

# ICF-based Documentation Form

Reminder: The categories of the Generic Set are indicated by the letter (G).

|                            |
|----------------------------|
| <b>PATIENT INFORMATION</b> |
|                            |

| BODY FUNCTIONS  |   | No impairment            | Mild impairment          | Moderate impairment      | Severe impairment        | Complete impairment      | Not specified            | Not applicable           |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Physiological functions of body systems (including psychological functions) |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <i>How much impairment does the person have in ...</i>                      |   |                          |                          |                          |                          |                          |                          |                          |
| b126  | <b>Temperament and personality functions</b><br><b>General mental functions of constitutional disposition of the individual to react in a particular way to situations, including the set of mental characteristics that makes the individual distinct from others.</b><br>Inclusions: functions of extraversion, introversion, agreeableness, conscientiousness, psychic and emotional stability, and openness to experience; optimism; novelty seeking; confidence; trustworthiness<br>Exclusions: intellectual functions (b117); energy and drive functions (b130); psychomotor functions (b147); emotional functions (b152)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b130  | <b>Energy and drive functions (G)</b><br><b>General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.</b><br>Inclusions: functions of energy level, motivation, appetite, craving (including craving for substances that can be abused) and impulse control<br>Exclusions: consciousness functions (b110); temperament and personality functions (b126); sleep functions (b134); psychomotor functions (b147); emotional functions (b152)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b134  | <b>Sleep functions</b><br><b>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.</b><br>Inclusions: functions of amount of sleeping, and onset, maintenance and quality of sleep; functions involving the sleep cycle, such as in insomnia, hypersomnia and narcolepsy<br>Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b152  | <b>Emotional functions (G)</b><br><b>Specific mental functions related to the feeling and affective components of the processes of the mind.</b><br>Inclusions: functions of appropriateness of emotion, regulation and range of emotion; affect; sadness, happiness, love, fear, anger, hate, tension, anxiety, joy, sorrow; lability of emotion; flattening of affect<br>Exclusions: temperament and personality functions (b126); energy and drive functions (b130)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b180  | <b>Experience of self and time functions</b><br><b>Specific mental functions related to the awareness of one's identity, one's body, one's position in the reality of one's environment and of time.</b><br>Inclusions: functions of experience of self, body image and time<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|              |  |                          |                          |                          |                          |                          |                          |                          |
|--------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|              |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b1801</b> | <b>Body image</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <b>Specific mental functions related to the representation and awareness of one's body.</b><br>Inclusion: impairments such as phantom limb and feeling too fat or too thin<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>   |                          |                          |                          |                          |                          |                          |                          |
|              |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b265</b>  | <b>Touch function</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <b>Sensory functions of sensing surfaces and their texture or quality.</b><br>Inclusions: functions of touching, feeling of touch; impairments such as numbness, anaesthesia, tingling, paraesthesia and hyperaesthesia<br>Exclusions: sensory functions related to temperature and other stimuli (b270)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>   |                          |                          |                          |                          |                          |                          |                          |
|              |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b280</b>  | <b>Sensation of pain (G)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <b>Sensation of unpleasant feeling indicating potential or actual damage to some body structure.</b><br>Inclusions: sensations of generalized or localized pain in one or more body part, pain in a dermatome, stabbing pain, burning pain, dull pain, aching pain; impairments such as myalgia, analgesia and hyperalgesia<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  |                          |                          |                          |                          |                          |                          |                          |
|              |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b2801</b> | <b>Pain in body part</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <b>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in a specific part, or parts, of the body.</b><br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  |                          |                          |                          |                          |                          |                          |                          |
|              |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b435</b>  | <b>Immunological system functions</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <b>Functions of the body related to protection against foreign substances, including infections, by specific and non-specific immune responses.</b><br>Inclusions: immune response (specific and non-specific); hypersensitivity reactions; functions of lymphatic vessels and nodes; functions of cell-mediated immunity, antibody-mediated immunity; response to immunization; impairments such as in autoimmunity, allergic reactions, lymphadenitis and lymphoedema<br>Exclusion: haematological system functions (b430)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b> |                          |                          |                          |                          |                          |                          |                          |
|              |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b4352</b> | <b>Functions of lymphatic vessels</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <b>Functions related to vascular channels that transport lymph.</b><br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  |                          |                          |                          |                          |                          |                          |                          |
|              |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b4353</b> | <b>Functions of lymph nodes</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <b>Functions related to glands along the course of lymphatic vessels.</b><br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  |                          |                          |                          |                          |                          |                          |                          |

