Introduction to the Functional Assessment Measure

**Functional Independence Measure (FIM)**
The FIM is an 18-item, seven level ordinal scale. It is the product of an effort to resolve the long standing problem of lack of uniform measurement and data on disability and rehabilitation outcomes. The FIM emerged from a thorough developmental process overseen by a National Task Force of rehabilitation research. The National Task force reviewed 36 published and unpublished functional assessment scales before agreeing on an instrument. Subsequent evaluation of the metric properties of the FIM have been reported extensively.

The Uniform Data System for Medical Rehabilitation (UDS) provides training materials, a shared database for participating facilities, and requires overall 80% accuracy of raters at each facility for qualifying members. There is a membership fee.

The FIM was intended to be sensitive to change in an individual over the course of a comprehensive inpatient medical rehabilitation program. The FIM can be completed in approximately 20-30 minutes in conference, by observation, or by telephone interview. Rasch analysis defines two FIM dimensions, labeled motor and cognitive. It was designed to assess areas of dysfunction in activities which commonly occur in individuals with any progressive, reversible or fixed neurologic, musculoskeletal and other disorders. One limitation relative to using the FIM in evaluating survivors of TBI is that it is not diagnosis specific. Although found to be reliable and valid, the scale has few cognitive, behavioral, and communication related functional items relevant to assessing persons with TBI.

**Functional Assessment Measure (FAM)**
The FAM items were developed by clinicians representing each of the disciplines in an inpatient rehabilitation program. The FAM was developed as an adjunct to the FIM to specifically address the major functional areas that are relatively less emphasized in the FIM, including cognitive, behavioral, communication and community functioning measures. The FAM consists of 12 items. These items do not stand alone, but are intended to be added to the 18 items of the FIM. The total 30 item scale combination is referred to as the FIM+FAM. The time required to administer the FIM+FAM is approximately 35 minutes.

**The UK FAM**
In 1995 a United Kingdom FIM+FAM users group set out to develop a UK version of the FAM, keeping the 7-level structure, but attempting to improve the objectivity of scoring, especially for ten of the more subjective items of the twelve. This work has been undertaken in collaboration with SCVMC. Click here for more information on the UK FAM.

Information regarding the UK FAM was contributed by Dr. Lynne Turner Stokes. Please contact Dr. Lynne Turner Stokes at lynne.turner-stokes@dial.pipex.com for more information.

Information regarding the FAM was contributed by Santa Clara Valley Medical Center. Please contact Jerry Wright at jerry.wright@hhs.sccgov.org for more information.
If you find the information in the COMBI useful, please mention it when citing sources of information. The information on the Functional Assessment Measure may be cited as:


*Note: This citation is for the COMBI web material. Mr. Wright is not the scale author for the FAM.

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FAM Syllabus

Purpose:
The purpose of the 12 Functional Assessment Measure items (FAM) is to provide a measure of disability to reflect communication, psychosocial adjustment and cognitive functions of the patient. The 7 point rating scale is modeled after the FIM and assesses the individual's level or degree of independence, amount of assistance required, use of adaptive or assistive devices, and the percentage of a given task completed successfully. The FAM is an addition of 12 items to the Functional Independence Measure (FIM) which contains 18 items (Uniform Data System (UDS) for Medical Rehabilitation, 1987). The FAM items have been added to the FIM to provide more detailed data appropriate for our traumatic brain injury (TBI) and stroke (CVA) population.

When to Rate:
All items should be rated on admission, discharge and at the annual follow up interval post injury. Admission ratings for all items are to be established within 72 hours of admission by those clinical disciplines assigned to rate each item. Discharge ratings for all items should be established within 72 hours of discharge, preferably discussed during the discharge conference.

What Items to Rate:
Ratings are to reflect actual observed performance, not capability. The type of activity evaluated for Bathing, Transfers, and walking/wheelchair should be specified on the worksheet and rated the same way by all raters of the discipline required to assess those items.

A blank rating on any item indicates "not applicable," or "untested" or "unknown." Rarely is this rating appropriate to use, especially when a backup rater is available. Two examples of when it is appropriate to leave a blank are when Speech Pathology or Therapeutic Recreation has not evaluated a patient because no referral was made, the patient does not speak English, or patient refused the service, i.e. Therapeutic Recreation, and no backup discipline is available.

Caution in Processing and Interpreting Scale Values: The functional abilities of the patient are rated on an ordinal scale which reflects a "better than" or "worse than" relationship between adjacent categories. Although numbers have been assigned to each level of the scale to facilitate computerization of the data, the reader is cautioned that these numbers do not necessarily represent equal distances between any comparable points on the scale. Therefore, mathematical operations performed on these ordinal data points will not necessarily result in valid computations. Conclusions drawn from invalid computations will be of questionable validity.

