

FONE FIM for TBIMS

Transition

Next I'm going to ask you some questions about how you complete everyday activities.

Eating

1a. When you eat, do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When you eat, do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Grooming)

1c. When you eat, do you use special utensils?

IF YES CODE 6 (SKIP to FIM Grooming)

1d. When you eat, do you have difficulty chewing or swallowing foods or liquids or need a modified diet?

IF YES CODE 6 (SKIP to FIM Grooming)

(If on feeding tube is participant independent or do they require help from another person? If assistance is needed GO TO 2a)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Grooming)

2a. Do you need ONLY setup or supervision help like cutting food, opening containers, pouring liquids or someone being with you (or just standing by)?

IF YES CODE 5 (Skip to FIM Grooming)

2b. Do you need ONLY minimal help such as someone placing utensils in your hand or helping to scoop food onto the fork or spoon? (Participant performs 75% or more of eating tasks)

IF YES CODE 4 (SKIP to FIM Grooming)

2c. Would you say you do half or more of the tasks involved?

IF YES CODE 3 (SKIP to FIM Grooming)

2d. Does someone else feed you or do all the tasks when you eat?

IF NO CODE 2

IF YES CODE 1

Grooming

Next I'm going to ask you some questions about grooming. This includes taking care of your teeth and hair, washing your hands and face and either shaving or applying makeup.

1a. When grooming, do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When grooming, do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Bathing)

1c. When grooming, do you use any adaptive equipment such as an adapted comb or brush or universal cuff?

IF YES CODE 6 (SKIP to FIM Bathing)

1d. When grooming, are there any safety concerns such as regulating water temperature or shaving?

IF YES CODE 6 (SKIP to FIM Bathing)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Bathing)

2a. Do you need ONLY setup or supervision help such as opening containers, setting out equipment, preparation such as applying toothpaste to a toothbrush or someone helping with directions or reminders?

IF YES CODE 5 (Skip to FIM Bathing)

2b. Do you need ONLY minimal help such as someone placing a brush, comb or washcloth in your hand or performing one of these tasks for you? (Participant performs 75% or more of grooming tasks – 4 of 5 activities)

IF YES CODE 4 (SKIP to FIM Bathing)

2c. Would you say you do half or more of the tasks involved? (Participant performs 40 – 74% - 3 of 5 activities)

IF YES CODE 3 (SKIP to FIM Bathing)

2d. Does someone else do all of these tasks – brushing your teeth, washing your face and hands, brushing hair, shaving or putting on makeup for you?

IF NO CODE 2 (Participant performs 25-49% of grooming tasks – 2 of 5 activities.)

IF YES CODE 1 (Participant performs less than 25% of grooming tasks – 1 of 5 activities.)

There are 5 steps included in this activity, each counting for 20% of the total: oral care, hair grooming (combing or brushing hair), washing the hands, washing the face and shaving the face or applying make-up. If the participant neither shaves nor applies make-up, grooming includes only the first four tasks, and they each count for 25%.

Bathing

Next I'm going to ask you some questions about bathing, which includes washing, rinsing and drying the body from the neck down, in either a tub, shower or sponge bath.

1a. When bathing, do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When bathing, do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Dressing Upper Body)

1c. When bathing, do you use any adaptive equipment such as a long-handled sponge or a bath mitt?

IF YES CODE 6 (SKIP to FIM Dressing Upper Body)

1d. When bathing, are there any safety concerns such as regulating water temperature?

IF YES CODE 6 (SKIP to FIM Dressing Upper Body)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Dressing Upper Body)

2a. Do you need ONLY setup or supervision help such as preparing the water, set out bathing equipment or to help apply an orthosis, or someone helping with directions or reminders ?

IF YES CODE 5 (Skip to FIM Dressing Upper Body)

2b. Do you need ONLY minimal help such as someone placing a washcloth in your hand, or help to bathe just one or two areas such as one limb or the feet for you? (Participant performs 75% or more of grooming tasks – washes 8 or 9 of 10 areas)

IF YES CODE 4 (SKIP to FIM Dressing Upper Body)

2c. Would you say you do half or more of the tasks involved? (Participant performs 40 – 74% - washes 5 to 7 areas)

IF YES CODE 3 (SKIP to FIM Dressing Upper Body)

2d. Does someone else do all of the tasks related to bathing?

