

Functional Independence Measure (FIM™) Form

Name: _____
 Division: _____
 * Care Type: _____

* Record Date: _____
 Care Start Date: _____
 * Score Type: _____

Score: _____ Motor Subtotal: _____ Cognitive Subtotal: _____

Administrative Information		Scoring Key	FIM™ Instrument	Start	Goal	Inter	Fin	F/U
SSN: Supplied by System Birthdate: Supplied by System Gender: Supplied by System Marital Status: Supplied by System Ethnicity: Supplied by System * Military Status: <input type="checkbox"/> A = Active Military <input type="checkbox"/> N = Not Active Military Rehab. Care Start Date: Supplied by System * Admission Class: <input type="checkbox"/> Initial Rehabilitation <input type="checkbox"/> Short Stay Eval <input type="checkbox"/> Unplanned D/C <input type="checkbox"/> Readmission <input type="checkbox"/> Continuing Rehab Finish Date: Supplied by System Check if Program is Interrupted <input type="checkbox"/> 1 st Transfer Date 1 st Return Date / / / / 2 nd Transfer Date 2 nd Return Date / / / / 3 rd Transfer Date 3 rd Return Date / / / /		7 Complete Independence (timely, safely) 6 Modified Independence (extra time, devices) 5 Supervision of Setup (cuing, coaxing, prompting) 4 Minimal Contact Assistance (performs 75% or more of task) 3 Moderate Assistance (performs 50%-74% of task) 2 Maximal Assistance (performs 25%-49% of task) 1 Total Assistance (performs less than 25% of task)	Record Date SELF CARE * Eating: * Grooming: * Bathing: * Dressing – Upper: * Dressing – Lower: * Toileting: SPHINCTER CONTROL * Bladder Management: * Bowel Management: TRANSFERS * Bed, Chair, Wheelchair: * Toilet: * Tub, Shower: LOCOMOTION * Walk/Wheelchair: * Walk <input type="checkbox"/> Wheelchair <input type="checkbox"/> Both <input type="checkbox"/> * Stairs: COMMUNICATION * Comprehension: * Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Both <input type="checkbox"/> * Expression: * Vocal <input type="checkbox"/> Nonvocal <input type="checkbox"/> Both <input type="checkbox"/> SOCIAL COGNITION * Social Interaction: * Problem Solving: * Memory:					
* Impairment Category (Select One): * Impairment Group (Select One):		<input type="checkbox"/> 4.1 SCD - Non-Traumatic Spinal Cord Dysfunction <input type="checkbox"/> 4.2 SCD - Traumatic Spinal Cord Dysfunction <input type="checkbox"/> 4.11 Non-Traumatic Paraplegia, Unspecified <input type="checkbox"/> 4.111 Non-Traumatic Incomplete Paraplegia <input type="checkbox"/> 4.112 Non-Traumatic Complete Paraplegia <input type="checkbox"/> 4.12 Non-Traumatic Quadriplegia Unspecified <input type="checkbox"/> 4.1211 Non-Traumatic Quadriplegia Incomplete C1-4 <input type="checkbox"/> 4.1212 Non-Traumatic Quadriplegia Incomplete C5-8 <input type="checkbox"/> 4.1221 Non-Traumatic Quadriplegia Complete C1-4 <input type="checkbox"/> 4.1222 Non-Traumatic Quadriplegia Complete C5-8 <input type="checkbox"/> 4.13 Other Non-Traumatic SC <input type="checkbox"/> 4.21 Traumatic Paraplegia, Unspecified <input type="checkbox"/> 4.211 Traumatic Incomplete Paraplegia <input type="checkbox"/> 4.212 Traumatic Complete Paraplegia <input type="checkbox"/> 4.22 Traumatic Quadriplegia, Unspecified <input type="checkbox"/> 4.2211 Traumatic Quadriplegia Incomplete C1-4 <input type="checkbox"/> 4.2212 Traumatic Quadriplegia Incomplete C5-8 <input type="checkbox"/> 4.2221 Traumatic Quadriplegia Complete C1-4 <input type="checkbox"/> 4.2222 Traumatic Quadriplegia Complete C5-8 <input type="checkbox"/> 4.23 Other Traumatic SC						
Date of Onset: Supplied by System ASIA Impairment Scale: Supplied								