(Identifier:	)
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## Functional Assessment Standardized Items (FASI)

#### Please Complete All Items on Each Page

#### Section A

PRA Disclosure Statement: This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) with standardizing functional assessment items for home and community based services (HCBS) and develop performance measures. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0938-1037 (Expires: TBD). The SORN is 09-70-0569.



			(Identifier:			
Section B Functional Abilities and Goals						
Self-Care						
Form Instructions:						
Code the person's <b>usual</b> performance during the <b>past</b> performance <b>changed</b> during the <b>past month</b> , also conself-care performance was <b>unchanged</b> during the <b>past</b> activity was not attempted, code the reason.	ode their <b>r</b>	nost depe	endent performance in Column B. If the person's			
Please complete the Self-Care Priorities section at the b	oottom of t	this page.				
ODING:		nce Level es in Boxes				
<b>afety and Quality of Performance</b> - If helper assistance required because person's performance is unsafe or of	A Usual	B Most				
oor quality score according to amount of assistance rovided.		Dependent	6a. Eating: The ability to use suitable utensils to bring			
ctivities may be completed with or without assistive devices.			food to the mouth and swallow food once the			
6. <b>Independent</b> - Person completes the activity by him/ herself with no assistance from a helper.			meal is presented on a table/tray. Includes modified food consistency.			
5. <b>Setup or cleanup assistance</b> - Helper SETS UP or CLEANS UP; person completes activity. Helper assists			<b>6b. Oral hygiene:</b> The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability			
only prior to or following the activity.  4. Supervision or touching assistance - Helper provides			to remove and replace dentures from and to the mouth, and manage equipment for soaking and			
VERBAL CUES or TOUCHING/STEADYING assistance			rinsing them.]			
as person completes activity. Assistance may be provided throughout the activity or intermittently.			<b>6c. Toileting hygiene:</b> The ability to maintain perineal/feminine hygiene, adjust clothes before			
3. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.  2. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or			and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.			
			6d. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting			
limbs and provides more than half the effort.  1. <b>Dependent</b> - Helper does ALL of the effort. Person			in a chair or bed.			
does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the			<b>6e. Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and			
person to complete the activity.			drying self. Does not include transferring in/out of tub/shower.			
activity was not attempted, code reason: 7. Person refused.			<b>6f. Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if			
<ol> <li>Not applicable - Person does not usually do this activity.</li> </ol>			applicable.			
<ol><li>Not attempted due to short-term medical condition or safety concerns.</li></ol>			<b>6g. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does			
			not include footwear. <b>6h. Putting on/taking off footwear:</b> The ability to put			
			on and take off socks and shoes or other footwear that is appropriate for safe mobility.			
<b>Self-Care Priorities</b> : Please ask the person to describe at least one or two personal priorities in the area of self-care for the next six months. If the person does not express any personal priorities in this area, please note this below.						

				(Identifier:)		
Section B Functional Abilities and Goals						
Mobility (Bed mo	Mobility (Bed mobility and transfers)					
Form Instructions: Code the person's usual performance during the past 3 days using the 6-point scale in Column A. If the person's performance changed during the past month, also code their most dependent performance in Column B. If the person's transfer/bed mobility performance was unchanged during the past month, column B should be coded the same as column A. If the activity was not attempted, code the reason.						
CODING:		Performa				
Safety and Quality of Per	formance - If helper assistance	Enter Code A	B In Boxes			
is required because person poor quality score according	's performance is unsafe or of ng to amount of assistance	Usual	Most Dependent			
o6. Independent - Person herself with no assistar o5. Setup or cleanup assis CLEANS UP; person co only prior to or followir o4. Supervision or touchir VERBAL CUES or TOU as person completes ac	tance - Helper SETS UP or mpletes activity. Helper assists ag the activity. ag assistance - Helper provides CHING/STEADYING assistance ctivity. Assistance may be			<ul> <li>7a. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.</li> <li>7b. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</li> <li>7c. Lying to sitting on side of bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</li> <li>7d. Sit to stand: The ability to safely come to a</li> </ul>		
o3. <b>Partial/moderate assis</b> THAN HALF the effort.	ne activity or intermittently.  Itance - Helper does LESS  Helper lifts, holds or supports  Vides less than half the effort.			standing position from sitting in a chair or on the side of the bed.  7e. Chair/bed-to-chair transfer: The ability to safely		
02. <b>Substantial/maximal</b> a	assistance - Helper does MORE Helper lifts or holds trunk or			transfer to and from a bed to a chair (or wheelchair).		
	oes ALL of the effort. Person			7f. Toilet transfer: The ability to safely get on and off a toilet or commode.		
	to complete the activity. Or, the helpers is required for the activity.			7g. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.		
If activity was not attemp o7. Person refused. o9. Not applicable - Perso activity. 88. Not attempted due to s safety concerns.	•					