IF NO CODE 2 (Participant performs 25-49% of activities – washes 2-4 areas)

IF YES CODE 1 (Participant performs less than 25% of activities washes 1 or less areas. If there are two helpers always code 1)

There are ten body parts included in this activity, each accounting for 10% of the total:

-chest	-buttocks
-left arm	-left upper leg
-right arm	-right upper leg
-abdomen	-left lower leg, including foot
-perineal area	-right lower leg, including foot

Dressing - Upper Body

Next I'm going to ask you some questions about dressing your upper body, which includes dressing and undressing above the waist, as well as applying an orthosis or prosthesis.

1a. When dressing your upper body, do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When dressing your upper body, do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Dressing Lower Body)

1c. When dressing your upper body, do you use any adaptive equipment such as a button hook or reacher, orthosis or prosthesis?

IF YES CODE 6 (SKIP to FIM Dressing Lower Body)

1d. When dressing your upper body, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Dressing Lower Body)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Dressing Lower Body)

2a. Do you need ONLY setup or supervision help such as setting out clothes or adaptive equipment, or someone helping with directions or reminders?

IF YES CODE 5 (Skip to FIM Dressing Lower Body)

2b. Do you need ONLY minimal help such as someone reminding you to dress, or performing just one of the several tasks included in dressing such as helping with buttons, zippers or snaps? (Participant performs 75% or more of dressing tasks)

IF YES CODE 4 (SKIP to FIM Dressing Lower Body)

2c. Would you say you do half or more of all the steps involved in dressing your upper body? (Participant performs 40 – 74%)

IF YES CODE 3 (SKIP to FIM Dressing Lower Body)

2d. Does someone else do all of these tasks, such as holding the clothing and doing basically all the steps to dress yourself?

IF NO CODE 2 (Participant performs 25-49%)

IF YES CODE 1 (Participant performs less than 25% of steps involved in dressing)

Dressing – Upper Body includes 4 steps for shirts; thread right arm, thread left arm, over the head, pull down. Bra is 3 steps; right arm, left arm, hook. Figure percentage by scoring what patient wears most of the time.

Dressing - Lower Body

Next I'm going to ask you some questions about dressing your lower body, which includes dressing and undressing below the waist, as well as applying an orthosis or prosthesis.

1a. When dressing your lower body, do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When dressing your lower body, do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Toileting)

1c. When dressing your lower body, do you use any adaptive equipment such as a button hook or reacher, orthosis or prosthesis?

IF YES CODE 6 (SKIP to Toileting)

1d. When dressing your lower body, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Toileting)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Toileting)

2a. Do you need ONLY setup or supervision help such as setting out clothes or adaptive equipment, or someone helping with directions or reminders?

IF YES CODE 5 (Skip to FIM Toileting)

2b. Do you need ONLY minimal help such as someone reminding you to dress, or performing just one of the several tasks included in dressing such as tying shoelaces? (Participant performs 75% or more of dressing tasks)

IF YES CODE 4 (SKIP to FIM Toileting)

2c. Would you say you do half or more of all the steps involved in dressing your lower body? (Participant performs 40 – 74%)

IF YES CODE 3 (SKIP to FIM Toileting)

2d. Does someone else do all of these tasks, such as holding the clothing and doing basically all the steps to dress yourself?

IF NO CODE 2 (Participant performs 25-49%)

IF YES CODE 1 (Participant performs less than 25% of steps involved in dressing)

Dressing – Lower Body includes 4 steps for pants; thread right leg, thread left leg, pull to knees, pull to waist. Shoes and socks are 4 steps; right sock, left sock, right shoe, left shoe. Figure percentage overall by scoring what patient wears most of the time. Figure percentage of 8 steps for pants socks and shoes.

Toileting

Next I'm going to ask you some questions about toileting which includes adjusting clothing before and after using the toilet or a bedpan, and cleansing.

