

**FUNCTIONAL INDEPENDENCE MEASURE™ AND FUNCTIONAL ASSESSMENT MEASURE
Brain Injury**

Scale:

- 7 Complete Independence (timely, safely)
- 6 Modified Independence (extra time, devices)
- 5 Supervision (cuing, coaxing, prompting)
- 4 Minimal Assist (performs 75% or more of task)
- 3 Moderate Assist (performs 50%-74% of task)
- 2 Maximal Assist (performs 25% to 49% of task)
- 1 Total Assist (performs less than 25% of task)

(Patient Stamp)

SELF CARE ITEMS	Adm	Goal	D/C	F/U
1. Feeding				
2. Grooming				
3. Bathing				
4. Dressing Upper Body				
5. Dressing Lower Body				
6. Toileting				
7. Swallowing*				

SPHINCTER CONTROL				
8. Bladder Management				
9. Bowel Management				

MOBILITY ITEMS (Type of Transfer)				
10. Bed, Chair, Wheelchair -----				
11. Toilet -----				
12. Tub or Shower -----				
13. Car Transfer* -----				

LOCOMOTION				
14. Walking/Wheelchair (circle)				
15. Stairs				
16. Community Access*				

COMMUNICATION ITEMS				
17. Comprehension-Audio/Visual (circle)				
18. Expression-Verbal, Non-Verbal (circle)				
19. Reading*				
20. Writing*				
21. Speech Intelligibility*				

PSYCHOSOCIAL ADJUSTMENT				
22. Social Interaction				
23. Emotional Status*				
24. Adjustment to Limitations*				
25. Employability*				

COGNITIVE FUNCTION				
26. Problem Solving				
27. Memory				
28. Orientation*				
29. Attention*				
30. Safety Judgement*				

*FAM items

Admt	Date	D/C	Date	Admt	Date	D/C	Date
RN _____	_____	_____	_____	ST _____	_____	_____	_____
PT _____	_____	_____	_____	PSY _____	_____	_____	_____
OT _____	_____	_____	_____	REC _____	_____	_____	_____