Tips: FIM+FAM ratings
It is easiest and most accurate, from our experience, to use the Decision Tree (flow chart) to rate the FIM+FAM rather than the GUIDE (syllabus). If you use the syllabus, read all definitions of ratings under an item, i.e., do not focus on a definition that may appear to describe the patient without also looking at the definitions of ratings above and below your choice. Also, sub-
headings in bold (e.g., moderate assistance, etc.) can be misleading without reading the definitions that follow.

Note that a FIM+FAM rating of 1 (total assistance) does not necessarily describe a person in coma or persistent vegetative state. A person can do up to 25% of a task and still be rated as 1.

**THE FUNCTIONAL INDEPENDENCE MEASURE (FIM)**
**AND FUNCTIONAL ASSESSMENT MEASURE (FAM)**

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**History of FAM ITEMS:**
The FAM (1) was developed at SCMVC specifically for the brain injured population, and consists of 12 items added to the 18 items of the Functional Independence Measure (FIM) (2).

1. Developed at Santa Clara Valley Medical Center, 751 So. Bascom Ave., Box 70, San Jose, California 95128. Contact: Karyl Hall Ed.D., (408) 295-9896 x16; FAX (408) 295-9913.

2. Developed by the Uniform Data System for Medical Rehabilitation, State University of New York at Buffalo, 232 Parker Hall, SUNY So. Campus, 3435 Main St., Buffalo, New York 14214. (716) 829-2076, FAX (716) 829-2080.

The 7 point Rating Scale is as follows:

**INDEPENDENT** Another person is not required for the activity (NO HELPER).

**7 Complete Independence** - All of the tasks described as making up the activity are typically performed safely without
modification, assistive devices, or aids and within reasonable time.

6 Modified Independence - Activity requires any one or more of the following: An assistive device, more than reasonable time, or there are safety (risk) considerations.

DEPENDENT Another person is required for either supervision or physical assistance in order for the activity to be performed, or it is not performed (REQUIRES HELPER).

MODIFIED DEPENDENCE - The subject expends half (50%) or more of the effort. The levels of assistance required are:

5 Supervision or Setup - Subject requires no more help than standby, cueing or coaxing, without physical contact. Or, helper sets up needed items or applies orthoses.

4 Minimal Contact Assistance - With physical contact the subject requires no more help than touching, and subject expends 75% or more of the effort.

3 Moderate Assistance - Subject requires more help than touching, or expends half (50%) or more (up to 75%) of the effort.

COMPLETE DEPENDENCE - The subject expends less than half (less than 50%) of the effort, maximal or total assistance is required, or the activity is not performed. The levels of assistance required are:

2 Maximal Assistance - Subject expends less than 50% of the effort, but at least 25%.

1 Total Assistance - Subject expends less than 25% of the effort.

Each item is operationally defined in terms of these 7 levels.

Decision Trees

The FAM Decision Trees are rating tools. They guide raters to a final score by asking a series of questions for each item. They can improve both accuracy and reliability.

You can download a Portable Document Format (PDF) version of the FAM Decision Trees.

(What is PDF and How do I use PDF Files?)

7. SWALLOWING

Ability to safely eat a regular diet by mouth.

No Helper

7 Complete Independence - able to eat a regular diet of choice in a reasonable period of time.

6 Modified Independence - able to eat a regular diet by mouth. May require excessive time for eating. May require assistive devices or multiple swallows to clear food.

Helper

5 Supervision (Modified Dependence) - able to take all
nourishment by mouth. May need modified diet. Supervision required for cueing, coaxing. May need assistance with food choices.

4 Minimal Assistance (Modified Dependence) - able to take primary nourishment by mouth. May require diet restrictions. Minimal assistance required to monitor speed and amount of food intake. Subject performs 75% of the activity.

3 Moderate Assistance (Modified Dependence) - able to take some nourishment by mouth. May require diet restrictions and modifications. May require moderate assistance to monitor speed and amount of food intake. Subject performs 50 - 74% of the activity.

2 Maximal Assistance (Dependent) - unable to receive adequate nourishment via oral feedings. Tube feedings provide primary nutrition. Oral feedings are limited and require maximal assistance. Subject performs 25 - 49% of the activity.