1a. When toileting, do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When toileting, do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Bladder Management Part I)

1c. When toileting, do you use any adaptive equipment?

IF YES CODE 6 (SKIP to FIM Bladder Management Part I)

1d. When toileting, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Bladder Management Part I)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Bladder Management Part I)

2a. Do you need ONLY setup or supervision help such as setting out toileting equipment, or someone helping with directions or reminders?

IF YES CODE 5 (Skip to FIM Bladder Management Part I)

2b. Do you need ONLY minimal help such as someone reminding you to use the restroom, or someone to help steady or balance while you adjust your clothes and/or cleanse? (Participant performs 75% or more of dressing tasks)

IF YES CODE 4 (SKIP to FIM Bladder Management Part I)

2c. Would you say you do half or more of all the steps involved in toileting?

(Participant performs 40 – 74%)

IF YES CODE 3 (SKIP to FIM Bladder Management Part I)

2d. Does someone else do all of the toileting tasks for you, such as adjusting your clothes before and after toilet use as well as the cleansing?

IF NO CODE 2 (Participant performs 25-49%)

IF YES CODE 1 (Participant performs less than 25% of steps involved in toileting)

Toileting includes 3 steps; pulling pants down, cleansing, and pulling pants up. Figure percentage patient performs for score.

Bladder Management – Level of Assistance – Part I

Next I'm going to ask you some questions about how you manage your bladder.

1a. When managing your bladder do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When managing your bladder, do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Bladder Management Part II)

1c. When managing your bladder, do you use any adaptive equipment, such as a catheter, urinal, bed pan or commode or do you use medication for control?

IF YES CODE 6 (SKIP to FIM Bladder Management Part II)

1d. When managing your bladder, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Bladder Management Part II)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Bladder Management Part I)

2a. Do you need ONLY setup or supervision help with bladder management such as setting out equipment, or someone helping with directions or reminders?

IF YES CODE 5 (Skip to FIM Bladder Management Part II)

2b. Do you need ONLY minimal help such as someone reminding you to manage your bladder (Participant performs 75% or more of dressing tasks)

IF YES CODE 4 (SKIP to FIM Bladder Management Part II)

2c. Would you say you do half or more of all the steps involved in bladder management (Participant performs 40 – 74%)

IF YES CODE 3 (SKIP to FIM Bladder Management Part II)

2d. Does someone else do all of the bladder management tasks for you?

IF NO CODE 2 (Participant performs 25-49%)

IF YES CODE 1 (Participant performs less than 25% of steps involved in bladder management)

Bladder Management – Frequency of Accidents - Part II

1a. Do you have bladder accidents?

IF NO CODE PART I ONLY

IF YES GO TO QUESTION 2a

1b. Do you need any assistive devices for bladder management, such as a catheter, urinal or bedpan, or do you use medication for control?

IF NO CODE PART I ONLY

IF YES CODE 6

2a. How many bladder accidents have you had in the past 7 days?

IF 1 ACCIDENT, CODE 5

IF 2 ACCIDENTS, CODE 4

IF 3 ACCIDENTS, CODE 3

IF 4 ACCIDENTS, CODE 2

IF 5 ACCIDENTS OR MORE, CODE 1

Bowel Management – Level Of Assistance – Part I

Next I'm going to ask you some questions about managing your bowels.

1a. When managing your bowels do you need any help from another person?

IF YES GO TO QUESTION 2a

1b. When managing your bowels do you take more time than is reasonable?

IF YES CODE 6 (SKIP to FIM Bowel Management Part II)

1c. When managing your bowels, do you use any adaptive equipment, such as a catheter, urinal, bed pan or commode or do you use medication for control?

IF YES CODE 6 (SKIP to FIM Bowel Management Part II)

1d. When managing your bowels, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Bowel Management Part II)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Bowel Management Part II)

2a. Do you need ONLY setup or supervision help with bowel management such as setting out equipment, or someone helping with directions or reminders?

