

Survey Date	HOME HEALTH FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE B	Patient HI Claim No.
--------------------	---	-----------------------------

ACTIVITIES OF DAILY LIVING (as appropriate) ADLs	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (as appropriate) IADLs	
---	---	--

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		SURVEYOR INSTRUCTIONS 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. SURVEYOR NOTES: (continue on back of module)
							yes	no					yes	no	
B1. Eating									B7. Prepare Light Meals	RR HV					
At Admission									B8. Prepare Full Meals	RR HV					
Record Review									B9. Light Housekeeping	RR HV					
Home Visit									B10. Personal Laundry	RR HV					
B2. Transferring									B11. Handling Money	RR HV					
At Admission									B12. Using Telephone	RR HV					
Record Review									RR= Record Review *If "yes," does medical record document planning to provide additional help? Please explain in Surveyor Notes. HV= Home Visit						
Home Visit								B13. Behavioral/Mental: Note all conditions documented in record (e.g., patient disoriented)							
B3. Dressing									B14. Appliance/Aids, Special Equipment Used by Patient						
At Admission															
Record Review									Record	Home Visit	Record	Home Visit			
Home Visit									Ambulation Aid, Other		Cane				
B4. Bathing									Prosthetic Device		Dentures				
At Admission									Pacemaker		Walker				
Record Review									Hearing Aid		Grab Bar				
Home Visit									Tub Stool		Commode				
B5. Toileting									Glasses/Lenses		Catheter				
At Admission									Hospital Bed		Oxygen				
Record Review									Special Transferring Equip.		Wheelchair				
Home Visit									Special Toileting Equip.		Leg Brace				
B6. Ambulation									Special Dressing Equip.		Other				
At Admission									Colostomy Bag						
Record Review															
Home Visit															

***SURVEYOR NOTE**
*If "yes," does medical record document planning to provide additional help? Please explain in Surveyor Notes.

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.