

# INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

## Identification Information\*

1. Facility Information
  - A. Facility Name \_\_\_\_\_  
\_\_\_\_\_
  - B. Facility Medicare Provider Number \_\_\_\_\_
2. Patient Medicare Number \_\_\_\_\_
3. Patient Medicaid Number \_\_\_\_\_
4. Patient First Name \_\_\_\_\_
- 5A. Patient Last Name \_\_\_\_\_
- 5B. Patient Identification Number \_\_\_\_\_
6. Birth Date \_\_\_\_\_  
MM / DD / YYYY
7. Social Security Number \_\_\_\_\_
8. Gender (1 - Male; 2 - Female) \_\_\_\_\_
9. Race/Ethnicity (Check all that apply)
 

American Indian or Alaska Native	A. _____
Asian	B. _____
Black or African American	C. _____
Hispanic or Latino	D. _____
Native Hawaiian or Other Pacific Islander	E. _____
White	F. _____
10. Marital Status \_\_\_\_\_  
(1 - Never Married; 2 - Married; 3 - Widowed;  
4 - Separated; 5 - Divorced)
11. Zip Code of Patient's Pre-Hospital Residence \_\_\_\_\_

## Admission Information\*

12. Admission Date \_\_\_\_\_  
MM / DD / YYYY
13. Assessment Reference Date \_\_\_\_\_  
MM / DD / YYYY
14. Admission Class \_\_\_\_\_  
(1 - Initial Rehab; 2 - Evaluation; 3 - Readmission;  
4 - Unplanned Discharge; 5 - Continuing Rehabilitation)
15. Admit From \_\_\_\_\_  
(01 - Home; 02 - Board & Care; 03 - Transitional Living;  
04 - Intermediate Care; 05 - Skilled Nursing Facility;  
06 - Acute Unit of Own Facility; 07 - Acute Unit of Another  
Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility;  
10 - Other; 12 - Alternate Level of Care Unit; 13 - Subacute  
Setting; 14 - Assisted Living Residence)
16. Pre-Hospital Living Setting \_\_\_\_\_  
(Use codes from item 15 above)
17. Pre-Hospital Living With \_\_\_\_\_  
(Code only if item 16 is 01 - Home;  
Code using 1 - Alone; 2 - Family/Relatives;  
3 - Friends; 4 - Attendant; 5 - Other)
18. Pre-Hospital Vocational Category \_\_\_\_\_  
(1 - Employed; 2 - Sheltered; 3 - Student;  
4 - Homemaker; 5 - Not Working; 6 - Retired for  
Age; 7 - Retired for Disability)
19. Pre-Hospital Vocational Effort \_\_\_\_\_  
(Code only if item 18 is coded 1 - 4; Code using  
1 - Full-time; 2 - Part-time; 3 - Adjusted Workload)

## Payer Information\*

20. Payment Source
  - A. Primary Source \_\_\_\_\_
  - B. Secondary Source \_\_\_\_\_

(01 - Blue Cross; 02 - Medicare non-MCO;  
03 - Medicaid non-MCO; 04 - Commercial Insurance;  
05 - MCO HMO; 06 - Workers' Compensation;  
07 - Crippled Children's Services; 08 - Developmental  
Disabilities Services; 09 - State Vocational Rehabilitation;  
10 - Private Pay; 11 - Employee Courtesy;  
12 - Unreimbursed; 13 - CHAMPUS; 14 - Other;  
15 - None; 16 - No-Fault Auto Insurance;  
51 - Medicare MCO; 52 - Medicaid MCO)

## Medical Information\*

21. Impairment Group \_\_\_\_\_  
Admission \_\_\_\_\_ Discharge \_\_\_\_\_  
Condition requiring admission to rehabilitation; code  
according to Appendix A, attached.
22. Etiologic Diagnosis \_\_\_\_\_  
(Use an ICD-9-CM code to indicate the etiologic problem  
that led to the condition for which the patient is receiving  
rehabilitation)
23. Date of Onset of Impairment \_\_\_\_\_  
MM / DD / YYYY
24. Comorbid Conditions; Use ICD-9-CM codes to enter up to  
ten medical conditions
 

