



Modified SMAFRS:

i. *Patient's or caregiver's response (on a 5 points scale) is recorded in relation to the question "How are you" or "How is the patient" doing at-*

1. Eating

- 4: Complete independence (regular utensils, and no change in food)
- 3: Independent, but requires longer time to eat (regular utensils, and no change in food)
- 2: Assistive device/adaptive utensils required or modified food consistency
- 1: Needs intermittent assistance
- 0: Fully dependent

2. Dressing (*this item now includes dressing upper and lower*)

- 4: Complete independence
- 3: Independent, with effort or decreased efficiency
- 2: Assistance needed to get clothes out of drawers/closet or help with fasteners
- 1: Needs assistance with part of dressing (either upper body or lower body cannot be done independently)
- 0: Fully dependent

3. Bathing

- 4: Complete independence
- 3: Independent, with effort or decreased efficiency
- 2: Supervision required for safety, assistance to transfer, or adaptive equipment needed (such as seating)
- 1: Needs intermittent assistance for bathing
- 0: Fully dependent

4. Toileting

- 4: Complete independence (including adjusting clothing before and after task)
- 3: Independent, with assistance to adjust clothes before or after
- 2: Assistance needed for transfer or adaptive equipment required (seating, grab bars)
- 1: Needs intermittent assistance for cleaning
- 0: Fully dependent (includes: support needed for sitting balance)

5. Grooming & Oral Hygiene

- 4: Complete independence
- 3: Independent, with effort or decreased efficiency
- 2: Adaptive devices required
- 1: Needs intermittent assistance with grooming or oral hygiene
- 0: Fully dependent



**Subject #:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

6. Turning in Bed/ Adjusting the Bed Clothes
  - 4: Complete independence
  - 3: Somewhat slow and clumsy
  - 2: Can turn alone or adjust sheets, but with great difficulty
  - 1: Can initiate, but not turn or adjust sheets alone
  - 0: Fully dependent
  
7. Transfers
  - 4: Complete independence
  - 3: Independent, with effort or decreased efficiency
  - 2: Independent with transfer, but needs assistance with set-up (removing arm rests, positioning transfer board)
  - 1: Needs intermittent assistance outside of home
  - 0: Fully dependent
  
8. Walking
  - 4: Normal gait
  - 3: Walking is slower than normal
  - 2: Walks with assistance (any device or orthoses)
  - 1: Walks only with assistance from another person(s)
  - 0: Nonambulatory, but may have functional leg movements
  
9. Climbing Stairs
  - 4: Normal
  - 3: Slow
  - 2: Needs 1 rail
  - 1: Needs 2 rails or assist from another person
  - 0: Cannot climb
  
10. Respiratory Insufficiency
  - 4: None
  - 3: Uses percussion vest or cough assist machine
  - 2: Uses Bipap intermittently or continuously at night only
  - 1: Uses Bipap intermittently or continuously during the day and at night
  - 0: Invasive mechanical ventilation by intubation or tracheostomy