|   |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>b455</b>   | <b>Exercise tolerance functions</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.</b><br>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability<br>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)  |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |  |                          |                          |                          |                          |                          |                          |                          |
|   |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b530</b>   | <b>Weight maintenance functions</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions of maintaining appropriate body weight, including weight gain during the developmental period.</b><br>Inclusions: functions of maintenance of acceptable Body Mass Index (BMI); impairments such as underweight, cachexia, wasting, overweight, emaciation and such as in primary and secondary obesity<br>Exclusions: assimilation functions (b520); general metabolic functions (b540); endocrine gland functions (b555)   |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |  |                          |                          |                          |                          |                          |                          |                          |
|   |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b640</b>   | <b>Sexual functions</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.</b><br>Inclusions: functions of the sexual arousal, preparatory, orgasmic and resolution phase: functions related to sexual interest, performance, penile erection, clitoral erection, vaginal lubrication, ejaculation, orgasm; impairments such as in impotence, frigidity, vaginismus, premature ejaculation, priapism and delayed ejaculation<br>Exclusions: procreation functions (b660); sensations associated with genital and reproductive functions (b670) |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |  |                          |                          |                          |                          |                          |                          |                          |
|   |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b650</b>   | <b>Menstruation functions</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions associated with the menstrual cycle, including regularity of menstruation and discharge of menstrual fluids.</b><br>Inclusions: functions of regularity and interval of menstruation, extent of menstrual bleeding, menarche, menopause; impairments such as primary and secondary amenorrhoea, menorrhagia, polymenorrhoea and retrograde menstruation and in premenstrual tension<br>Exclusions: sexual functions (b640); procreation functions (b660); sensations associated with genital and reproductive functions (b670); sensation of pain (b280)                               |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |  |                          |                          |                          |                          |                          |                          |                          |
|   |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b660</b>   | <b>Procreation functions</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions associated with fertility, pregnancy, childbirth and lactation.</b><br>Inclusions: functions of male fertility and female fertility, pregnancy and childbirth, and lactation; impairments such as azoospermia, oligozoospermia, galactorrhoea, agalactorrhoea, alactation, and such as in subfertility, sterility, spontaneous abortions, ectopic pregnancy, miscarriage, small fetus, hydramnios and premature childbirth, delayed childbirth<br>Exclusions: sexual functions (b640); menstruation functions (b650)   |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |  |                          |                          |                          |                          |                          |                          |                          |
|   |  | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b670</b>   | <b>Sensations associated with genital and reproductive functions</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Sensations arising from sexual arousal, intercourse, menstruation, and related genital or reproductive functions.</b><br>Inclusions: sensations of dyspareunia, dysmenorrhoea, hot flushes during menopause and night sweats during menopause<br>Exclusions: sensation of pain (b280); sensations associated with urinary functions (b630); sexual functions (b640); menstruation functions (b650); procreation functions (b660)   |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |  |                          |                          |                          |                          |                          |                          |                          |

|  |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>b710</b>  | <b>Mobility of joint functions</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions of the range and ease of movement of a joint.</b><br>Inclusions: functions of mobility of single or several joints, vertebral, shoulder, elbow, wrist, hip, knee, ankle, small joints of hands and feet; mobility of joints generalized; impairments such as in hypermobility of joints, frozen joints, frozen shoulder, arthritis<br>Exclusions: stability of joint functions (b715); control of voluntary movement functions (b760)   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |   |                          |                          |                          |                          |                          |                          |                          |
|  |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b720</b>  | <b>Mobility of bone functions</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions of the range and ease of movement of the scapula, pelvis, carpal and tarsal bones.</b><br>Inclusion: impairments such as frozen scapula and frozen pelvis<br>Exclusion: mobility of joints functions (b710)   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |   |                          |                          |                          |                          |                          |                          |                          |
|  |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b730</b>  | <b>Muscle power functions</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions related to the force generated by the contraction of a muscle or muscle groups.</b><br>Inclusions: functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism<br>Exclusions: functions of structures adjoining the eye (b215); muscle tone functions (b735); muscle endurance functions (b740) |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |   |                          |                          |                          |                          |                          |                          |                          |
|  |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b740</b>  | <b>Muscle endurance functions</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions related to sustaining muscle contraction for the required period of time.</b><br>Inclusions: functions associated with sustaining muscle contraction for isolated muscles and muscle groups, and all muscles of the body; impairments such as in myasthenia gravis<br>Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)  |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |   |                          |                          |                          |                          |                          |                          |                          |
|  |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b780</b>  | <b>Sensations related to muscles and movement functions</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Sensations associated with the muscles or muscle groups of the body and their movement.</b><br>Inclusions: sensations of muscle stiffness and tightness of muscles, muscle spasm or constriction, and heaviness of muscles<br>Exclusion: sensation of pain (b280)   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |   |                          |                          |                          |                          |                          |                          |                          |
|  |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b810</b>  | <b>Protective functions of the skin</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions of the skin for protecting the body from physical, chemical and biological threats.</b><br>Inclusions: functions of protecting against the sun and other radiation, photosensitivity, pigmentation, quality of skin; insulating function of skin, callus formation, hardening; impairments such as broken skin, ulcers, bedsores and thinning of skin<br>Exclusions: repair functions of the skin (b820); other functions of the skin (b830)  |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |   |                          |                          |                          |                          |                          |                          |                          |