(Identifier:						
Section B Functional Abilities and Goals						
Mobility (Ambulation)						
Form Instructions:  Code the person's usual performance during the past 3 days using the 6-point scale in Column A. If the person's performance changed during the past month, also code their most dependent performance in Column B. If the person's ambulation mobility performance was unchanged during the past month, column B should be coded the same as column A. If the activity was not attempted, code the reason.						
CODING:			8. Does the person walk?			
Safety and Quality of Performance - If helper assistance is required because person's performance is unsafe or of about quality score according to amount of assistance provided.  Activities may be completed with or without assistive devices.			<ul> <li>o. Yes - Continue to question 8a.</li> <li>1. No, but walking is indicated in the future - skip to question 9.</li> <li>2. No, and walking is not indicated - skip to question 9.</li> </ul>			
66. <b>Independent</b> - Person completes the activity by him/		nce Level				
herself with no assistance from a helper.  5. Setup or cleanup assistance - Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.	A Usual	B Most Dependent				
of the prior to of following the activity.  94. Supervision or touching assistance - Helper provides  VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be			8a. Walks 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.			
provided throughout the activity or intermittently.  23. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.  22. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.  23. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the			<b>8b. Walks 50 feet with two turns</b> : Once standing, the ability to walk at least 50 feet and make two turns.			
			<b>8c. Walks 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.			
			8d. Walks 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.			
person to complete the activity.			<b>8e.</b> 1 step (curb): The ability to step over a curb or up and down one step.			
f activity was not attempted, code reason:  7. Person refused.  9. Not applicable - Person does not usually do this			<b>8f. 4 steps:</b> The ability to go up and down four steps with or without a rail.			
activity.  38. Not attempted due to <b>short-term medical condition or</b>			<b>8g. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.			
safety concerns.			<b>8h. Walks indoors:</b> from room to room, around furniture and other obstacles.			
			<b>8i. Carries something in both hands:</b> While walking indoors e.g. several dishes, light laundry basket, tray with food.			
			<b>8j. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.			
			<b>8k. Walks for 15 minutes:</b> without stopping or resting (e.g., department store, supermarket.)			
			81. Walks across a street: crosses street before light turns red.			

	(Identifier:					
Section B	Section B Functional Abilities and Goals					
Mobility (Wheelchair)						
performance <b>changed</b> wheelchair mobility pe <i>If the activity was not a Please complete the Mo</i>	during the past month, also co	ode their <b>n</b> ring the <b>pa</b>	nost depe	point scale in <b>Column A</b> . If the person's endent performance in <b>Column B</b> . If the person's a, column B should be coded the same as column A.		
CODING:				the person use a manual wheelchair?		
s required because person	formance - If helper assistance 's performance is unsafe or of			o - Skip to question 10. es - Continue to question 9a.		
poor quality score accordir provided.	ng to amount of assistance	Performa	nce Level	Manual Wheelchair		
	d with or without assistive devices		es in Boxes			
,	completes the activity by him/	<b>A</b> Usual	<b>B</b> Most Dependent			
o5. <b>Setup or cleanup assis</b> CLEANS UP; person co only prior to or followir	stance - Helper SETS UP or ompletes activity. Helper assists ng the activity.			9a. Wheels 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.		
VERBAL CUES or TOU as person completes a	ng assistance - Helper provides ICHING/STEADYING assistance ctivity. Assistance may be he activity or intermittently.			<b>9b.Wheels 150 feet:</b> Once seated in wheelchair/ scooter, the ability to wheel at least 150 feet in a corridor or similar space.		
o3. <b>Partial/moderate assis</b> THAN HALF the effort.	stance - Helper does LESS . Helper lifts, holds or supports			gc. Wheels for 15 minutes: without stopping or resting (e.g., department store, supermarket.)		
o2. Substantial/maximal a	vides less than half the effort. <b>assistance</b> - Helper does MORE			<b>9d. Wheels across a street:</b> crosses street before light turns red.		
THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Dependent - Helper does ALL of the effort. Person			<ul> <li>10. Does the person use a motorized wheelchair/scooter?</li> <li>o. No - Skip to question 11a.</li> <li>1. Yes - Continue to question 10a.</li> </ul>			
does none of the effort	t to complete the activity. Or, the			Motorized Wheelchair/Scooter		
assistance of 2 or more person to complete the	e helpers is required for the e activity.	Performance Level Enter Codes in Boxes				
f activity was not attemp o7. Person refused. o9. Not applicable - Perso	oted, code reason: on does not usually do this	<b>A</b> Usual	<b>B</b> Most Dependent			
activity.	short-term medical condition or			10a. Wheels 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.		
				<b>10b. Wheels 150 feet:</b> Once seated in wheelchair/ scooter, the ability to wheel at least 150 feet in a corridor or similar space.		
				<b>10c. Wheels for 15 minutes:</b> without stopping or resting (e.g., department store, supermarket.)		
				10d. Wheels across a street: crosses street before light turns red.		
-	ase ask the person to describe a n does not express any personal		•	ersonal priorities in the area of mobility for the next ea, please note this below.		
1.						
2.						