IF YES CODE 5 (Skip to FIM Bowel Management Part II)

2b. Do you need ONLY minimal help such as someone reminding you to manage your bowels? Or inserting a suppository? (Participant performs 75% or more of bowel management tasks)

IF YES CODE 4 (SKIP to FIM Bowel Management Part II)

2c. Would you say you do half or more of all the steps involved in bowel management? (Participant performs 40 – 74%)

IF YES CODE 3 (SKIP to FIM Bowel Management Part II)

2d. Does someone else do all of the tasks for you?

IF NO CODE 2 (Participant performs 25-49%)

IF YES CODE 1 (Participant performs less than 25% of steps involved in toileting)

Bowel Management – Frequency of Accidents - Part II

1a. Do you have bowel accidents?

IF NO CODE PART I ONLY

IF YES GO TO QUESTION 2a

1b. Do you need any assistive devices for bowel management (such as a colostomy or bedpan) or do you use medication for control?

IF NO CODE PART I ONLY

IF YES CODE 6

2a. How many bowel accidents have you had in the past 7 days?

IF 1 ACCIDENT, CODE 5

IF 2 ACCIDENTS, CODE 4

IF 3 ACCIDENTS, CODE 3

IF 4 ACCIDENTS, CODE 2

IF 5 ACCIDENTS OR MORE, CODE 1

Transfers – Bed, Chair or wheelchair

1a. Do you need any help from another person getting into or out of a bed, chair or wheelchair?

IF YES GO TO QUESTION 2a

1b. Do you take more time than is reasonable getting into or out of a bed, chair or wheelchair?

IF YES CODE 6 (SKIP to FIM Transfers - Toilet)

1c. Do you use any special equipment such as a sliding board, grab bar or brace when getting into or out of a bed, chair or wheelchair?

IF YES CODE 6 (SKIP to FIM Transfers - Toilet)

1d. When getting into or out of a bed, chair or wheelchair, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Transfers - Toilet)

If assistance is needed GO TO 2a)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Transfers - Toilet)

2a. Do you need ONLY setup or supervision while getting into or out of a bed, chair or wheelchair, like help to set out transfer equipment or help to lock the brakes or lift foot rests, or someone being with you (or just standing by)?

IF YES CODE 5 (Skip to FIM Transfers - Toilet)

2b. Do you need ONLY minimal help such as contact guarding or steadying while getting into or out of a bed, chair or wheelchair? (Participant performs 75% or more of transferring tasks)

IF YES CODE 4 (SKIP to FIM Transfers - Toilet)

2c. Would you say you do half or more of the tasks involved in getting into or out of a bed, chair or wheelchair?

IF YES CODE 3 (SKIP to FIM Transfers - Toilet)

2d. Does someone else do all the tasks involved with getting you into or out of a bed, chair or wheelchair?

IF NO CODE 2

IF YES CODE 1

Transfers – Toilet

1a. Do you need any help from another person getting on and off the toilet?

IF YES GO TO QUESTION 2a

1b. Do you take more time than is reasonable getting on and off the toilet?

IF YES CODE 6 (SKIP to FIM Transfers – Tub or Shower)

1c. Do you use any special equipment such as a sliding board, grab bar or special seat when getting on and off the toilet?

IF YES CODE 6 (SKIP to FIM Transfers – Tub or Shower)

1d. When getting on and off the toilet, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Transfers – Tub or Shower)

If assistance is needed GO TO 2a)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Transfers – Tub or Shower)

2a. Do you need ONLY setup or supervision while getting on and off the toilet, like help to set out transfer equipment or help to lock the brakes or lift foot rests, or someone being with you (or just standing by)?

IF YES CODE 5 (Skip to FIM Transfers – Tub or Shower)

2b. Do you need ONLY minimal help such as contact guarding or steadying while getting on and off the toilet? (Participant performs 75% or more of transferring tasks)

IF YES CODE 4 (SKIP to FIM Transfers – Tub or Shower)

2c. Would you say you do half or more of the tasks involved in getting on and off the toilet?

IF YES CODE 3 (SKIP to FIM Transfers – Tub or Shower)

2d. Does someone else do all the tasks involved with getting you on and off the toilet?

IF NO CODE 2

IF YES CODE 1

Transfers – Tub or Shower

1a. Do you need any help from another person getting into or out of the tub or shower?

