


## 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.





Section B	Functional Abilities and Goals																			
<b>Mobility (Bed mobility and transfers)</b>																				
<p><b>Form Instructions:</b> Code the person's <b>usual</b> performance during the <b>past 3 days</b> using the 6-point scale in <b>Column A</b>. If the person's performance <b>changed</b> during the <b>past month</b>, also code their <b>most dependent</b> performance in <b>Column B</b>. If the person's transfer/bed mobility performance was <b>unchanged</b> during the <b>past month</b>, column B should be coded the same as column A. <i>If the activity was not attempted, code the reason.</i></p>																				
<p><b>CODING:</b></p> <p><b>Safety and Quality of Performance</b> - If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b> - Person completes the activity by him/herself with no assistance from a helper.</p> <p>05. <b>Setup or cleanup assistance</b> - Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.</p> <p>04. <b>Supervision or touching assistance</b> - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. <b>Dependent</b> - 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 person to complete the activity.</p> <p><b>If activity was not attempted, code reason:</b></p> <p>07. <b>Person refused.</b></p> <p>09. <b>Not applicable</b> - Person does not usually do this activity.</p> <p>88. Not attempted due to <b>short-term medical condition or safety concerns.</b></p>	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="701 457 945 520">Performance Level Enter Codes in Boxes</th> </tr> <tr> <th data-bbox="701 520 824 604">A Usual</th> <th data-bbox="824 520 945 604">B Most Dependent</th> </tr> </thead> <tbody> <tr> <td data-bbox="701 604 824 709"><input type="text"/></td> <td data-bbox="824 604 945 709"><input type="text"/></td> </tr> <tr> <td data-bbox="701 709 824 772"><input type="text"/></td> <td data-bbox="824 709 945 772"><input type="text"/></td> </tr> <tr> <td data-bbox="701 772 824 909"><input type="text"/></td> <td data-bbox="824 772 945 909"><input type="text"/></td> </tr> <tr> <td data-bbox="701 909 824 1014"><input type="text"/></td> <td data-bbox="824 909 945 1014"><input type="text"/></td> </tr> <tr> <td data-bbox="701 1014 824 1119"><input type="text"/></td> <td data-bbox="824 1014 945 1119"><input type="text"/></td> </tr> <tr> <td data-bbox="701 1119 824 1182"><input type="text"/></td> <td data-bbox="824 1119 945 1182"><input type="text"/></td> </tr> <tr> <td data-bbox="701 1182 824 1297"><input type="text"/></td> <td data-bbox="824 1182 945 1297"><input type="text"/></td> </tr> </tbody> </table>	Performance Level Enter Codes in Boxes		A Usual	B Most Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>7a. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.</p> <p>7b. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.</p> <p>7c. <b>Lying to sitting on side of bed:</b> 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.</p> <p>7d. <b>Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.</p> <p>7e. <b>Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).</p> <p>7f. <b>Toilet transfer:</b> The ability to safely get on and off a toilet or commode.</p> <p>7g. <b>Car transfer:</b> 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.</p>
Performance Level Enter Codes in Boxes																				
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**Section B**      **Functional Abilities and Goals**

**Mobility (Wheelchair)**

**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 wheelchair 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.*

*Please complete the Mobility Priorities section at the bottom of this page.*

<p><b>CODING:</b></p> <p><b>Safety and Quality of Performance</b> - If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b> - Person completes the activity by him/herself with no assistance from a helper.</p> <p>05. <b>Setup or cleanup assistance</b> - Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.</p> <p>04. <b>Supervision or touching assistance</b> - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. <b>Dependent</b> - 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 person to complete the activity.</p> <p><b>If activity was not attempted, code reason:</b></p> <p>07. <b>Person refused.</b></p> <p>09. <b>Not applicable</b> - Person does not usually do this activity.</p> <p>88. Not attempted due to <b>short-term medical condition or safety concerns.</b></p>	<input type="checkbox"/>	<p><b>9. Does the person use a manual wheelchair?</b></p> <p>0. <b>No</b> - Skip to question 10.</p> <p>1. <b>Yes</b> - Continue to question 9a.</p>		
	<b>Manual Wheelchair</b>			
	<b>Performance Level</b> Enter Codes in Boxes			
	<b>A</b> Usual	<b>B</b> Most Dependent		
	<input type="checkbox"/>	<input type="checkbox"/>	<b>9a. Wheels 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/>	<input type="checkbox"/>	<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.	
	<input type="checkbox"/>	<input type="checkbox"/>	<b>9c. Wheels for 15 minutes:</b> without stopping or resting (e.g., department store, supermarket.)	
	<input type="checkbox"/>	<input type="checkbox"/>	<b>9d. Wheels across a street:</b> crosses street before light turns red.	
	<input type="checkbox"/>	<p><b>10. Does the person use a motorized wheelchair/scooter?</b></p> <p>0. <b>No</b> - Skip to question 11a.</p> <p>1. <b>Yes</b> - Continue to question 10a.</p>		
	<b>Motorized Wheelchair/Scooter</b>			
	<b>Performance Level</b> Enter Codes in Boxes			
	<b>A</b> Usual	<b>B</b> Most Dependent		
	<input type="checkbox"/>	<input type="checkbox"/>	<b>10a. Wheels 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/>	<input type="checkbox"/>	<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.	
	<input type="checkbox"/>	<input type="checkbox"/>	<b>10c. Wheels for 15 minutes:</b> without stopping or resting (e.g., department store, supermarket.)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>10d. Wheels across a street:</b> crosses street before light turns red.		

