

Survey Date	HOME HEALTH FUNCTIONAL ASSESSMENT INSTRUMENT: MODULE B	Patient HI Claim No.
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ACTIVITIES OF DAILY LIVING (as appropriate) ADLs	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (as appropriate) IADLs	
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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		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.	
							yes	no					yes	no		SURVEYOR NOTES: (continue on back of module)
B1. Eating									B7. Prepare Light Meals	RR HV					<p>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.</p> <p>SURVEYOR NOTES: (continue on back of module)</p>	
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.							
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																<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 1 hour 10 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>
Record Review																
Home Visit																
B4. Bathing																
At Admission																
Record Review																
Home Visit																
B5. Toileting																
At Admission																
Record Review																
Home Visit																
B6. Ambulation																
At Admission																
Record Review																
Home Visit																
*SURVEYOR NOTE																
*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							