|   |                                      | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|---|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>b820</b>   | <b>Repair functions of the skin</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Functions of the skin for repairing breaks and other damage to the skin.</b><br>Inclusions: functions of scab formation, healing, scarring; bruising and keloid formation<br>Exclusions: protective functions of the skin (b810); other functions of the skin (b830) |                                      |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                                      |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |                                      |                          |                          |                          |                          |                          |                          |                          |
|   |                                      | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>b840</b>   | <b>Sensation related to the skin</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Sensations related to the skin such as itching, burning sensation and tingling.</b><br>Inclusions: impairments such as pins and needles sensation and crawling sensation<br>Exclusion: sensation of pain (b280)  |                                      |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                                      |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |                                      |                          |                          |                          |                          |                          |                          |                          |

| BODY STRUCTURES  |                                  |            | No impairment            | Mild impairment          | Moderate impairment      | Severe impairment        | Complete impairment      | Not specified            | Not applicable           |                          |                          |                          |
|--|----------------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Anatomical parts of the body such as organs, limbs and their components  |                                  |            | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |                          |                          |                          |
| How much impairment does the person have in the ...  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| s420   | Structure of immune system       | Extent     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
|  |                                  |            | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|  |                                  | Nature*    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  | Location** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources of information:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Description of the problem:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| s4200  | Lymphatic vessels                | Extent     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  |            | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|  |                                  | Nature*    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  | Location** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources of information:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Description of the problem:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| s4201  | Lymphatic nodes                  | Extent     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  |            | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|  |                                  | Nature*    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  | Location** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources of information:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Description of the problem:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| s630   | Structure of reproductive system | Extent     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  |            | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|  |                                  | Nature*    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  | Location** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources of information:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Description of the problem:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| s6302  | Breast and nipple                | Extent     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  |            | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|  |                                  | Nature*    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                  | Location** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources of information:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Description of the problem:  |                                  |            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

|   |  |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |                          |                          |                          |
| <b>s720</b>   | <b>Structure of shoulder region</b>  | <b>Extent</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|   |  | <b>Nature*</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <b>Location**</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <b>Description of the problem:</b>   |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |                          |                          |                          |
| <b>s730</b>   | <b>Structure of upper extremity</b>  | <b>Extent</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|   |  | <b>Nature*</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <b>Location**</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <b>Description of the problem:</b>   |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |                          |                          |                          |
| <b>s760</b>   | <b>Structure of trunk</b>  | <b>Extent</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|   |  | <b>Nature*</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <b>Location**</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <b>Description of the problem:</b>   |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |                          |                          |                          |
| <b>s810</b>   | <b>Structure of areas of skin</b>  | <b>Extent</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  |                   | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        |
|   |  | <b>Nature*</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <b>Location**</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | <b>Description of the problem:</b>   |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <p>* 0=no change in structure, 1=total absence, 2=partial absence, 3=additional part, 4=aberrant dimension, 5=discontinuity, 6= deviating position, 7=qualitative changes in structure, 8=not specified, 9=not applicable</p> <p>** 0=more than one region, 1=right, 2=left, 3=both sides, 4=front, 5=back, 6=proximal, 7=distal, 8=not specified, 9=not applicable</p> |  |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |



