

Patient Label

Interdisciplinary FIM Sheet

Room #	Day 1	Day 2	Day 3	D/C	Date	Shift	B	L	D	PT	OT	ST	PSY	LOWEST SCORE	
Eating															
Fed self/Opened packages/Cut food/Regular consistency diet					7										
Needed device/Swallow technique/Special food, Fluid consistency/Extra time/Inserted own dentures					6										
Independent with tube feed/IV hydration/Fluids (including set-up)					6										
Supervision/Cues/Needed staff to open packages or cut food					5										
Needed staff to insert dentures					5										
Min-pt fed self 75% or more of effort requiring staff to touch, to assist, or staff checked for food pocketing					4										
Mod-pt fed self 50-74% of effort or staff loaded each bite, patient brought to mouth					3										
Max-pt fed self 25-49% of effort or staff scoops and helps bring to mouth (hand over hand)					2										
Total-pt fed self less than 25% of effort					1										
Staff gave tube feed/IV hydration/Fluids					1										
Activity did not occur this shift					0										

Occupational Therapy D/C Goal Score:

Shift	N	D	E	PT	OT	ST	PSY	LOWEST SCORE
Grooming - <i>If patient needs assistance, place check in box for the tasks completed by patient. Cross through boxes for tasks patient doesn't normally perform.</i>								

Day		Evening		Score	B	L	D	PT	OT	ST	PSY	LOWEST SCORE	
<input type="checkbox"/> Washed face	<input type="checkbox"/> Washed hands	<input type="checkbox"/> Washed face	<input type="checkbox"/> Washed hands										
<input type="checkbox"/> Cleaned teeth/dentures	<input type="checkbox"/> Combed hair	<input type="checkbox"/> Cleaned teeth/dentures	<input type="checkbox"/> Combed hair										
<input type="checkbox"/> Shaved/applied make-up (optional)		<input type="checkbox"/> Shaved/applied make-up (optional)											
Independent/Patient obtained all articles needed				7									
Needed device or extra time/Patient obtained all articles needed				6									
Supervision/Needed staff to obtain articles, apply toothpaste, plug in razor, hand items to patient. Staff adjusted water temperature.				5									
Staff inserted, removed dentures				4									
Min-pt did 3 of 4, or 4 of 5 tasks		5 tasks if shaved or applied make-up		4									
Mod-pt did 2 of 4, or 3 of 5 tasks				3									
Max-pt did 1 of 4, or 2 of 5 tasks				2									
Total-pt did 0 of 4, or 1 of 5 tasks				1									
Activity did not occur this shift				0									

Bathing - (Actual bathing only - no simulation) Note areas that patient bathed independently and do not count areas not appropriate (i.e., Amputated limb). (Washing/Rinsing/Drying)										
Place check in box for areas patient bathed.	<input type="checkbox"/> Chest	<input type="checkbox"/> Peri Area	<input type="checkbox"/> Right Arm	<input type="checkbox"/> Right Thigh	<input type="checkbox"/> Right lower leg/foot	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Left Arm	<input type="checkbox"/> Left Thigh	<input type="checkbox"/> Left lower leg/foot
Independently bathed (10/10)	7									
Used device, extra time (10/10) _____ device used	6									
Supervision/Set up/Cues - adjusted water temperature, collects supplies (10/10)	5									
Min-pt did 8 - 9 parts or 75+%	4									
Needed steadying assistance	4									
Mod-pt did 5 - 7 parts or 50 - 74%	3									
Max-pt did 3 - 4 parts or 25 - 49%	2									
Total-pt did 0 - 2 parts or less than 25%	1									
Needed assistance of 2 staff members	1									
Activity did not occur this shift	0									

Occupational Therapy D/C Goal Score:

Dressing / Undressing Upper Body - (Appropriate public clothing only, not hospital gown.)										
<i>Write in # of steps completed out of # of total steps involved in each step. Then calculate the percentage for total steps completed divided by total steps involved.</i>										
Day Dressing	<input checked="" type="checkbox"/> Button shirt = 4 steps	<input checked="" type="checkbox"/> Pullover = 4 steps	Evening Undressing	<input checked="" type="checkbox"/> Button shirt = 4 steps	<input checked="" type="checkbox"/> Pullover = 4 steps	<input checked="" type="checkbox"/> Tuck shirt = 1 step (optional)	<input checked="" type="checkbox"/> Bra = 3 steps	<input checked="" type="checkbox"/> Tuck shirt = 1 step (optional)	<input checked="" type="checkbox"/> Bra = 3 steps	
Dressed/Undressed independently/Obtained own clothing	7									
Needed prosthesis, adaptive device or extra time. Used walker, etc. for steadying.	6									
Staff got clothes from closet	5									
Staff applied prosthesis/Orthosis	5									
Supervision/Set-up/Cues	5									
Min-pt did all but fasteners or needed steadying assistance/Pt did 75+%	4									
Mod-pt did 50-74%	3									
Max-pt did 25-49%	2									
Total-pt did less than 25%	1									
Activity did not occur this shift	0									