1 Total Assistance - unable to take anything by mouth. Nutrition is provided via tube feedings.

13. CAR TRANSFERS

The activity includes approaching the car, managing the car door and lock, getting on or off the car seat and managing the seat belt. If a wheelchair is used for mobility, the activity includes loading and unloading the wheelchair.

No Helper

7 Complete Independence - The patient is able to complete the activity without assistive devices, or aids, and within a reasonable amount of time.

6 Modified Independence - The patient requires an assistive device or aid, requires more than a reasonable amount of time or there is a safety risk in completing the activity.

Helper

5 Supervision (Modified Dependence) - The patient requires cueing, but no physical assistance, to complete the activity.

4 Minimal Assistance (Modified Dependence) - The patient performs at least 75% of the activity, requiring some contact assistance.

3 Moderate Assistance (Modified Dependence) - The patient performs 50-75% of the activity, but requires assistance.

2 Maximal Assistance (Complete Dependence) - The patient performs 25-49% of activity and requires heavy assistance.

1 Total Assistance (Complete Dependence) - The patient performs less than 25% of the activity and requires heavy assistance.

16. COMMUNITY ACCESS

Ability to manage transportation including planning a route, time management, paying fares, and anticipating access barriers (excluding car transfers).

No Helper
7 Complete Independence - The patient independently uses public transportation (bus, van or taxi) or is able to drive a car.

6 Modified Independence - The patient uses adaptive devices to drive, must keep trips to a short distance due to needed rest periods; or there are safety considerations in using public transportation.

Helper

5 Supervision (Modified Dependence) - The patient requires cueing to use public transportation or ride in a car.

4 Minimal Assistance (Modified Dependence) - The patient is able to use public transportation or ride in a car, but needs some assistance. Performs at least 75% of the task without assistance.

3 Moderate Assistance (Modified Dependence) - The patient uses public transportation or rides in a car, performing 25-49% of the activity without assistance.

2 Maximal Assistance (Complete Dependence) - The patient may use public transportation or ride in a car but needs assistance for 50-75% of the activity.

1 Total Assistance (Complete Dependence) - The patient may be able to use public transportation or ride in a car, but performs less than 25% of the activity without heavy assistance.

19. READING
Ability to understand non-vocal written material

No Helper

7 Complete Independence - Completely able to read and understand complex, lengthy paragraphs (newspapers, books, etc).

6 Modified Independence - Able to read and understand complex sentences or short paragraphs. May demonstrate reduced speed or retention problems.

Helper

5 Standby Prompting - Able to read and understand short, simple sentences but shows increased difficulty with length or complexity.

4 Minimal Prompting - Able to recognize single words and familiar short phrases.

3 Moderate Prompting - Able to recognize letters, objects, forms, etc. Able to match words to pictures (50-75% accuracy).

2 Maximal Prompting - Able to match identical objects, forms, letters (25-49% accuracy) but may require cues.

1 Total Assistance - Unable to consistently match or recognize identical letters, objects or forms (under 25% accuracy).

20. WRITING
Includes spelling, grammar, and completeness of written communication.

No Helper
7 Complete Independence - Able to write with complete average accuracy in spelling, grammar, syntax, punctuation, and completeness.

6 Modified Independence - Able to accurately write sentences and form short paragraphs. May have occasional spelling or grammatical errors.

5 Standby Prompting - Able to write phrases or simple sentences. Evidences spelling, grammar, syntax errors.

4 Minimal Prompting - Able to write simple words, occasional phrases to express ideas. Spelling errors and reduced legibility are evident.

3 Moderate Prompting - Able to write name (cueing may be required) and some familiar words. Legibility is poor.

2 Maximal Prompting - Able to write some letters spontaneously. Ability to trace or copy letters and numbers.

1 Total Assistance - Unable to copy letters or simple shapes.

21. SPEECH INTELLIGIBILITY

Includes articulation, rate, volume, and quality of vocal communication.

No Helper

7 Complete Independence - Able to converse with well articulated, well modulated articulation and voice. No difficulty understanding what is being said.

6 Modified Independence - Evidence of minor sound distortions but generally adequate intelligibility. Speaking rate may be reduced.

Helper

5 Standby Prompting - Speech intelligibility is always reduced. Articulation is consistently distorted. May attempt self-corrections.

4 Minimal Prompting - Able to intelligibly produce single words and simple phrases. General conversation intelligibility.

3 Moderate Prompting - Can produce single syllable words with adequate intelligibility. Listener burden evident for sentences or longer verbalization.

2 Maximal Prompting - Can produce vowels, some consonants. Can imitate some single words but productions may require listener guessing.