IF YES GO TO QUESTION 2a

1b. Do you take more time than is reasonable getting into or out of the tub or shower?

IF YES CODE 6 (SKIP to FIM Locomotion: Walk/Wheelchair)

1c. Do you use any special equipment such as a grab bar or special seat when getting into or out of the tub or shower?

IF YES CODE 6 (SKIP to FIM Locomotion: Walk/Wheelchair)

1d. When getting into or out of the tub or shower, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Locomotion: Walk/Wheelchair)

If assistance is needed GO TO 2a)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Locomotion: Walk/Wheelchair)

2a. Do you need ONLY setup or supervision while getting into or out of the tub or shower, like help to set out transfer equipment or help to lock the brakes or lift foot rests, or someone being with you (or just standing by)?

IF YES CODE 5 (Skip to FIM Locomotion: Walk/Wheelchair)

2b. Do you need ONLY minimal help such as contact guarding or steadying while getting into or out of the tub or shower, or help to lift one leg? (Participant performs 75% or more of transferring tasks)

IF YES CODE 4 (SKIP to FIM Locomotion: Walk/Wheelchair)

2c. Would you say you do half or more of the tasks involved in getting into or out of the tub or shower?

IF YES CODE 3 (SKIP to FIM Locomotion: Walk/Wheelchair)

2d. Does someone else do all the tasks involved with getting you into or out of the tub or shower?

IF NO CODE 2

IF YES CODE 1

Locomotion: Walk/Wheelchair

Locomotion includes walking, once in a standing position, or using a wheelchair, once in a seated position.

1a. Do you need any help from another person to go 150 feet (50m) walking or in a wheelchair?

IF YES GO TO QUESTION 2a

1b. Do you take more time than is reasonable to go 150 feet (50m) walking?

IF YES CODE 6 (SKIP to FIM Locomotion: Stairs)

1c. Do you use any special equipment such as a prosthesis, orthosis, cane or walker, or wheelchair to go 150 feet (50m)?

IF YES CODE 6 (SKIP to FIM Locomotion: Stairs)

1d. While walking a distance of at least 150 feet, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Locomotion: Stairs)

If assistance is needed GO TO 2a)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Locomotion: Stairs)

1e. Can you go at least 50 feet walking or in a wheelchair without help or any assistive devices?

IF YES CODE 5 (SKIP to FIM Locomotion: Stairs)

2a. Do you need ONLY cuing or coaxing, or someone being with you (or just standing by) to go a minimum distance of 150 feet during locomotion?

IF YES CODE 5 (Skip to FIM Locomotion: Stairs)

2b. Do you need ONLY minimal help such as contact guarding or steadying to walk or assistance around corners or over threshold if in a wheelchair?

(Participant provides 75% or more of effort)

IF YES CODE 4 (SKIP to FIM Locomotion: Stairs)

2c. Would you say you do half or more of the effort to walk a minimum of 150 feet (50m)?

IF YES CODE 3 (SKIP to FIM Locomotion: Stairs)

2d. Do you walk less than 50 ft (17m) or do you need two people to help you with ambulation?

IF NO CODE 2

IF YES CODE 1

Locomotion: Stairs

1a. Do you need any help from another person to go up and down 12 to 14 stairs?

IF YES GO TO QUESTION 2a

1b. Do you take more time than is reasonable to go up and down at least 12 to 14 stairs?

IF YES CODE 6 (SKIP to FIM Comprehension)

1c. Do you use any special equipment such as handrails or a cane to go up and down at least 12 to 14 stairs?

IF YES CODE 6 (SKIP to FIM Comprehension)

1d. While going up and down at least 12 to 14 stairs, are there any safety concerns?

IF YES CODE 6 (SKIP to FIM Comprehension)

If assistance is needed GO TO 2a)

IF NO to 1a – 1d – CODE 7 (SKIP to FIM Comprehension)

1e. Can you go up and down at least 4 to 6 stairs without help or without an assistive device?

