# FIM™ score sheet – brain injury

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| Once completed, please e-mail this form to: care-requests@icare.nsw.gov.au and include the following in the subject header: **FIM [Person’s name and participant or claim number]** |
| Name of participant or worker | Date of birth |
|   | Enter (DD/MM/YYYY) or select date. |
| Date of assessment | Date of injury |
| Enter (DD/MM/YYYY) or select date. | Enter (DD/MM/YYYY) or select date. |
| Method of administration: [ ]  Direct observation [ ]  Interview  |
| Interview with: |
|   |
| Reports and medical information considered |
|   |

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|  | **Area** | **Score** | **Is the score due to the brain injury?** | **Explain the reasons for giving this score**If the score is 5 or less, you must state the reason for this score |
| **Self-Care** | 1. Eating
 |   | [ ]  Yes[ ]  No |   |
| 1. Grooming
 |   | [ ]  Yes[ ]  No |   |
| 1. Bathing
 |   | [ ]  Yes[ ]  No |   |
| 1. Dressing Upper Body
 |   | [ ]  Yes[ ]  No |   |
| 1. Dressing Lower Body
 |   | [ ]  Yes[ ]  No |   |
| 1. Toileting
 |   | [ ]  Yes[ ]  No |   |
| **Sphincter Control** |
| 1. Bladder Management
 |   | [ ]  Yes[ ]  No |   |
| 1. Bowel management
 |   | [ ]  Yes[ ]  No |   |
| **Self-care subtotal:**  Add items 1 - 8 |   |  |

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|  | **Area** | **Score** | **Is the score due to the brain injury?** | **Explain the reasons for giving this score**If the score is 5 or less, you must state the reason for this score |
| **Mobility** | **Transfers** |
| 1. Transfers: Bed/Chair/ Wheelchair
 |   | [ ]  Yes[ ]  No | Mode:   |
| 1. Transfers: Toilet
 |   | [ ]  Yes[ ]  No |   |
| 1. Transfers: Bath/Shower
 |   | [ ]  Yes[ ]  No |   |
| **Locomotion** |
| 1. Walk/ Wheelchair
 |   | [ ]  Yes[ ]  No | Mode:   |
| 1. Stairs
 |   | [ ]  Yes[ ]  No |   |
| **Mobility subtotal:** Add items 9 -13 |   |  |

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|  | **Area** | **Score** | **Is the score due to the brain injury?** | **Explain the reasons for giving this score**If the score is 5 or less, you must state the reason for this score |
| **Cognition** | **Communication** |
| 1. Comprehension
 |   | [ ]  Yes[ ]  No | Mode:   |
| 1. Expression
 |   | [ ]  Yes[ ]  No | Mode:   |
| **Social Cognition** |
| 1. Social interaction
 |   | [ ]  Yes[ ]  No |   |
| 1. Problem solving
 |   | [ ]  Yes[ ]  No |   |
| 1. Memory
 |   | [ ]  Yes[ ]  No |   |
| **Cognition subtotal:**Add items 14 -18 |   |  |
| **FIM TOTAL SCORE:** |   |  |

|  |  |
| --- | --- |
| Administered by: | Qualification |
|   |   |
| Place of employment | Brain Injury Unit |
|   | [ ]  Yes [ ]  No |
| Signature | Date |
|  | Enter (DD/MM/YYYY) or select date. |
| FIM Accreditation Expiry date | FIM Credential Number |
| Enter (DD/MM/YYYY) or select date. |   |

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| 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%) |

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|  | **icare**GPO Box 4052, Sydney NSW 2001**General Phone Enquiries: 1300 738 586**Email: care-requests@icare.nsw.gov.auwww.icare.nsw.gov.au |

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