1 Total Assistance - No intelligible speech.

23. EMOTIONAL STATUS

Includes frequency and severity of depression, anxiety, frustration, ability, unresponsiveness, agitation, interference with
general life functioning, ability to cope with and take responsibility for emotional behavior.

No Helper

7 Complete Independence - Patient rarely exhibits depression, anxiety, frustration, lability and/or agitation and is effectively able to control this behavior reflecting self responsibility and involvement in general life functioning.

6 Modified Independence - Patient may exhibit occasional but minimal depression, anxiety, frustration, lability and/or agitation. Coping skills are adequate to keep distress within manageable limits. Behavior does not interfere with general life functioning.

5 Supervision - Patient exhibits occasional and mild depression, anxiety, frustration, lability and/or agitation. Patient has assumed responsibility for most of this behavior and is learning to cope with his/her condition. This behavior does not significantly interfere with general life functioning.

4 Minimal Direction - Patient exhibits frequent and moderate depression, anxiety, frustration, lability and/or agitation. Patient assumes responsibility for this behavior and it does not interfere with general life functioning 75% or more of the time.

3 Moderate Direction - Patient exhibits frequent and moderate depression, anxiety, frustration, lability and/or agitation. Patient assumes responsibility for some behavior. Behavior does not interfere with general life functioning 50-75% of the time.

2 Maximal Direction - Patient exhibits constant and severe depression, anxiety, frustration, lability and/or agitation. Patient is able to control this behavior 25-49% of the time. This behavior interferes with general life functioning.

1 Total Assistance - Patient exhibits constant and severe depression, anxiety, frustration, lability, unresponsiveness, and/or agitation. Patient is aware and able to control this behavior less than 25% of the time. Behavior continually interferes with general life functioning.

24. ADJUSTMENT TO LIMITATIONS

Includes denial/awareness, acceptance of limitations, willingness to learn new ways of functioning, compensating, taking appropriate safety precautions, and realistic expectations for long term recovery.

No Helper

7 Complete Independence - Patient demonstrates ability to compensate for limitations which are the result of the patient's disease or injury, exercise safe judgement in ADL's, and have realistic expectations for long term recovery.

6 Modified Independence - Patient may have some difficulty coping with physical, emotional or social limitations, but this does not interfere with general life functioning. Patient compensates for most of these limitations and has learned new ways of functioning. Patient may have some unrealistic expectations for long term recovery. Patient exercises safe judgement in ADL's most of the time.

Helper
5 Supervision - Patient has difficulty coping with physical, emotional and social limitations. Patient is beginning to compensate for some of these limitations and is willing to learn new ways of functioning. Patient may still have unrealistic expectations for long term recovery.

4 Minimal Direction - Patient copes with limitations in general life functioning 75% or more of the time. However, patient resists compensating for limitations and learning new ways of functioning.

3 Moderate Direction - Patient may have some awareness of physical, emotional, or social limitations which are the result of the patient's disease or injury. Successful coping with limitations occurs 50-75% of the time.

2 Maximal Direction - Patient may have limited awareness of physical, emotional, or social limitations which are the result of the patient's injury or disease. Successful coping with limitations occurs 25-49% of the time.

1 Total Assistance - Patient has no awareness of physical, emotional or social limitations which are the result of the patient's disease or injury. Patient copes with these limitations in general life functioning less than 25% of the time.

25. EMPLOYABILITY

The term employed or employability as used in this scale represents involvement in one or more of the following categories:

- in the work force
- as a student
- as a homemaker

If the person is of retirement age and retired, score should reflect the person's potential for employment. If the person is a student and/or homemaker, score should reflect how well the person is functioning in that capacity, in determining potential for employment. If the person is in a sheltered workshop, (s)he will score a 2,3, or 4 depending on the level of functioning. The disability may be physical, cognitive, and/or psychosocial.

No Helper

7 Complete Independence - Can compete in the open market for a relatively wide range of jobs commensurate with existing skills; or can initiate, plan, execute and assume responsibilities associated with homemaking; or can understand and carry out most age relevant school assignments and maintain at least a C average.

6 Modified Independence - Because of disability can only compete in a limited job market. Person may have an adjusted workload, or requires an assistive device, but is able to do selected jobs competitively, maintain the home and/or stay in school.

Helper

5 Supervision - Person requires re-training to develop necessary skills and requires supervision. There may be some safety considerations. Student may require tutoring to pass courses.

4 Minimal Assistance - Person not only requires supervision but
also some assistance to get the job done or stay in school, e.g., special classes. Person could not compete in the job market.

