

**FIM™ score sheet: Burns**

Name: _____ Date of birth: _____
 Date of assessment: _____ Date of motor accident: _____
 Hospital/unit: _____
 Method of administration: ☐ Direct observation ☐ Interview with: _____

Area	Score	Is score due to the burns?	Explain reasons for giving this score
SELF CARE			
1.Eating		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.Grooming		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.Bathing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.Dressing– Upper Body		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.Dressing– Lower Body		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPHINCTER CONTROL			
6.Toileting		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.Bladder management		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.Bowel management		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self care subtotal			
TRANSFERS			
9.Transfers: Bed/Chair/Wheelchair		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: W– Walk C- Wheelchair B- Both
10.Transfers: Toilet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.Transfers: Bath/Shower		<input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCOMOTION			
12.Walk/ Wheelchair		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: W– Walk C- Wheelchair B- Both
13.Stairs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobility subtotal			

LTCS FIM™ score sheet – BURNS – JULY 2011

AF2014-54 made under the Lifetime Care and Support (Catastrophic Injuries) Act 2014, s 98

FIM™ score sheet: Burns



Lifetime Care &
Support Commissioner

Area	Score	Is score due to the burns?	Explain reasons for giving this score
COMMUNICATION			
14.Comprehension		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: A – Auditory V - Visual C - Both
15.Expression		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: V – Vocal N - Non-vocal B - Both
SOCIAL COGNITION			
16.Social interaction		<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.Problem solving		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.Memory		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cognition subtotal			
FIM™ TOTAL SCORE			

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%)

Contact details for queries about eligibility for the Lifetime Care and Support Scheme:

Lifetime Care and Support Authority Commissioner of the ACT: www.act.gov.au/LTCSS

Phone: 132281

Email: ltcss@act.gov.au

LTCS FIM™ score sheet – BURNS – JULY 2011

AF2014-54 made under the Lifetime Care and Support (Catastrophic Injuries) Act 2014, s 98

FIM is a trademark of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. AROC (the Australasian Rehabilitation Outcomes Centre) holds the territorial licence for the FIM in Australia.