# 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:** | | |  | |  | | |

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| 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.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |

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