3 Moderate Assistance - Level of assistance requires someone available at all times to assist in the task if necessary. This person could not be left alone to do homemaking, nor function successfully in a school environment.

2 Maximal Assistance - Cannot function effectively, is unable to fulfill responsibilities of a job, homemaker or student. Requires maximum assistance on all tasks.

1 Total Assistance - Not employable. Not re-trainable at this time. Cannot complete even the simplest tasks, even with maximum assistance. A person in coma or totally dependent would fall into this category.

28. ORIENTATION

Includes consistent orientation to person, place, time and situation.

No Helper

7 Complete Independence - Completely oriented to person, place, time and situation 100% of the time without cues.

6 Modified Independence - Patient may require more than a reasonable amount of time to respond. May use self-initiating or environmental cues, prompts or aids but does not require the assistance of another person.

Helper

5 Supervision - Patient requires cues from others, but is oriented to person, place, time and situation.

4 Minimal Prompting - Patient is oriented to 3 out of 4 aspects and requires no external cues from others 75% or more of the time.

3 Moderate Prompting - Patient is oriented to 2 out of 4 aspects and requires no external cues from others 50-75% of the time.

2 Maximal - Patient is oriented to only 1 out of 4 aspects and requires no external cues from others 25-49% of the time.

1 Total Assistance - Patient is oriented to person, place, time or situation less than 25% of the time.

29. ATTENTION

Defined as the length of time able to concentrate on a task, taking into consideration distractibility, level of responsiveness, and the difficulty and length of task.

No Helper

7 Complete Independence - Patient is able to attend continuously to a task for 60 minutes without assistance in maintaining attention to the task.

6 Modified Independence - Patient is able to attend to a task for 60 minutes without assistance in maintaining attention, but distractibility may delay completion of the task.
Helper

5 Supervision - Patient is able to attend to a task for 30-59 minutes, but needs supervision to assist in coping with the effects of distractibility.

4 Minimal Direction - Patient is able to attend to a task for 15-29 minutes but needs assistance to minimize distractibility. Able to attend more than 75% of the time on the task.

3 Moderate Direction - Patient is able to attend to a task for 5-14 minutes, but needs assistance to minimize distractibility. Able to attend 50-75% of the time on the task.

2 Maximal Direction - Patient is able to attend to a task for 1-4 minutes, but is frequently distracted. Able to attend 25-49% of the time on the task.

1 Total Assistance - Patient is not able to attend to a task for more than 1 minute and attends less than 25% of the time on the task.

30. SAFETY JUDGEMENT

Includes orientation to one's situation, awareness of one's deficits and their implications, ability to plan ahead, ability to understand the nature of situations involving potential danger and to identify risks involved, freedom from impulsivity, ability to remember safety related information, and ability to respond appropriately if danger arises.

No Helper

7 Complete Independence - Patient has no impairment on any of the above safety judgement related abilities and can be left alone indefinitely and/or can pursue all normal activities alone.

6 Modified Independence - Patient can be left alone for an entire day but may need some degree of supervision with new or complex activities. Routine activities can be pursued independently.

Helper

5 Supervision - Patient has sufficient impairment in one or more of the above activities to need some degree of supervision in the community, i.e., person needs daily supervision and/or some degree of help with routine activities in the community (patient can be left alone at home for short periods--routine activities only).

4 Minimal Direction - Patient is independent only within the hospital or other structured setting, and needs no supervision in this setting once an activity is learned. Patient needs close supervision by staff or trained family when leaving this setting. Patient could not be left alone in the home, due to safety considerations.

3 Moderate Direction - Patient needs supervision for safety in unstructured hospital/community settings, e.g. patient may go to therapies, dayroom and patio alone, but must be supervised in all other areas. Patient could not be left alone in the home.

2 Maximal Direction - Patient needs supervision for safety in all settings. Patient is allowed off the ward for treatments only when accompanied by staff or trained family. Posey restraint is
optional.

1 **Total Assistance** - Patient requires close supervision (posed or one on one supervision) i.e., if in hospital patient is allowed off the unit only for treatments and only with staff (or family with specific physician order).

Note: Rate lowest category applicable
Swallowing includes the ability to safely eat a regular diet by mouth. At level 7 the subject is able to eat a regular diet of choice in a reasonable amount of time.

Start

Does Subject need help to swallow or need a modified diet?

- No -> SCORE 7
  COMPLETE INDEPENDENCE

- Yes -> SCORE 6
  MODIFIED INDEPENDENCE

No Helper

Does Subject require excessive time for eating, or does she require assistive devices or multiple swallows to clear food?