(Identifier:						
Section B Functional Abilities and Goals						
Instrumental Activities of Daily Living						
Form Instructions:  Code the person's usual performance during the past 3 days using the 6-point scale in Column A. If the person's performance changed during the past month, also code their most dependent performance in Column B. If the person's IADL performance was unchanged during the past month, column B should be coded the same as column A. If the activity was not attempted, code the reason.						
CODING:	ic the reason.	Performa	nce Level			
Safety and Quality of Per s required because person	formance - If helper assistance 's performance is unsafe or of ag to amount of assistance	Enter Code A Usual				
Activities may be completed with or without assistive devices.  26. Independent - Person completes the activity by him/herself with no assistance from a helper.  25. Setup or cleanup assistance - Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.  24. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.  25. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.  26. Substantial/maximal assistance - Helper does MORE			prepare all aspects of a light cold meal such as a bowl of cereal and sandwich and cold drink.			
			<b>11b. Makes a light hot meal:</b> The ability to plan and prepare all aspects of a light hot meal such as heating a bowl of soup and reheating a prepared meal.			
			11c. Light daily housework: The ability to complete light daily housework to maintain a safe home environment such that the person is not at risk for harm within their home. Examples include wiping counter tops or doing dishes.			
limbs and provides mo a. <b>Dependent</b> - Helper do does none of the effort assistance of 2 or more person to complete the	pes ALL of the effort. Person to complete the activity. Or, the helpers is required for the e activity.			complete heavier periodic housework: The ability to complete heavier periodic housework to maintain a safe home environment such that person is not risk for harm within their home.  Examples include doing laundry, vacuuming, cleaning bathroom.		
f activity was not attemp 7. Person refused. 9. Not applicable - Perso activity.	n does not usually do this			select up to five needed goods, take to check out, and complete purchasing transaction.		
,	short-term medical condition or			<b>11f. Telephone-answering call:</b> The ability to answer call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.		
				in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.		

Section B Functional Abilities a	and Go	als				
Instrumental Activities of Daily Living (continued)						
Form Instructions:  Code the person's usual performance during the past performance changed during the past month, also co IADL performance was unchanged during the past mas not attempted, code the reason.  Please complete the IADL Priorities section at the bottom.	ode their r nonth, col	<b>nost depe</b> umn B sho	endent performance in Column B. If the person's			
CODING:		nce Level	I			
Safety and Quality of Performance - If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance		es in Boxes  B  Most  Dependent				
provided.  Activities may be completed with or without assistive devices.  o6. Independent - Person completes the activity by him/ herself with no assistance from a helper.  o5. Setup or cleanup assistance - Helper SETS UP or			11h. Medication management-oral medications:  The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.			
CLEANS UP; person completes activity. Helper assists only prior to or following the activity.  4. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.  3. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.  2. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.  3. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the			11i. Medication management-inhalant/mist medications: The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.			
			11j. Medication management-injectable medications: The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.			
assistance of 2 or more helpers is required for the person to complete the activity.  If activity was not attempted, code reason:  107. Person refused.  109. Not applicable - Person does not usually do this			11k. Simple financial management: The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, online/mobile bill pay, banking, or shopping.			
activity. 88. Not attempted due to <b>short-term medical condition or</b> <b>safety concerns.</b>			111. Complex financial management: The ability to complete financial decision-making such as budget and remembering to pay bills.			
IADL Priorities: Please ask the person to describe at least one or two personal priorities in the area of instrumental activities of daily living for the next six months. If the person does not express any personal priorities in this area, please note this below.						
1.						
2.						

