

Name

Date of birth

Date of assessment

Date of workplace accident

Hospital / unit

Method of administration:

Direct observation

Interview with

Self Care	Score	Is score due to the burns injury?		Explain reasons for giving this score
1. Eating		Yes	No	
2. Grooming		Yes	No	
3. Bathing		Yes	No	
4. Dressing - Upper Body		Yes	No	
5. Dressing - Lower Body		Yes	No	

Sphincter Control	Score	Is score due to the burns injury?		Explain reasons for giving this score
6. Toileting		Yes	No	
7. Bladder management		Yes	No	
8. Bowel management		Yes	No	

<b>Self care subtotal</b>				
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Transfers	Score	Is score due to the burns injury?		Explain reasons for giving this score
9. Transfers: Bed / Chair / Wheelchair		Yes	No	Mode: W - Walk    C - Wheelchair    B - Both
10. Transfers: Toilet		Yes	No	
11. Transfers: Bath / Shower		Yes	No	

Locomotion	Score	Is score due to the burns injury?	Explain reasons for giving this score
			Mode: W - Walk    C - Wheelchair    B - Both
12. Walk / Wheelchair		Yes    No	
13. Stairs		Yes    No	
<b>Mobility subtotal</b>			

Communication	Score	Is score due to the burns injury?	Explain reasons for giving this score
			Mode: V - Vocal    N - Non-vocal    B - Both
14. Comprehension		Yes    No	
15. Expression		Yes    No	

Social Cognition	Score	Is score due to the burns injury?	Explain reasons for giving this score
16. Social interaction		Yes    No	
17. Problem solving		Yes    No	
18. Memory		Yes    No	
<b>Cognition subtotal</b>			
<b>FIM™ Total Score</b>			

Administered by

FIM™ credentialed

Yes                  No

Signature

Date of assessment

## 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%)

## how to connect with us

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