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 |  |  |  |
| TRANSFERS |
| 9.Transfers: Bed/ Chair/Wheelchair |  | [ ]  Yes [ ]  No | Mode: W – Walk C – Wheelchair B – Both |
| 10.Transfers: Toilet |  | [ ]  Yes [ ]  No |  |
| 11.Transfers: Bath/Shower |  | [ ]  Yes [ ]  No |  |
| LOCOMOTION  |
| 12.Walk/ Wheelchair |  | [ ]  Yes [ ]  No | Mode: W – Walk C – Wheelchair B – Both |
| 13.Stairs |  | [ ]  Yes [ ]  No |  |
| Mobility subtotal |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Score** | **Is score due to the brain or burn injury?** | **Explain reasons for giving this score** |
| 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

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 to the Lifetime Support Scheme:**

Lifetime Support Authority of SA: <http://lifetimesupport.sa.gov.au>

Phone: (08) 8463 6131

Email: lifetime.support@sa.gov.au