IF YES CODE 5 (SKIP to FIM Comprehension)

2a. Do you need only someone being with you (or just standing by when you go up and down a minimum of 12 to 14 stairs?

IF YES CODE 5 (Skip to FIM Comprehension)

2b. Do you need ONLY minimal help such as contact guarding or steadying to go up and down 12 to 14 stairs? (Participant provides 75% or more of effort)

IF YES CODE 4 (SKIP to FIM Comprehension)

2c. Would you say you provide half or more of the effort involved in going up and down 12 to 14 stairs?

IF YES CODE 3 (SKIP to FIM Comprehension)

2d. Do you go up and down less than 4 to 6 stairs or do you need two people to help you with stairs?

IF NO CODE 2

IF YES CODE 1

Comprehension

Comprehension of *complex or abstract information* includes (but is not limited to) understanding current events appearing in television programs or newspaper articles, or abstract information

on subjects such as religion, humor, math, or finances used in daily living. It may also include understanding information given during a group conversation.
Information about *basic daily needs* refers to conversation, directions, and questions or statements related to the subject's need for nutrition, fluids, elimination, hygiene or sleep (physiological needs).

1a. Do you need any help from another person to understand complex and abstract ideas, such as family matters, current events or household finances?

IF YES GO TO QUESTION 2a

1b. Do you take more time than is reasonable to understand complex and abstract information?

IF YES CODE 6 (SKIP to FIM Expression)

1c. Do you use any special equipment such as glasses for visual comprehension or a hearing aid for auditory comprehension?

IF YES CODE 6 (SKIP to FIM Expression)

2a. Do you need help (slowed speech rate, repetition, stressing certain words or phrases, pauses, or visual or gestural cues) to understand directions and conversation about basic daily needs, such as hunger, thirst, or discomfort, only rarely (less than 10% of the time)? (Participant understands lengthy instructions most of the time)

IF YES CODE 5 (Skip to FIM Expression)

2b. Do you need ONLY occasional help to understand directions and conversation about basic daily needs (about 25% of the time)? (Participant understands short sentences)

IF YES CODE 4 (SKIP to FIM Expression)

2c. Do you understand questions about basic daily needs half or more of the time? (Participant understands 2-3 word sentences)

IF YES CODE 3 (SKIP to FIM Expression)

Question 2d should only be asked of a significant other only.

2d. Is patient basically unable to understand or does he/she respond inappropriately or inconsistently despite prompting?

IF NO CODE 2 (one word, one thought at a time)

IF YES CODE 1 (understands VERY little)

Expression

Expression includes clear vocal or non-vocal expression of language. This item includes either intelligible speech or clear expression of language using writing or a communication device.

Evaluate and indicate the more usual mode of expression (“Vocal” or “Non-vocal”) If both are used about equally, code “Both”.

1a. Do you need any help from another person to express complex and abstract ideas, such as family matters, current events or household finances?

IF YES GO TO QUESTION 2a

1b. Do you take more time than is reasonable to express complex and abstract information?

IF YES CODE 6 (SKIP to FIM Social Interaction)

1c. Do you use any special equipment such as an augmentative communication system to express complex and abstract information, or do you have mild difficulty with word finding problems or mild dysarthria?

IF YES CODE 6 (SKIP to FIM Social Interaction)

2a. Do you need help such as repetition or prompting to express basic daily needs, such as hunger, thirst or discomfort, only rarely (less than 10% of the time)? (Participant understands lengthy instructions most of the time)

IF YES CODE 5 (Skip to FIM Social Interaction)

2b. Do you need ONLY occasional help to express basic daily needs (about 25% of the time)? (Participant understands short sentences)

IF YES CODE 4 (SKIP to FIM Social Interaction)

2c. Do you express basic daily needs half or more of the time? (Participant understands 2-3 word sentences)

IF YES CODE 3 (SKIP to FIM Social Interaction)

Question 2d should only be asked of a significant other only.

2d. Is patient basically unable to express or does he/she express inappropriately or inconsistently despite prompting?

IF NO CODE 2 (use of picture board)

IF YES CODE 1 (blinking responses)

Social Interaction

Social Interaction includes skills related to getting along and participating with others in therapeutic and social situations. It represents how one deals with one's own needs together with the needs of others.

