADMISSION DISCHARGE GOAL			
		A. Eating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		B. Grooming <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		C. Bathing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		D. Dressing - Upper <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		E. Dressing - Lower <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		F. Toileting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		SPHINCTER CONTROL			
		G. Bladder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		H. Bowel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		TRANSFERS			
		I. Bed, Chair, Wheelchair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		J. Toilet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		K. Tub, Shower <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		LOCOMOTION			
		L. Walk/Wheelchair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		M. Stairs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		COMMUNICATION			
		N. Comprehension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		O. Expression <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		SOCIAL COGNITION			
		P. Social Interaction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		Q. Problem Solving <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		R. Memory <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		FIM LEVELS			
		No Helper			
		7 Complete Independence (Timely, Safety)			
		6 Modified Independence (Device)			
		Helper - Modified Dependence			
		5 Supervision (Subject = 100%)			
		4 Minimal Assistance (Subject = 50% or more)			
		Helper - Complete Dependence			
		2 Maximal Assistance (Subject = 25% or more)			
		1 Total Assistance (Subject less than 25%)			
		0 Activity does not occur; Use this code only at admission			

*The FIM data set, measurement scale and impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. © 1993, 2001 U B Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.

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Signature

Date

Time

Form#: HFWH-79-8114MR-1009

History and Physical