Occupational Therapy D/C Goal Score:

Dressing / Undressing Lower Body - (Appropriate public clothing only, not hospital gown.)										
<i>Write in # of steps completed out of # of total steps involved in each step. Then calculate the percentage for total steps completed divided by total steps involved.</i>										
Day Dressing	<input checked="" type="checkbox"/> Underpants = 3 steps	<input checked="" type="checkbox"/> Elastic waist pants = 3 steps	Evening Undressing	<input checked="" type="checkbox"/> Underpants = 3 steps	<input checked="" type="checkbox"/> Elastic waist pants = 3 steps	<input checked="" type="checkbox"/> Button/zip pants = 4 steps	<input checked="" type="checkbox"/> L-Shoe = 1 step for each	<input checked="" type="checkbox"/> L-Sock = 1 step for each	<input checked="" type="checkbox"/> R-Shoe = 1 step for each	<input checked="" type="checkbox"/> R-Sock = 1 step for each
Dressed/Undressed independently/Obtained own items	7									
Needed prosthesis, adaptive device or extra time	6									
Staff applied prosthesis/orthosis/elastic hose	5									
Supervision/Set-up/Cues-Set out clothes or assistance devices	5									
Min-pt did all but fasteners or needed steadying assistance/Pt did 75+%	4									
Mod-pt did 50-74%	3									
Max-pt did 25-49%	2									
Total-pt did less than 25%	1									
Activity did not occur this shift	0									

Occupational Therapy D/C Goal Score:

Room #	Day 1	Day 2	Day 3	D/C	Shift	N	D	E	PT	OT	ST	PSY	LOWEST SCORE
Bowel - Level of Assistance (3 days - Complete/intentional control)													
Independent (No BM) - No accidents (may use prunes, fiber) - No meds					7								
Medication for bowel control - taken by self					6								
Independent with pad, pull-up, diaper					6								
Patient emptied ostomy, bedpan, BSC					6								
Supervision/Set-up/Cues for placing/Emptying equipment (i.e. bedpan, urinal, BSC)					5								
Needed staff to assist to empty BSC, ostomy, bedpan					5								
For items below: How much did the patient assist with soiled clothes/linens, enema/ostomy, digital stimulation, suppository?													
Min-pt did 75+% of clothes/linens clean-up or bowel care					4								
Mod-pt did 50-74% of clothes/linens clean-up or bowel care					3								
Max-pt did 25-49% of clothes/linens clean-up or bowel care					2								
Total-pt did less than 25% of clothes/linens clean-up or bowel care, staff gave enema					1								

Nursing D/C Goal Score:

Bowel - Frequency of Accidents (7 day total) (Soiling of clothes or linen)													
Look in documentation or ask sending unit nurse for number of accidents last 4 days before Rehab admission _____													
Record total number of accidents on shift													
No accidents, no meds, no devices used					7								
No accidents, uses devices (colostomy, bedpan, BSC, diaper, meds)					6								

Nursing D/C Goal Score:

Bed/Chair/Wheelchair Transfer													
(Include how patient does sit to supine and supine to sit)													
Transferred independently, ambulatory or wheelchair without other device or help					7								
Needed sliding board, walker, rails, chair arms, extra time, or raised own HOB (no helper)					6								
Supervision/Set-up/Cues					5								
Needed help with foot/arm rests or staff locks brakes					5								
Needed steadying or help with 1 limb or min A					4								
Needed boost or help with 2 limbs or mod A					3								
Max assist (needed much lifting)					2								
Total assist/Hoyer lift/2 staff members/Pt did less than 25% of effort					1								
Activity did not occur this shift					0								

Physical Therapy D/C Goal Score:

Patient Label

						Date <input style="width: 100%;" type="text"/>							
Room #	Day 1	Day 2	Day 3	D/C	Shift	N	D	E	PT	OT	ST	PSY	LOWEST SCORE