- No ->

- Yes ->

Helper

Does Subject provide half or more of the effort to swallow?

- Yes -> SCORE 5
  SUPERVISION OR SETUP

- No ->

Does Subject receive nutrition via tube feedings only (unable to take anything by mouth)?

- Yes ->

- No ->

Does Subject need only minimal assistance to monitor speed & amount of food intake? Is Subject able to take primary nourishment by mouth?

- No -> SCORE 4
  MINIMUM ASSISTANCE

- Yes -> SCORE 3
  MODERATE ASSISTANCE

SCORE 2
  MAXIMUM ASSISTANCE

SCORE 1
  TOTAL ASSISTANCE
CAR TRANSFERS

The activity includes approaching the car, managing the car door and lock, getting on or off the car seat, and managing the seat belt. If a wheelchair is used for mobility, the activity includes loading and unloading the wheelchair. At level 7 the subject should be able to complete a car transfer without aids or assistive devices, in a reasonable amount of time.

Start

Does Subject need help to transfer in or out of a vehicle?

No

Does Subject require an assistive device, or take more than a reasonable amount of time, or is at a safety risk for completing a car transfer?

No

SCORE 7
COMPLETED INDEPENDENCE

Yes

SCORE 6
MODIFIED INDEPENDENCE

Yes

SCORE 5
SUPERVISION OR SET UP

No

Does Subject provide half or more of the effort to do a car transfer?

Yes

Does Subject need only supervision, cuing or coaxing to complete a car transfer?

Yes

SCORE 4
MINIMUM ASSISTANCE

No

Does Subject require total assistance to do a car transfer?

SCORE 3
MODERATE ASSISTANCE

No

SCORE 2
MAXIMUM ASSISTANCE

Yes

SCORE 1
TOTAL ASSISTANCE

No

SCORE 0
NO HELP NEEDED

Functional Assessment Measure (FAM)
Santa Clara Valley Medical Center  1-94
COMMUNITY ACCESS

Community Access includes the ability to manage transportation, including planning a route, time management, paying fares and anticipating access barriers (excluding car transfers). At level 7 the subject is able to independently use public transportation (bus, van or taxi) or is able to drive a car with no safety considerations.

Start

Does Subject need help to manage his/her personal transportation?

No

- No

SCORE 7
COMPLETE INDEPENDENCE

Yes

Does Subject require adaptive devices to drive, need to keep trips short due to rest periods or have safety considerations in using public transportation?

No

No Helper

SCORE 6
MODIFIED INDEPENDENCE

Yes

Helper

Does Subject provide half or more of the effort to manage his/her transportation?

Yes

SCORE 5
SUPERVISION OR SETUP

No

Does Subject require total assistance to manage personal transportation where helper makes all or almost all of the decisions?

Yes

SCORE 1
TOTAL ASSISTANCE

No

SCORE 2
MAXIMUM ASSISTANCE

Does Subject need only incidental help such as placement of timetables/instructions, telephone in his/her hand or occasional help to point out potential problems?

Yes

SCORE 3
MODERATE ASSISTANCE

No

SCORE 4
MINIMUM ASSISTANCE

No

SCORE 7
COMPLETE INDEPENDENCE

Functional Assessment Measure (FAM)
Santa Clara Valley Medical Center 1-94
Reading includes the ability to understand non-vocal written material. At level 7 the subject is able to read and completely understand and retain complex lengthy paragraphs (newspapers, books, etc) in a reasonable amount of time.

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**START**

**Does Subject need help to read complex paragraphs?**

- **Yes**
  - **SCORE 1**
  - **TOTAL ASSISTANCE**

- **No**
  - **Score 2**
  - **MAXIMUM ASSISTANCE**

---

**Does Subject demonstrate reduced speed or retention problems?**

- **Yes**
  - **SCORE 4**
  - **MINIMUM ASSISTANCE**

- **No**
  - **SCORE 3**
  - **MODERATE ASSISTANCE**

---

**NO HELPER**

- **No**
  - **SCORE 6**
  - **MODIFIED INDEPENDENCE**

**Helper**

---

**Can Subject match words to pictures?**

- **Yes**
  - **SCORE 5**
  - **SUPERVISION OR SETUP**

- **No**
  - **SCORE 3**
  - **MODERATE ASSISTANCE**

---

**Is Subject unable to consistently match or recognize identical letters, objects or forms?**

- **Yes**
  - **SCORE 4**
  - **MINIMUM ASSISTANCE**

- **No**
  - **SCORE 2**
  - **MAXIMUM ASSISTANCE**

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**SCORE 7**

**COMPLETE INDEPENDENCE**
Writing includes the spelling, grammar, and completeness of written communication. At level 7 the subject is able to write short paragraphs with "average" accuracy in spelling, grammar and completeness in a reasonable amount of time.