(Identifier:\_

(Identifier:)
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## Section C

# Assistive Devices

## **Assistive Devices for Everyday Activities**

#### Form Instructions:

Identify the person's need for and availability of each assistive device. If no assistive device is needed to complete self-care, mobility, and instrumental activities of daily living, check "Not Applicable" box. If device is not used, code reason.

mobility, and instrumental activities of daily living, che	ck "Not App	licable" box. If device is not used, code reason.
CODING:	Enter Codes Boxes	in
Code the person's usual need for, and availability of,		12a. Manual wheelchair
assistive devices to complete self-care, mobility, or		12b. Motorized wheelchair or scooter
instrumental activities of daily living.		
o2. <b>Assistive device needed and available</b> - Person needs		12c. Specialized seating pad (e.g. air-filled, gel, shaped foam
this device to complete daily activities and has the device in the home.		12d. Mechanical lift
o1. Assistive device needed but current device unsuitable		12e. Walker
- Device is in home but no longer meets person's needs.		12f. Walker with seat
oo. <b>Assistive device needed but not available</b> - Person needs the device but it is not available in the home.		12g. Cane
If dovice is not used code reason		12h. Reacher/Grabber
If device is not used, code reason:		12i. Sock aid
o7. <b>Person refused</b> - Person chooses not to use needed device.		12j. Orthotics/Brace
og. <b>Not applicable</b> - Person does not need this device.		12k. Bed rail
		12l. Electronic bed
		12m. Grab bars
		12n. Transfer board
		120. Shower/commode chair
		12p. Walk/wheel-in shower
		12q. Glasses or contact lenses
		12r. Hearing aid
		12s. Communication device
		12t. Stair rails
		12u. Lift chair
		12v. Ramps
		12w. Raised toilet seat
		12x. Glucometer
		12y. CPAP
		12z. Oxygen concentrator
		Other:
		I have indicated all the devices needed.

Not Applicable - No assistive device needed in past month

	(Identifier:					
Section D Living Arrangements, Caregiver Assistance and Availability						
Living Arrangements						
<ol> <li>Identify the person's usual living arrangement during the past 3 days past month.</li> </ol>	and the A Past 3 Days	<b>B</b> Past Month				
CODING:						
<ul> <li>05. Person lives alone - no other residents in the home.</li> <li>04. Person lives with others in the home - for example, family, friends, or particle.</li> <li>03. Person lives in congregate home - for example, assisted living, or resident home.</li> </ul>						
o2. Person does not have a permanent home or is homeless. o1. Person was in a medical facility.						
<b>Living Arrangement Priorities:</b> Please ask the person to describe at larrangements for the next six months. If the person does not express below.	•	9				
1.						
2.						
Availability of Assistance						
14. Does the person have assistance in their home?						
o. <b>No</b> - Do not code availability of assistance - skip to question 15a. 1. <b>Yes</b> - Continue to question 14a.						
14a. Code the level of assistance in the person's home (both paid and unp during the past month.	Paid) A	<b>B</b> Unpaid				

CODING:

o5. No assistance received

o3. Regular night time o2. Regular daytime o1. Around the clock

04. Occasional/short term assistance

(Identifier:						
Section D Living Arrangements, Caregiver Assistance and Availability						
Availability of Paid and Unpaid Assistan	ce					
Form Instructions:  Code the Paid caregiver's usual ability and willingness to provide assistance with each activity during the past 3 days in  Column A and the Unpaid caregiver's usual ability and willingness to provide assistance with each activity during the past 3 days in Column B. If the activity was not attempted, code as not applicable (09).						
Please complete the Living Arrangement and Caregivin	g Priorities	section a	t the bottom of this page.			
CODING:	Enter Code	es in Boxes				
Code safety and quality of BOTH paid and unpaid caregiver assistance and their willingness to provide assistance with each of the following activities.	<b>A</b> Paid	<b>B</b> Unpaid				
o5. <b>Assistance not needed</b> - No assistance needed.			<b>15a.</b> Self-care assistance (for example, bathing,			
o4. Caregiver(s) currently provide assistance - Person's usual caregiver(s) willing and able to provide needed assistance.			dressing, toileting, or eating/feeding). <b>15b.</b> Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling).			
o3. Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support.			<b>15c.</b> IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances).			
o2. <b>Unclear if caregiver(s) will provide assistance</b> - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance.			<b>15d.</b> Medication administration (for example, oral, inhaled, or injectable medications).			
o1. Assistance needed but no caregiver(s) available - Person needs assistance but no caregiver(s) available in			<b>15e.</b> Medical procedures/treatments (for example, changing wound dressing, or home exercise program).			
the home.  oo. Assistance needed but person declines assistance - Person needs caregiving but declines this assistance.  og. Not applicable - Person does not do this activity.			15f. Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies).			
			<b>15g.</b> Supervision (for example, due to safety concerns).			
			<b>15h.</b> Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments).			
Caregiving Priorities: Please ask the person to describe at least one or two personal priorities in the area of caregiving for the next six months. If the person does not express any personal priorities in this area, please note this below.						
1.						
2.						