Toilet Transfer													
Transferred independently, ambulatory, or wheelchair without other device or help on and off a standard toilet	7												
Used raised toilet seat, grab bars, sliding board, rails, BSC, or extra time with no help	6												
Supervision/Set-up/Cues/Staff positioned sliding board, locked brakes of wheelchair, lifted foot rests of wheelchair	5												
Needed steadying or help with 1 limb	4												
Needed boost or help with 2 limbs	3												
Max assist (Needed much lifting)	2												
Total assist/Hoyer lift/2 staff members/pt did less than 25% of effort	1												
Activity did not occur this shift	0												

Occupational Therapy D/C Goal Score:

Tub / Shower Transfer () Tub () Shower <i>(Wet transfer only - no dry simulation)</i>													
Transferred independently, ambulatory, or wheelchair without other device or help	7												
Used grab bars, sliding board, rails, tub/shower bench or extra time (no help)	6												
Supervision/Set-up/Cues/Staff positioned sliding board, locked brakes of wheelchair, lifted foot rests of wheelchair	5												
Needed steadying or help with 1 limb	4												
Needed boost or help with 2 limbs	3												
Max assist (Needed much lifting)	2												
Total assist (or 2 staff members)	1												
Staff rolled patient into shower	1												
Activity did not occur this shift (i.e. bed bath)	0												

Occupational Therapy D/C Goal Score:

Walk - <i>Score this section only for functional mobility (ex: ambulated patient in hallway). Score distance first and then level of assistance.</i>													
Walks minimum 150 ft. independently - without assistance device	7												
Walks minimum 150 ft. with assistance device/extra time	6												
Walks minimum 150 ft. with supervision/Set-up/Cues	5												
Walks minimum 50 ft. with or without device independently (This patient would be a "household ambulator")	5												
Walks minimum 150 ft. with contact guard assistance	4												
Walks minimum 150 ft. with mod assist or helping initiate steps	3												
Walks 50 - 149 ft. with max assist and initiating steps	2												
Total assist to walk/2 staff members - Less than 50 ft.	1												
Activity did not occur this shift	0												

Physical Therapy D/C Goal Score:

Room #	Day 1	Day 2	Day 3	D/C	Shift	N	D	E	PT	OT	ST	PSY	LOWEST SCORE
Wheelchair (Cannot be a 7) Score distance first and then level of assistance.													
Propels wheelchair minimum 150 ft. independently					6								
Propels wheelchair minimum 150 ft. with supervision/Set-up/Cues					5								
Operates wheelchair minimum 50 ft. independently (This patient would be at "household mobility")					5								
Propels wheelchair minimum 150 ft. with minimum help around corners, door frames, grades, patient provides 75+%					4								
Propels wheelchair minimum 150 ft. with moderate help to steer, patient provides 50-74% effort					3								
Propels wheelchair 50-149 ft. with maximum help from staff to push and steer, patient provides 25-49% effort					2								
Total assist - Patient provides less than 25% effort (Less than 50ft). Staff- propelled Wheelchair					1								
Activity did not occur this shift					0								

Physical Therapy D/C Goal Score:

Stairs (One flight is 12-14 stairs)													
Goes up / down 12-14 steps without handrail or support					7								
Goes up / down 12-14 steps with handrail, support, AFO, assistive device, or extra time, or safety concerns					6								
Goes up / down 4-11 steps independently with or without assistive device					5								
Goes up / down 12-14 steps with supervision, cues, coaxing					5								
Goes up / down 12-14 steps with steadying, touching assisting or needs help with one limb					4								
Goes up / down 12-14 steps performing 50-75% of the activity					3								
Goes up / down 4-11 steps, assist of only 1 person; pt performing 25-49%					2								
Can not go up 4-6 steps, or needs 2 people, or is carried up the stairs; or refuses to attempt					1								
Activity did not occur this shift					0								

Physical Therapy D/C Goal Score:

N	D	E	PT	OT	ST	PSY	24 Hour Rating
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Comprehension (In native language) List mode: Auditory ___ Visual ___ Both ___													
Complex = humor, finances, rationale for medical treatment (hip precautions, pressure relief), religion, current events, discharge planning													
Basic = pain, hunger, thirst, bathroom needs, cold, nutrition, sleep													
Understands complex / abstract conversation / directions. Patient asleep all shift					7								
Understands complex / abstract conversation / directions with extra time, assistance device (glasses, if visual mode or both; hearing aide if auditory mode or both)					6								
Needs cues to understand (Basic tasks)					5								
Understands basic 90% of the time					5								
Needs help to insert / setup hearing aids (Auditory) or apply glasses (Visual) - Needs slowed speech to understand					5								
Understands basic 75-89% - May need words repeated					4								
Understands basic 50-74% - May need parts of sentences repeated					3								
Understands basic 25-49% - Only simple expressions or gestures (waves, hello)					2								
Understands basic less than 25% - Does not respond appropriately					1								