Start

Does Subject need help to write sentences and short paragraphs?

－ No －

Does Subject have more than "average" spelling or grammatical errors or does Subject take more than a reasonable amount of time to write?

－ Yes －

SCORE 6
MODIFIED INDEPENDENCE

SCORE 7
COMPLETE INDEPENDENCE

No Helper

Yes

SCORE 1
TOTAL ASSISTANCE

SCORE 2
MAXIMUM ASSISTANCE

SCORE 3
MODERATE ASSISTANCE

SCORE 4
MINIMUM ASSISTANCE

Helper

Can Subject write his/her name or familiar words?

－ Yes －

Is Subject able to write phrases or simple sentences (with grammar errors)?

－ Yes －

SCORE 5
SUPERVISION OR SETUP

－ No －

Is Subject unable to copy letters or simple shapes?

－ No －

Can Subject write simple words to express ideas with at least fair legibility?

－ Yes －

SCORE 1
TOTAL ASSISTANCE

SCORE 2
MAXIMUM ASSISTANCE

SCORE 3
MODERATE ASSISTANCE

SCORE 4
MINIMUM ASSISTANCE

SCORE 5
SUPERVISION OR SETUP

SCORE 6
MODIFIED INDEPENDENCE

SCORE 7
COMPLETE INDEPENDENCE
Speech Intelligibility includes articulation, rate, volume, and quality of vocal communication. At level 7 the subject should be able to converse with a well modulated, well articulated voice.

Start

- **No**
  - Is Subject's speech ever difficult to understand?
    - **No** → **SCORE 7** COMPLETE INDEPENDENCE
    - **Yes** → **SCORE 6** MODIFIED INDEPENDENCE

- **Yes**
  - Does Subject need to use compensatory strategies to improve speech intelligibility?
    - **No**
      - **SCORE 1** TOTAL ASSISTANCE
    - **Yes**
      - Helper

  - **No Helper**
    - **SCORE 2** MAXIMUM ASSISTANCE

- **Helper**
  - **SCORE 3** MODERATE ASSISTANCE
    - Can Subject intelligibly produce sentences (with possible self correction)?
      - **Yes** → **SCORE 5** SUPERVISION OR SETUP
      - **No**
        - **SCORE 4** MINIMUM ASSISTANCE
    - **No**
      - Is Subject unable to produce any intelligible speech?
        - **Yes** → **SCORE 1** TOTAL ASSISTANCE
        - **No** → **SCORE 2** MAXIMUM ASSISTANCE
EMOTIONAL STATUS

Emotional Status includes the frequency & severity of depression, anxiety, frustration, unresponsiveness, agitation, interference with general life functioning, and ability to cope with and take responsibility for emotional behavior. At level 7 the subject rarely exhibits emotional problems, and is fully able to control & cope with these problems in a way in which they do not interfere with general life functioning.

Start
Does Subject have behavior problems interfering with general life functioning?

No

Yes

No Helper

Does Subject exhibit occasional minimal depression, anxiety, frustration, lability or agitation (with adequate coping skills)?

No

Yes

SCORE 7
COMPLETE INDEPENDENCE

SCORE 6
MODIFIED INDEPENDENCE

Helper

Does Subject assume responsibility for behavior problems?

Yes

No

Does Subject's behavior continually interfere with general life functioning?

Yes

No

SCORE 1
TOTAL ASSISTANCE

SCORE 2
MAXIMUM ASSISTANCE

SCORE 3
MODERATE ASSISTANCE

SCORE 4
MINIMUM ASSISTANCE

Does Subject have no worse than occasional & mild depression, anxiety, frustration, lability or agitation (less than weekly)?

Yes

No

Does Subject have behavior interfere with general life functioning only occasionally (less than 25%)?

Yes

No

SCORE 5
SUPERVISION OR SETUP
ADJUSTMENT TO LIMITATIONS

Adjustment to Limitations includes denial/awareness, acceptance of limitations, willingness to learn new ways of functioning, compensating, taking appropriate safety precautions and realistic expectations of recovery. At level 7 the subject should demonstrate the ability to compensate for limitations, exercise safe judgement in ADLs, and have realistic expectations for long term recovery.

Start

Does Subject have a difficulty coping with limitations that interfere with general life functioning? No → SCORE 7

No Helper

Yes → SCORE 6

MODIFIED INDEPENDENCE

Does Subject have some difficulty coping with limitations or have unrealistic expectations for long term recovery?

