

<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									<b>B9. Light Housekeeping</b>	RR HV					
Home Visit									<b>B10. Personal Laundry</b>	RR HV					
<b>B2. Transferring</b>									<b>B11. Handling Money</b>	RR HV					
At Admission									<b>B12. Using Telephone</b>	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								<b>B13. Behavioral/Mental:</b> Note all conditions documented in record (e.g., patient disoriented)							
<b>B3. Dressing</b>									<b>B14. Appliance/Aids, Special Equipment Used by Patient</b>						
At Admission															
Record Review															
Home Visit															
<b>B4. Bathing</b>															
At Admission															
Record Review															
Home Visit															
<b>B5. Toileting</b>															
At Admission															
Record Review															
Home Visit															
<b>B6. Ambulation</b>															
At Admission															
Record Review															
Home Visit															
<b>*SURVEYOR NOTE</b>														<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>	
*If "yes," does medical record document planning to provide additional help? Please explain in Surveyor Notes.															
									Record	Home Visit	Record	Home Visit			
									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						