

FIM™ Score Sheet

Participant Name: _____ Date of Birth: _____

Date of Assessment: _____ Date of Motor Accident: _____

Hospital/Unit: _____

Method of Administration: Direct Observation Interview With: _____

Injury Type: Brain Burns

Area	Score	Is score due to the brain or burn injury?	Explain reasons for giving this score
Self Care			
1. Eating		Yes No	
2. Grooming		Yes No	
3. Bathing		Yes No	
4. Dressing — Upper Body		Yes No	
5. Dressing — Lower Body		Yes No	
Sphincter Control			
6. Toileting		Yes No	
7. Bladder Management		Yes No	
8. Bowel Management		Yes No	
Self Care Subtotal			

Area	Score	Is score due to the brain or burn injury?	Explain reasons for giving this score
Transfers			
9. Transfers: Bed/Chair/ Wheelchair		Yes No	Mode: W - Walk C - Wheelchair B - Both
10. Transfers: Toilets		Yes No	
11. Transfers: Bath/ Showers		Yes No	
Locomotion			
12. Walk/ Wheelchair		Yes No	Mode: W - Walk C - Wheelchair B - Both
13. Stairs		Yes No	
Mobility Subtotal			
Communication			
14. Comprehension		Yes No	Mode: A - Auditory V - Visual C - Both
15. Expression		Yes No	Mode: V - Vocal N - Non-Vocal B - Both
Social Cognition			
16. Social Interaction		Yes No	
17. Problem Solving		Yes No	
18. Memory		Yes No	
Cognition Subtotal			
FIM™ TOTAL SCORE			

Administered By: _____ FIM™ Credentialed: Yes No
 FIM™ Credentialed ID: _____ Expiry Date: _____
 Signature: _____

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 Minimal Assistance (Subject= 75% 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 to the Lifetime Support Scheme:

Lifetime Support Authority: lifetimesupport.sa.gov.au
 Phone: 1300 880 849
 Email: lifetime.support@sa.gov.au