No

Does Subject successfully cope with his/her limitations more than 50% of the time?

Yes → SCORE 5

SUPERVISION OR SETUP

Is Subject willing to learn new ways of functioning?

No

Does Subject have no awareness of his/her limitations?

No → SCORE 4

MINIMUM ASSISTANCE

Yes → SCORE 3

MODERATE ASSISTANCE

SCORE 3

Does Subject need help to cope with limitations only occasionally (25% or less of the time)?

Yes → SCORE 2

MAXIMUM ASSISTANCE

No → SCORE 1

TOTAL ASSISTANCE

SCORE 1

Functional Assessment Measure (FAM)
Santa Clara Valley Medical Center 1-94
Employment includes involvement in one or more of the following categories: in the workforce, as a student, as a homemaker. At level 7 a subject can compete in the open market for a wide range of jobs, plan, execute and assume responsibility for homemaking or understand and carry out school assignments and maintain a passing average.

**EMPOLOYABILITY**

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**SCORE 1**
Total Assistance

**SCORE 2**
Maximum Assistance

**SCORE 3**
Moderate Assistance

**SCORE 4**
Minimum Assistance

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Functional Assessment Measure (FAM)
Santa Clara Valley Medical Center 1-94
Includes consistent orientation to person, place, time and situation. At level 7 a subject should be completely oriented to person, place, time and situation - without cues.

**ORIENTATION**

Start

Does Subject require help from another person to be oriented?  

- **Yes**
  - No Helper
  - Helper
    - Is Subject oriented to at least 2 out of 4 aspects?  
      - Yes
        - No
          - Is Subject oriented to 3 out of 4 aspects, and only occasionally (<25%) needs outside cues?  
            - Yes
              - SCORE 5
                - SUPERVISION OR SETUP
            - No
              - SCORE 4
                - MINIMUM ASSISTANCE
          - No
            - SCORE 3
              - MODERATE ASSISTANCE
      - No
        - SCORE 2
          - MAXIMUM ASSISTANCE
  - Yes
    - SCORE 6
      - MODIFIED INDEPENDENCE

- **No**
  - Does Subject require more than a reasonable amount of time to respond or use self-initiating or environmental cues?  
    - Yes
      - SCORE 7
        - COMPLETE INDEPENDENCE
    - No
      - No
        - SCORE 1
          - TOTAL ASSISTANCE
Attention includes the length of time the subject is able to concentrate on tasks, taking into consideration distractibility, level of responsiveness, and the difficulty of the task. At level 7 a subject should be able to attend to a task for 60 minutes without assistance in maintaining the task, taking into consideration distractions and self-directed return to tasks.

Start

Does Subject need assistance to attend to a task for 1 hour?

No

No 

Would subject be able to do a 5 minute task appropriately, half or more of the time?

Yes

Could Subject attend to a task for 30 minutes with only supervision to cope with distraction?

Yes

No

No

Could Subject attend to a task for 15 minutes with only occasional (<25%) lapses in attention?

Yes

Score 7

Complete Independence

Score 6

Modified Independence

Score 5

Supervision or Setup

Score 4

Minimum Assistance

Score 3

Moderate Assistance

Score 2

Maximum Assistance

Score 1

Total Assistance

No

Yes

Is Subject unable to attend to a task for more than 1 minute?
SAFETY JUDGEMENT

Safety Judgement includes orientation to situation, awareness of deficits and their implications, ability to plan ahead, ability to understand the nature of situations involving potential danger and to identify risks involved, freedom from impulsivity, ability to remember safety related information, and ability to respond appropriately if danger arises. At level 7 a subject should be able to pursue all activities independently using proper safety awareness skills.

Start

Would Subject need physical help to operate safely in the community?

No

Would Subject need some degree of supervision with new or complex activities?

No

SCORE 7
COMPLETE INDEPENDENCE

Yes

SCORE 6
MODIFIED INDEPENDENCE

Helper

Would Subject be safe with no help or supervision in a structured setting?

Yes

SCORE 5
SUPERVISION OR SETUP

No

Could you safely leave Subject alone at home for short periods?

Yes

No

Does Subject require posedly or one-on-one supervision?

SCORE 4
MINIMUM ASSISTANCE

Yes

SCORE 3
MODERATE ASSISTANCE

No

SCORE 2
MAXIMUM ASSISTANCE

No

SCORE 1
TOTAL ASSISTANCE

Yes

No

Would Subject be safe without supervision in a well-learned structured setting?