

# FIM™ instrument

Functional Independence Measure

<b>LEVELS</b>	7 Complete Independence (Timely, Safely) 6 Modified Independence (Device)	<b>NO HELPER</b>
	<b>Modified Dependence</b> 5 Supervision (Subject = 100%+) 4 Minimal Assist (Subject = 75%+) 3 Moderate Assist (Subject = 50%+) <b>Complete Dependence</b> 2 Maximal Assist (Subject = 25%+) 1 Total Assist (Subject = less than 25%)	<b>HELPER</b>

	ADMISSION	DISCHARGE	FOLLOW-UP
<b>Self-Care</b>			
A. Eating	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Grooming	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Bathing	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Dressing - Upper Body	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Dressing - Lower Body	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Toileting	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sphincter Control</b>			
G. Bladder Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Bowel Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Transfers</b>			
I. Bed, Chair, Wheelchair	<input type="text"/>	<input type="text"/>	<input type="text"/>
J. Toilet	<input type="text"/>	<input type="text"/>	<input type="text"/>
K. Tub, Shower	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Locomotion</b>			
L. Walk/Wheelchair	<input type="text"/> <input type="text"/> W Walk C Wheelchair B Both	<input type="text"/> <input type="text"/> W Walk C Wheelchair B Both	<input type="text"/> <input type="text"/> W Walk C Wheelchair B Both
M. Stairs	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Motor Subtotal Score</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Communication</b>			
N. Comprehension	<input type="text"/> <input type="text"/> A Auditory V Visual B Both	<input type="text"/> <input type="text"/> A Auditory V Visual B Both	<input type="text"/> <input type="text"/> A Auditory V Visual B Both
O. Expression	<input type="text"/> <input type="text"/> V Vocal N Nonvocal B Both	<input type="text"/> <input type="text"/> V Vocal N Nonvocal B Both	<input type="text"/> <input type="text"/> V Vocal N Nonvocal B Both
<b>Social Cognition</b>			
P. Social Interaction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q. Problem Solving	<input type="text"/>	<input type="text"/>	<input type="text"/>
R. Memory	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Cognitive Subtotal Score</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL FIM Score</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NOTE:** Leave no blanks; enter 1 if patient not testable due to risk  
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