Occupational Therapy D/C Goal Score:

Patient Label

Room #	Day 1	Day 2	Day 3	D/C	Date	Shift	N	D	E	PT	OT	ST	PSY	24 Hour Rating
Expression (In native language) List mode: Vocal ___ Nonvocal ___ Both ___														
<i>Complex = current events, religion, relationships</i>														
<i>Basic = nutrition, fluids, hygiene, sleep, bathroom needs</i>														
Expresses complex / abstract ideas. Patient asleep all shift														
Expresses complex / abstract ideas with extra time, assistive device (augmentative communication device _____)														
Needs cues to express basic needs														
Expresses basic needs or ideas 90% of the time														
Needs staff member to set up communication device (talk trach valve)														
Expresses self with assistance from staff member to occlude trach														
Expresses basic 75-89% of time - Needs to repeat words														
Expresses basic 50-74% of time - Needs to repeat parts of sentences														
Expresses basic 25-49% of time - Single words or gestures only														
Expresses basic less than 25% of time														

Occupational Therapy D/C Goal Score:

Social Interaction														
<i>Cooperates, getting along and participating in social settings (with staff, family, other patients)</i>														
Interacts appropriately with others - No medications needed. Patient asleep all shift														
Interacts appropriately with others with medication or extra time (anti-anxiety, antidepressant)														
Interacts appropriately 90% of time - Needs monitoring or encouragement for participation or interaction														
Interacts appropriately 75-89% of time - Needs redirection for appropriate language or to initiate interaction														
Interacts appropriately 50-74% of time - May be physically or verbally inappropriate														
Interacts appropriately 25-49% of time - Needs frequent redirection														
Interacts appropriately less than 25% of time - May be withdrawn or combative														

Occupational Therapy D/C Goal Score:

Problem Solving									
<i>Safe and timely decisions, sequencing - Recognizes and solves problems</i>									
<i>Complex = balance checkbook, participating in discharge plans, self-administering meds</i>									
<i>Basic = completing daily tasks, dealing with unplanned events or hazards in daily activities</i>									
Solves complex problems (consistently) Patient asleep all shift. Ex: "I would like to use the Home Health service I used before"	7								
Solves complex problems with extra time	6								
Solves complex problems with cues	5								
Solves basic problems 90% of the time. Ex: "I need to go to bed-I'm tired"	5								
Solves basic problems 75-89% of the time	4								
Solves basic problems 50-74% of the time	3								
Solves basic problems 25-49% of the time - needs direction more than half the time to initiate, plan or complete simple activities and may need a restraint for safety	2								
Solves basic problems less than 25% of time - needs direction nearly all the time or does not effectively solve problems and may need a restraint for safety. Bed alarm on at all times.	1								

Occupational Therapy D/C Goal Score:

Memory - (Recognizes familiar faces, recalls routines, executes requests/tasks without repetition)									
<i>Sample 3 - Step request: "Turn over the paper, hand me the pen and point to your nose."</i>									
<i>Sample 2 - Step request: "Hand me the paper and point to the pen."</i>									
<i>Sample 1 - Step request: "Pick up the pen" "Point to the floor."</i>									
Recognizes, recalls, or executes 3 steps of 3 step request independently. Patient asleep all shift.	7								
Recognizes, recalls, or executes 3 steps of 3 step request with extra time/device (memory book, calendar to remember)	6								
Recognizes, recalls, or executes 3 steps of 3 step request 90% of time (cueing, reminders <10%, loses track of time)	5								
Recognizes, recalls, or executes 75-89% of time 2 steps of 3 step request	4								
Recognizes, recalls, or executes 50-74% of time 2 steps of 2 step request	3								
Recognizes, recalls, or executes 25-49% of time 1 step of 2 step request	2								
Recognizes, recalls, or executes 1 step request less than 25% of time	1								

Occupational Therapy D/C Goal Score:

Initials _____	Signature _____	Initials _____	Signature _____
Initials _____	Signature _____	Initials _____	Signature _____
Initials _____	Signature _____	Initials _____	Signature _____
Initials _____	Signature _____	Initials _____	Signature _____