

<b>Survey Date</b>	<b>HOME HEALTH FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE B</b>	<b>Patient HI Claim No.</b>
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<b>ACTIVITIES OF DAILY LIVING (as appropriate) ADLs</b>	<b>INSTRUMENTAL ACTIVITIES OF DAILY LIVING (as appropriate) IADLs</b>	
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ACTIVITY	Needs No Assistance	Needs Some Assistance/ is Helped by Person	Unable to do	Improved	Unchanged	Deteriorated	* Needs More Help		ACTIVITY	Needs No Assistance	Needs Some Assistance/ is Helped by Person	Unable to do	* Needs More Help		<b>SURVEYOR INSTRUCTIONS</b> Complete module only if the admitting or secondary diagnosis(es) directly affect the patient's potential to meet his/her ADLs or IADLs, or the HHA's planning and care for the patient.
							yes	no					yes	no	
<b>B1. Eating</b>									<b>B7. Prepare Light Meals</b>	RR HV					<p><b>SURVEYOR INSTRUCTIONS</b> Complete module only if the admitting or secondary diagnosis(es) directly affect the patient's potential to meet his/her ADLs or IADLs, or the HHA's planning and care for the patient.</p> <p><b>SURVEYOR NOTES:</b> (continue on back of module)</p>
At Admission									<b>B8. Prepare Full Meals</b>	RR HV					
Record Review															
Home Visit															
<b>B2. Transferring</b>									<b>B9. Light Housekeeping</b>	RR HV					
At Admission									<b>B10. Personal Laundry</b>	RR HV					
Record Review															
Home Visit															
<b>B3. Dressing</b>									<b>B11. Handling Money</b>	RR HV					
At Admission									<b>B12. Using Telephone</b>	RR HV					
Record Review															
Home Visit															
<b>B4. Bathing</b>									RR= Record Review HV= Home Visit	*If "yes," does medical record document planning to provide additional help? Please explain in Surveyor Notes.					<p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0355. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.</p>
At Admission									<b>B13. Behavioral/Mental:</b> Note all conditions documented in record (e.g., patient disoriented)						
Record Review															
Home Visit															
<b>B5. Toileting</b>									<b>B14. Appliance/Aids, Special Equipment Used by Patient</b>						
At Admission															
Record Review															
Home Visit															
<b>B6. Ambulation</b>															
At Admission															
Record Review															
Home Visit															
<b>*SURVEYOR NOTE</b>															
*If "yes," does medical record document planning to provide additional help? Please explain in Surveyor Notes.															
									Ambulation Aid, Other			Cane			
									Prosthetic Device			Dentures			
									Pacemaker			Walker			
									Hearing Aid			Grab Bar			
									Tub Stool			Commode			
									Glasses/Lenses			Catheter			
									Hospital Bed			Oxygen			
									Special Transferring Equip.			Wheelchair			
									Special Toileting Equip.			Leg Brace			
									Special Dressing Equip.			Other			
									Colostomy Bag						