A. _____	B. _____
C. _____	D. _____
E. _____	F. _____
G. _____	H. _____
I. _____	J. _____

## Medical Needs

25. Is patient comatose at admission? \_\_\_\_\_  
0 - No, 1 - Yes
26. Is patient delirious at admission? \_\_\_\_\_  
0 - No, 1 - Yes
27. Swallowing Status \_\_\_\_\_  
Admission \_\_\_\_\_ Discharge \_\_\_\_\_  
3 - Regular Food: solids and liquids swallowed safely  
without supervision or modified food consistency  
2 - Modified Food Consistency/ Supervision: subject  
requires modified food consistency and/or needs  
supervision for safety  
1 - Tube /Parenteral Feeding: tube / parenteral feeding  
used wholly or partially as a means of sustenance
28. Clinical signs of dehydration \_\_\_\_\_  
Admission \_\_\_\_\_ Discharge \_\_\_\_\_  
(Code 0 - No; 1 - Yes) e.g., evidence of oliguria, dry  
skin, orthostatic hypotension, somnolence, agitation

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**Function Modifiers\***

**39. FIM™ Instrument\***

**Complete the following specific functional items prior to scoring the FIM™ Instrument:**

	ADMISSION	DISCHARGE
29. Bladder Level of Assistance (Score using FIM Levels 1 - 7)	<input type="checkbox"/>	<input type="checkbox"/>
30. Bladder Frequency of Accidents (Score as below)	<input type="checkbox"/>	<input type="checkbox"/>
7 - No accidents 6 - No accidents; uses device such as a catheter 5 - One accident in the past 7 days 4 - Two accidents in the past 7 days 3 - Three accidents in the past 7 days 2 - Four accidents in the past 7 days 1 - Five or more accidents in the past 7 days		

*Enter in Item 39G (Bladder) the lower (more dependent) score from Items 29 and 30 above.*

	ADMISSION	DISCHARGE
31. Bowel Level of Assistance (Score using FIM Levels 1 - 7)	<input type="checkbox"/>	<input type="checkbox"/>
32. Bowel Frequency of Accidents (Score as below)	<input type="checkbox"/>	<input type="checkbox"/>
7 - No accidents 6 - No accidents; uses device such as an ostomy 5 - One accident in the past 7 days 4 - Two accidents in the past 7 days 3 - Three accidents in the past 7 days 2 - Four accidents in the past 7 days 1 - Five or more accidents in the past 7 days		

*Enter in Item 39H (Bowel) the lower (more dependent) score of Items 31 and 32 above.*

	ADMISSION	DISCHARGE
33. Tub Transfer	<input type="checkbox"/>	<input type="checkbox"/>
34. Shower Transfer	<input type="checkbox"/>	<input type="checkbox"/>

*(Score Items 33 and 34 using FIM Levels 1 - 7; use 0 if activity does not occur) See training manual for scoring of Item 39K (Tub/Shower Transfer)*

	ADMISSION	DISCHARGE
35. Distance Walked	<input type="checkbox"/>	<input type="checkbox"/>
36. Distance Traveled in Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>

*(Code items 35 and 36 using: 3 - 150 feet; 2 - 50 to 149 feet; 1 - Less than 50 feet; 0 - activity does not occur)*

	ADMISSION	DISCHARGE
37. Walk	<input type="checkbox"/>	<input type="checkbox"/>
38. Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>

*(Score Items 37 and 38 using FIM Levels 1 - 7; 0 if activity does not occur) See training manual for scoring of Item 39L (Walk/Wheelchair)*

	ADMISSION	DISCHARGE	GOAL
<b>SELF-CARE</b>			
A. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Dressing - Upper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Dressing - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPHINCTER CONTROL</b>			
G. Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRANSFERS</b>			
I. Bed, Chair, Whlchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Tub, Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LOCOMOTION</b>			
L. Walk/Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMUNICATION</b>			
N. Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL COGNITION</b>			
P. Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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%)