Examples of socially inappropriate behaviors include temper tantrums; loud, foul, or abusive language; excessive laughing or crying; physical attack; or very withdrawn or non-interactive behavior.

1a. Do you need any help from another person to interact with others in social and therapeutic situations?

IF YES GO TO QUESTION 2a

1b. Do you need extra time in social situations?

IF YES CODE 6 (SKIP to FIM Problem Solving)

1c. Do you interact appropriately with staff, other patients and family members only in structured or modified environments or do you require medication for social interaction? (Participant less confident, more uncertain in social situations)

IF YES CODE 6 (SKIP to FIM Problem Solving)

2a. Do you need help to interact appropriately only rarely or only when under unfamiliar or stressful conditions (less than 10% of the time)?

IF YES CODE 5 (Skip to FIM Problem Solving)

2b. Do you need ONLY occasional help to interact appropriately with others?

(Participant needs help only about 11-25% of the time)

IF YES CODE 4 (SKIP to FIM Problem Solving)

2c. Do you interact appropriately half or more of the time? (Helper stays with them at activity)

IF YES CODE 3 (SKIP to FIM Problem Solving)

Question 2d should only be asked of a significant other only.

2d. Does participant interact appropriately less than 25% of the time even with assistance?

IF NO CODE 2 (Helper stays for interaction)

IF YES CODE 1

Problem Solving

Problem solving includes skills related to solving problems of daily living. This means making reasonable, safe, and timely decisions regarding financial, social and personal affairs, as well as the initiation, sequencing, and self-correcting tasks and activities to solve problems.

1a. Do you need any help from another person to solve complex problems like managing a checking account or confronting interpersonal problems?

IF YES GO TO QUESTION 2a

1b. Do you need extra time to make appropriate decisions or solve problems?

IF YES CODE 6 (SKIP to FIM Memory)

1c. Do you have slight difficulty deciding what to do when a problem arises or initiating and carrying out steps to solve a problem? (Participant less confident, more uncertain in making decisions and solving problems)

IF YES CODE 6 (SKIP to FIM Memory)

2a. Do you need help to solve routine problems only rarely or only when under stressful conditions (less than 10% of the time)? (Participant asks for help)

IF YES CODE 5 (Skip to FIM Memory)

2b. Do you need ONLY occasional help to solve routine problems effectively (about 25% of the time)?

IF YES CODE 4 (SKIP to FIM Memory)

2c. Do you solve routine problems appropriately half or more of the time?

IF YES CODE 3 (SKIP to FIM Memory)

Question 2d should only be asked of a significant other only.

2d. Does participant need help to solve problems all the time or is s/he unable to solve problems? (Participant solves problems less than 25% of the time)

IF NO CODE 2

IF YES CODE 1 (constant one on one help)

Memory

Memory includes daily activities in an institutional or community setting. Memory in this context includes the ability to store and retrieve information, particularly verbal and visual. The functional evidence of memory includes recognizing people frequently encountered, remembering daily routines, and executing requests without being reminded. A deficit in memory impairs learning as well as performance of tasks.

1a. Do you need any help from another person to remember people, routines and requests?

IF YES GO TO QUESTION 2a

1b. Do you have slight difficulty recognizing people, remembering daily routines and carrying out requests without need for repetition?

IF YES CODE 6

1c. Do you use self-initiated or environmental cues, prompts or aids to recognize people, remember daily routines, or to carry out requests?

IF YES CODE 6

2a. Do you need help from another person ONLY rarely to recognize and remember people, daily routines, or to carry out requests(less than 10% of the time)? IF YES CODE 5

2b. Do you need ONLY occasional help to remember people, daily routines, or to carry out requests (about 25% of the time)?

IF YES CODE 4

2c. Do you remember people, routines and requests half or more of the time?

IF YES CODE 3

Question 2d should only be asked of a significant other only.

2d. Does participant need help to remember all of the time or does s/he not effectively recognize and remember? (Participant remembers less than 25% of the time)

IF NO CODE 2

IF YES CODE 1