

WeeFIM® score sheet: Burns



Lifetime Care & Support Commissioner

Name: _____ Date of birth: ___ / ___ / ___ Age: ___ months
 Date of assessment: _____ *Use norms overleaf for children 3 to 8 yrs.
 Hospital/unit: _____
 Date of motor accident: _____
 Method of administration: Direct observation Interview with: _____

Area	Score	Age norm	Is score due to the burns?	Explain reasons for giving this score
SELF CARE				
1.Eating			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.Grooming			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.Bathing			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.Dressing– Upper Body			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.Dressing– Lower Body			<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPHINCTER CONTROL				
6.Toileting			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.Bladder management			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.Bowel management			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self care subtotal				
TRANSFERS				
9.Transfers: Chair/Wheelchair			<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: W– Walk C- Wheelchair B- Both
10.Transfers: Toilet			<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.Transfers: Tub/Shower			<input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCOMOTION				
12. Locomotion: Walk/ Wheelchair/Crawl			<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: W – Walk C- Wheelchair L- Crawl B- Both
13.Locomotion: Stairs			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobility subtotal				

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COMMUNICATION				
14.Comprehension			<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: A – Auditory V - Visual C - Both
15.Expression			<input type="checkbox"/> Yes <input type="checkbox"/> No	Mode: V – Vocal N - Non-vocal B - Both
SOCIAL COGNITION				
16.Social interaction			<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.Problem solving			<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.Memory			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cognition subtotal				
WeeFIM® TOTAL				

Administered by: _____ WeeFIM® credentialed: Yes No
 Signature: _____ Date of assessment: _____

WeeFIM® LEVELS

NO HELPER

- 7 Complete Independence (Timely, Safely)
- 6 Modified Independence (Device)

HELPER – Modified Dependence

- 5 Supervision
- 4 Minimal assistance (subject = 75% or more)
- 3 Moderate assistance (subject = 50% or more)

Helper – Complete Dependence

- 2 Maximal assistance (subject = 25% - 49%)
- 1 Total assistance (subject = 0% - 24%)

Contact details for queries about eligibility for the Lifetime Care and Support Scheme:

Lifetime Care and Support Commissioner of the ACT: www.act.gov.au/LTCSS
 Phone: 132281
 Email: ltcss@act.gov.au

WeeFIM® norms for children 3 to 8 years



Apply to ages (months)	36>39	39>42	42>45	45>48	48>51	51>54	54>57	57>60	60>63	63>66	66>69	69>72	72>75	75>78	78>81	81>84	84>87	87>90	90>93	93>96
Norm for age (months)	36	39	42	45	48	51	54	57	60	63	66	69	72	75	78	81	84	87	90	93
1 Eating	5	5	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7
2 Grooming	3	4	4	4	5	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7
3 Bathing	3	3	4	4	4	4	5	5	5	5	6	6	6	6	6	6	7	7	7	7
4 Dressing Upper	4	4	4	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7
5 Dressing Lower	4	4	4	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7
6 Toileting	4	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	7
7 Bladder	5	5	5	5	5	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7
8 Bowel	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7
Self Care Total	34	36	38	39	41	42	43	45	46	47	49	50	51	52	54	55	56	56	56	56
9 Bed, Chair, Wheelchair	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
10 Toilet	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7
11 Tub, Shower	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7
12 Walk/Wheelchair	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
13 Stairs	5	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7
Mobility Total	29	30	30	31	31	32	33	33	34	34	34	35	35	35	35	35	35	35	35	35
14 Comprehension	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7
15 Expression	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
16 Social Interaction	3	3	4	4	4	4	4	5	5	5	5	5	5	5	6	6	7	7	7	7
17 Problem Solving	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7
18 Memory	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	7	7
Cognition Total	24	25	26	26	27	28	29	30	30	31	32	32	33	33	34	34	35	35	35	35
Motor Total	63	66	68	70	72	74	76	78	80	81	83	85	86	87	89	90	91	91	91	91
Cognitive Total	24	25	26	26	27	28	29	30	30	31	32	32	33	33	34	34	35	35	35	35
Total	87	91	94	96	99	102	105	108	110	112	115	117	119	120	123	124	126	126	126	126

Source: Uniform Data System for Medical Rehabilitation. 1998, 2000. The WeeFIM Clinical System Guide, Version 5.01. Buffalo: UDS_{MR}.

LTCS WeeFIM score sheet – Burns – JULY 2011

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