



CASE MANAGEMENT ASSOCIATES, INC.

Location: 44 Mechanic Street, Suite 111, Newton Upper Falls, MA 02464-1459
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Mail: Post Office Box 610414, Newton Highlands, MA 02461-0414
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Date: 24 September 2003

Regarding: Marcia Rhodes

Prepared by: Adele M. Pollard, RN, MS, CCM

Overall Score: 4 (range 1-7 complete independence)

FIM/FAM

Functional Independence Measure & Functional Assessment Measure

Scale: 7 = Complete Independence (timely, safety, no devices or aids)
6 = Modified Independence (extra time, device, safety consideration)
5 = Supervision or Setup (cueing)
4 = Minimal Assist (subject performs 75% or more of task)
3 = Moderate Assist (50% - 74% of task)
2 = Maximal Assist (25% - 49% of task)
1 = Total Assist (subject performs less than 25% of task)

MOTOR ITEMS	SCORE	COGNITION ITEMS	SCORE	MOBILITY	SCORE
Eating	6	Comprehension	6	Bed, Chair, Wheelchair	3
Grooming	6	Expression	6	Toilet	2
Bathing	4	Reading	7	Tub or Shower	3
Dressing Upper Body	5	Writing	7	Car Transfers	2
Dressing Lower Body	3	Speech Intelligibility	7	Walking/Wheelchair	6
Toileting	3			Stairs	1
Swallowing	7			Community Mobility	4
Overall Self-Care Score:	4	Overall Communication Score:	6	Overall Mobility Score:	3

COGNITIVE FUNCTION	SCORE	PSYCHOSOCIAL ADJUSTMENT	SCORE	SPHINCTER CONTROL	SCORE
Problem Solving	6	Social Interaction	3	Bladder Management	3
Memory	6	Emotional Status	3	Bowel Management	5
Orientation	7	Adjustment to Limitations	3		
Attention	6	Employability	3		
Safety Judgement	6				
Overall Cognition Score:	6	Overall Behavior Score:	3	Overall Elimination Score:	4



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Community Integration Questionnaire

Date: 24 September 2003

Prepared by: Adele Pollard, RN, MS, CCM

Regarding: Marcia Rhodes

Overall Score: 9 (range: 0-29)

QUESTION	ANSWER	SCORE
1. Who usually does the shopping for groceries or other necessities in your household?	<input type="radio"/> Yourself, alone <input type="radio"/> Yourself and someone else <input checked="" type="radio"/> Someone else	0
2. Who usually prepares meals in your household?	<input type="radio"/> Yourself, alone <input type="radio"/> Yourself and someone else <input checked="" type="radio"/> Someone else	0
3. In your home, who usually does the everyday housework?	<input type="radio"/> Yourself, alone <input type="radio"/> Yourself and someone else <input checked="" type="radio"/> Someone else	0
4. Who usually cares for the children in your home?	<input type="radio"/> Yourself, alone <input type="radio"/> Yourself and someone else <input type="radio"/> Someone else <input type="radio"/> Not applicable <input checked="" type="radio"/> No children under 17 in the home	0 *score is average of items 1,2,3&5
5. Who usually plans social arrangements such as get-togethers with family and friends?	<input type="radio"/> Yourself, alone <input checked="" type="radio"/> Yourself and someone else <input type="radio"/> Someone else	1
6. Who usually looks after your personal finances, such as banking or paying bills?	<input type="radio"/> Yourself, alone <input type="radio"/> Yourself and someone else <input checked="" type="radio"/> Someone else	0
7. Approximately how many times a month do you usually participate in shopping <i>outside</i> your home?	<input type="radio"/> Never <input checked="" type="radio"/> 1-4 times <input type="radio"/> 5 or more times	1
8. Approximately how many times a month do you usually participate in leisure activities, such as movies, sports, restaurants, etc.?	<input type="radio"/> Never <input checked="" type="radio"/> 1-4 times <input type="radio"/> 5 or more times	1
9. Approximately how many times a month do you usually visit your friends or relatives?	<input type="radio"/> Never <input checked="" type="radio"/> 1-4 times <input type="radio"/> 5 or more times	1
10. When you participate in leisure activities, do you usually do this alone or with others?	<input type="radio"/> Mostly alone <input type="radio"/> Mostly with friends who have head injuries <input checked="" type="radio"/> Mostly with family members <input type="radio"/> Mostly with friends who do not have head injuries <input type="radio"/> With a combination of family and friends	1

QUESTION	ANSWER	SCORE
11. Do you have a best friend with whom you confide?	<input type="radio"/> Yes <input checked="" type="radio"/> No	0
12. How often do you travel outside the home?	<input type="radio"/> Almost every day <input checked="" type="radio"/> Almost every week <input type="radio"/> Seldom/never (less than one per week)	1
13. Please choose the answer that best corresponds to your current (during the past month) work situation:	<input type="radio"/> Full-time (more than 20 hours/week) <input checked="" type="radio"/> Part-time (less than or equal to 20 hours/week) <input type="radio"/> Not working, but actively looking for work <input type="radio"/> Not working, not looking for work <input type="radio"/> Not applicable, retired due to age	3
14. Please choose the answer that best corresponds to your current (during the past month) school or training program situation:	<input type="radio"/> Full-time <input type="radio"/> Part-time <input checked="" type="radio"/> Not attending school, or training program <input type="radio"/> Not applicable, retired due to age	0
15. In the past month, how often did you engage in volunteer activities?	<input checked="" type="radio"/> Never <input type="radio"/> 1-4 times <input type="radio"/> 5 or more times	0