

patient's
name

date of
visit

Functional Independence Measure (FIM) Instrument

	ADMISSION	DISCHARGE	FOLLOW-UP
DATE (dd/mm/yyyy) →			
Self-Care			
A. Eating			
B. Grooming			
C. Bathing			
D. Dressing - Upper Body			
E. Dressing - Lower Body			
F. Toileting			
Sphincter Control			
G. Bladder Management			
H. Bowel Management			
Transfers			
I. Bed, Chair, Wheelchair			
J. Toilet			
K. Tub, Shower			
Locomotion			
L. Walk/Wheelchair			
M. Stairs			
<i>Motor Subtotal Score</i>	0	0	0

Communication			
N. Comprehension			
O. Expression			
Social Cognition			
P. Social Interaction			
Q. Problem Solving			
R. Memory			
<i>Cognitive Subtotal Score</i>	0	0	0
TOTAL FIM Score	0	0	0

LEVELS	Independent 7 Complete Independence (Timely, Safely) 6 Modified Independence (Device)	NO HELPER
	Modified Dependence 5 Supervision (Subject = 100%+) 4 Minimal Assist (Subject = 75%+) 3 Moderate Assist (Subject = 50%+)	HELPER
	Complete Dependence 2 Maximal Assist (Subject = 25%+) 1 Total Assist (Subject = less than 25%)	
Note: Leave no blanks. Enter 1 if patient is not testable due to risk.		

FIM Instrument. Copyright © 1997 Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. Reprinted with the permission of UDSMR, University at Buffalo, 232 Parker Hall, 3435 Main St., Buffalo, NY 14214

SAVE FILE

SEND FILE