**Mobility Priorities:** Please ask the person to describe at least one or two personal priorities in the area of mobility for the next six months. If the person does not express any personal priorities in this area, please note this below.

1.

2.

Section B	Functional Abilities and Goals	
<b>Instrumental Activities of Daily Living</b>		
<b>Form Instructions:</b>		
Code the person's <b>usual</b> performance during the <b>past 3 days</b> using the 6-point scale in <b>Column A</b> . If the person's performance <b>changed</b> during the <b>past month</b> , also code their <b>most dependent</b> performance in <b>Column B</b> . If the person's IADL performance was <b>unchanged</b> during the <b>past month</b> , column B should be coded the same as column A. <i>If the activity was not attempted</i> , code the reason.		
<b>CODING:</b>	<b>Performance Level</b> Enter Codes in Boxes	
<b>Safety and Quality of Performance</b> - If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided.	<b>A</b> Usual	<b>B</b> Most Dependent
<i>Activities may be completed with or without assistive devices.</i>	<input type="text"/>	<input type="text"/>
06. <b>Independent</b> - Person completes the activity by him/herself with no assistance from a helper.	<input type="text"/>	<b>11a. Makes a light cold meal:</b> The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and sandwich and cold drink.
05. <b>Setup or cleanup assistance</b> - Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.	<input type="text"/>	<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.
04. <b>Supervision or touching assistance</b> - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="text"/>	<b>11c. Light daily housework:</b> 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.
03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="text"/>	<b>11d. Heavier periodic housework:</b> 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.
02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="text"/>	<b>11e. Light shopping:</b> Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.
01. <b>Dependent</b> - 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 person to complete the activity.	<input type="text"/>	<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.
<b>If activity was not attempted, code reason:</b>	<input type="text"/>	<b>11g. Telephone-placing call:</b> The ability to place call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.
07. <b>Person refused.</b>	<input type="text"/>	
09. <b>Not applicable</b> - Person does not usually do this activity.	<input type="text"/>	
88. Not attempted due to <b>short-term medical condition or safety concerns.</b>	<input type="text"/>	





**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.*


<b>CODING:</b>	<b>Enter Codes in Boxes</b>	
<p>Code the person's usual need for, and availability of, assistive devices to complete self-care, mobility, or instrumental activities of daily living.</p> <p>02. <b>Assistive device needed and available</b> - Person needs this device to complete daily activities and has the device in the home.</p> <p>01. <b>Assistive device needed but current device unsuitable</b> - Device is in home but no longer meets person's needs.</p> <p>00. <b>Assistive device needed but not available</b> - Person needs the device but it is not available in the home.</p> <p>If device is not used, code reason:</p> <p>07. <b>Person refused</b> - Person chooses not to use needed device.</p> <p>09. <b>Not applicable</b> - Person does not need this device.</p>	<input type="checkbox"/>	<b>12a. Manual wheelchair</b>
	<input type="checkbox"/>	<b>12b. Motorized wheelchair or scooter</b>
	<input type="checkbox"/>	<b>12c. Specialized seating pad (e.g. air-filled, gel, shaped foam)</b>
	<input type="checkbox"/>	<b>12d. Mechanical lift</b>
	<input type="checkbox"/>	<b>12e. Walker</b>
	<input type="checkbox"/>	<b>12f. Walker with seat</b>
	<input type="checkbox"/>	<b>12g. Cane</b> 
	<input type="checkbox"/>	<b>12h. Reacher/Grabber</b>
	<input type="checkbox"/>	<b>12i. Sock aid</b>
	<input type="checkbox"/>	<b>12j. Orthotics/Brace</b> 
	<input type="checkbox"/>	<b>12k. Bed rail</b>
	<input type="checkbox"/>	<b>12l. Electronic bed</b>
	<input type="checkbox"/>	<b>12m. Grab bars</b>
	<input type="checkbox"/>	<b>12n. Transfer board</b>
	<input type="checkbox"/>	<b>12o. Shower/commode chair</b>
	<input type="checkbox"/>	<b>12p. Walk/wheel-in shower</b>
	<input type="checkbox"/>	<b>12q. Glasses or contact lenses</b>
	<input type="checkbox"/>	<b>12r. Hearing aid</b>
	<input type="checkbox"/>	<b>12s. Communication device</b>
	<input type="checkbox"/>	<b>12t. Stair rails</b>
	<input type="checkbox"/>	<b>12u. Lift chair</b>
	<input type="checkbox"/>	<b>12v. Ramps</b>
<input type="checkbox"/>	<b>12w. Raised toilet seat</b>	
<input type="checkbox"/>	<b>12x. Glucometer</b>	
<input type="checkbox"/>	<b>12y. CPAP</b>	
<input type="checkbox"/>	<b>12z. Oxygen concentrator</b>	
<input type="checkbox"/>	<b>Other:</b>	
<input type="checkbox"/>	<b>I have indicated all the devices needed.</b>	
<input type="checkbox"/>	<b>Not Applicable - No assistive device needed in past month</b>	