0 Activity does not occur; Use this code only at admission

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**Discharge Information\***

40. Discharge Date  /  /   
MM / DD / YYYY

41. Patient discharged against medical advice?   
(0 - No, 1 - Yes)

42. Program Interruption(s)   
(0 - No; 1 - Yes)

43. Program Interruption Dates  
(Code only if Item 42 is 1 - Yes)

A. 1<sup>st</sup> Interruption Date  B. 1<sup>st</sup> Return Date   
MM / DD / YYYY MM / DD / YYYY

C. 2<sup>nd</sup> Interruption Date  D. 2<sup>nd</sup> Return Date   
MM / DD / YYYY MM / DD / YYYY

E. 3<sup>rd</sup> Interruption Date  F. 3<sup>rd</sup> Return Date   
MM / DD / YYYY MM / DD / YYYY

44A. Discharge to Living Setting   
(01 - Home; 02 - Board and Care; 03 - Transitional Living; 04 - Intermediate Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Own Facility; 07 - Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 11 - Died; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence)

44B. Was patient discharged with Home Health Services?   
(0 - No; 1 - Yes)  
(Code only if Item 44A is 01 - Home, 02 - Board and Care, 03 - Transitional Living, or 14 - Assisted Living Residence)

45. Discharge to Living With   
(Code only if Item 44A is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other)

46. Diagnosis for Interruption or Death   
(Code using ICD-9-CM code)

47. Complications during rehabilitation stay  
(Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay)

A.  B.   
C.  D.   
E.  F.

**Quality Indicators**

**PAIN**

51. Rate the highest level of pain reported by the patient within the assessment period:  
Admission:  Discharge:   
(Score using the scale below; report whole numbers only)

0	1	2	3	4	5	6	7	8	9	10
No										Worst
Pain					Moderate					Possible Pain
					Pain					

**Pressure Ulcers**

52A. Highest current pressure ulcer stage  
Admission  Discharge   
  
(0 - No pressure ulcer; 1 - Any area of persistent skin redness (Stage 1); 2 - Partial loss of skin layers (Stage 2); 3 - Deep craters in the skin (Stage 3); 4 - Breaks in skin exposing muscle or bone (Stage 4); 5 - Not stageable (necrotic eschar predominant; no prior staging available)

52B. Number of current pressure ulcers  
Admission  Discharge

**PUSH Tool v. 3.0 ©**

SELECT THE CURRENT LARGEST PRESSURE ULCER TO CODE THE FOLLOWING. Calculate three components (C through E) and code total score in F.

52C. Length multiplied by width (open wound surface area)  
Admission  Discharge   
  
(Score as 0 - 0 cm<sup>2</sup>; 1 - < 0.3 cm<sup>2</sup>; 2 - 0.3 to 0.6 cm<sup>2</sup>; 3 - 0.7 to 1.0 cm<sup>2</sup>; 4 - 1.1 to 2.0 cm<sup>2</sup>; 5 - 2.1 to 3.0 cm<sup>2</sup>; 6 - 3.1 to 4.0 cm<sup>2</sup>; 7 - 4.1 to 8.0 cm<sup>2</sup>; 8 - 8.1 to 12.0 cm<sup>2</sup>; 9 - 12.1 to 24.0 cm<sup>2</sup>; 10 - > 24 cm<sup>2</sup>)

52D. Exudate amount  
Admission  Discharge   
0 - None; 1 - Light; 2 - Moderate; 3 - Heavy

52E. Tissue type  
Admission  Discharge   
0 - Closed/resurfaced: The wound is completely covered with epithelium (new skin); 1 - Epithelial tissue: For superficial ulcers, new pink or shiny tissue (skin) that grows in from the edges or as islands on the ulcer surface. 2 - Granulation tissue: Pink or beefy red tissue with a shiny, moist, granular appearance. 3 - Slough: Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps or is mucinous. 4 - Necrotic tissue (eschar): Black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges.

52F. TOTAL PUSH SCORE (Sum of above three items -- C, D and E)  
Admission  Discharge

**Quality Indicators**

**RESPIRATORY STATUS**  
(Score items 48 to 50 as 0 - No; 1 - Yes)

	Admission	Discharge
48. Shortness of breath with exertion	<input type="text"/>	<input type="text"/>
49. Shortness of breath at rest	<input type="text"/>	<input type="text"/>
50. Weak cough and difficulty clearing airway secretions	<input type="text"/>	<input type="text"/>

**SAFETY**

	Admission	Discharge
53. Balance problem (0 - No; 1 - Yes) e.g., dizziness, vertigo, or light-headedness	<input type="text"/>	<input type="text"/>
54. Total number of falls during the rehabilitation stay	<input type="text"/>	<input type="text"/>

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