APPENDIX

Functional Independence Measure (Motor Function)

INSTRUCTIONS:
Please use the scale below to rate the patient’s functional independence. Note: Leave no blanks; enter 1 if not testable due to risk.

7=Complete independence
6=Modified independence
5=supervision
4=Minimal assistance
3=Moderate assistance
2=Maximal assistance
1=Total assistance

Self-Care
A. Eating
B. Grooming
C. Bathing
D. Dressing Upper Body
E. Dressing Lower Body
F. Toileting

Sphincter Control
G. Bladder Management
H. Bowel Management

Transfers
I. Bed, Chair Wheelchair
J. Toilet
K. Tub, Shower

Locomotion
L. Walk/Wheelchair
   a. Walk (yes, no)
   b. Wheelchair (yes, no)
   c. Both (yes, no)
M. Stairs