**Section D Living Arrangements, Caregiver Assistance and Availability**

**Living Arrangements**

<b>13. Identify the person's usual living arrangement during the past 3 days and the past month.</b> <b>CODING:</b> 05. <b>Person lives alone</b> - no other residents in the home. 04. <b>Person lives with others in the home</b> - for example, family, friends, or paid caregiver. 03. <b>Person lives in congregate home</b> - for example, assisted living, or residential care home. 02. <b>Person does not have a permanent home or is homeless.</b> 01. <b>Person was in a medical facility.</b>	<b>A</b> Past 3 Days	<b>B</b> Past Month
	<input type="text"/>	<input type="text"/>

**Living Arrangement Priorities:** Please ask the person to describe at least one or two personal priorities in the area of living arrangements for the next six months. If the person does not express any personal priorities in this area, please note this below. 

1.
2.

**Availability of Assistance**

<b>14. Does the person have assistance in their home?</b> 0. <b>No</b> - Do not code availability of assistance - skip to question 15a. 1. <b>Yes</b> - Continue to question 14a.	<input style="width: 80px; height: 20px;" type="text"/>	
<b>14a. Code the level of assistance in the person's home (both paid and unpaid) during the past month.</b> <b>CODING:</b> 05. <b>No assistance received</b> 04. <b>Occasional/short term assistance</b> 03. <b>Regular night time</b> 02. <b>Regular daytime</b> 01. <b>Around the clock</b>	<b>A</b> Paid	<b>B</b> Unpaid
	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>


**Section D** Living Arrangements, Caregiver Assistance and Availability


**Availability of Paid and Unpaid Assistance**

**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 Caregiving Priorities section at the bottom of this page.*

CODING: Code safety and quality of BOTH paid and unpaid caregiver assistance and their willingness to provide assistance with each of the following activities.	Enter Codes in Boxes		
	A Paid	B Unpaid	
05. <b>Assistance not needed</b> - No assistance needed.	<input type="text"/>	<input type="text"/>	<b>15a.</b> Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding).
04. <b>Caregiver(s) currently provide assistance</b> - Person's usual caregiver(s) willing and able to provide needed assistance.	<input type="text"/>	<input type="text"/>	<b>15b.</b> Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling).
03. <b>Caregiver(s) need training/supportive services to provide assistance</b> - Caregiver(s) available and need assistance to provide support.	<input type="text"/>	<input type="text"/>	<b>15c.</b> IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances).
02. <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.	<input type="text"/>	<input type="text"/>	<b>15d.</b> Medication administration (for example, oral, inhaled, or injectable medications).
01. <b>Assistance needed but no caregiver(s) available</b> - Person needs assistance but no caregiver(s) available in the home.	<input type="text"/>	<input type="text"/>	<b>15e.</b> Medical procedures/treatments (for example, changing wound dressing, or home exercise program).
00. <b>Assistance needed but person declines assistance</b> - Person needs caregiving but declines this assistance.	<input type="text"/>	<input type="text"/>	<b>15f.</b> Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies).
09. <b>Not applicable</b> - Person does not do this activity.	<input type="text"/>	<input type="text"/>	<b>15g.</b> Supervision (for example, due to safety concerns).
	<input type="text"/>	<input type="text"/>	<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.