| ACTIVITIES AND PARTICIPATION   |   |   |                          |                          |                          |                          |                          |                          |                          |
|--|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Execution of a task or action by an individual and involvement in a life situation   |   |   |                          |                          |                          |                          |                          |                          |                          |
| How much difficulty does the person have in the ...  |   |   |                          |                          |                          |                          |                          |                          |                          |
| <b>P</b> = performance of ...<br><b>C</b> = capacity in ...  |   |   | No difficulty            | Mild difficulty          | Moderate difficulty      | Severe difficulty        | Complete difficulty      | Not specified            | Not applicable           |
|  |   |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d177   | Making decisions                                | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Making a choice among options, implementing the choice, and evaluating the effects of the choice, such as selecting and purchasing a specific item, or deciding to undertake and undertaking one task from among several tasks that need to be done.</b><br>Exclusions: thinking (d163); solving problems (d175)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  |   |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d230   | Carrying out daily routine (G)                  | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day.</b><br>Inclusions: managing and completing the daily routine; managing one's own activity level<br>Exclusion: undertaking multiple tasks (d220)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b> |   |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d240   | Handling stress and other psychological demands | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction or crises, such as driving a vehicle during heavy traffic or taking care of many children.</b><br>Inclusions: handling responsibilities; handling stress and crisis<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>       |   |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d430   | Lifting and carrying objects                    | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another.</b><br>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the problem:</b>  |   |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |

|   |                       | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|---|-----------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| d445  | Hand and arm use      | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                       | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Performing the coordinated actions required to move objects or to manipulate them by using hands and arms, such as when turning door handles or throwing or catching an object</b><br>Inclusions: pulling or pushing objects; reaching; turning or twisting the hands or arms; throwing; catching<br>Exclusion: fine hand use (d440)   |                       |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                       |   |                          |                          |                          |                          |                          |                          |
| Description of the problem:   |                       |   |                          |                          |                          |                          |                          |                          |
|   |                       | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d510  | Washing oneself       | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                       | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel.</b><br>Inclusions: washing body parts, the whole body; and drying oneself<br>Exclusions: caring for body parts (d520); toileting (d530)  |                       |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                       |   |                          |                          |                          |                          |                          |                          |
| Description of the problem:   |                       |   |                          |                          |                          |                          |                          |                          |
|   |                       | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d520  | Caring for body parts | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                       | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying.</b><br>Inclusions: caring for skin, teeth, hair, finger and toe nails<br>Exclusions: washing oneself (d510); toileting (d530)  |                       |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                       |   |                          |                          |                          |                          |                          |                          |
| Description of the problem:   |                       |   |                          |                          |                          |                          |                          |                          |
|   |                       | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d530  | Toileting             | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                       | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards.</b><br>Inclusions: regulating urination, defecation and menstrual care<br>Exclusions: washing oneself (d510); caring for body parts (d520)   |                       |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                       |   |                          |                          |                          |                          |                          |                          |
| Description of the problem:   |                       |   |                          |                          |                          |                          |                          |                          |
|   |                       | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d540  | Dressing              | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                       | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers.</b><br>Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing |                       |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                       |   |                          |                          |                          |                          |                          |                          |
| Description of the problem:   |                       |   |                          |                          |                          |                          |                          |                          |

|  |                                   | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|--|-----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| d550   | Eating                            | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening bottles and cans, using eating implements, having meals, feasting or dining.</b><br>Exclusion: drinking (d560)   |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |                                   |   |                          |                          |                          |                          |                          |                          |
|  |                                   | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d560   | Drinking                          | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Taking hold of a drink, bringing it to the mouth, and consuming the drink in culturally acceptable ways, mixing, stirring and pouring liquids for drinking, opening bottles and cans, drinking through a straw or drinking running water such as from a tap or a spring; feeding from the breast.</b><br>Exclusion: eating (d550)   |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |                                   |   |                          |                          |                          |                          |                          |                          |
|  |                                   | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d570   | Looking after one's health        | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, including using condoms, getting immunizations and regular physical examinations.</b><br>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health  |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |                                   |   |                          |                          |                          |                          |                          |                          |
|  |                                   | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d620   | Acquisition of goods and services | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Selecting, procuring and transporting all goods and services required for daily living, such as selecting, procuring, transporting and storing food, drink, clothing, cleaning materials, fuel, household items, utensils, cooking ware, domestic appliances and tools; procuring utilities and other household services.</b><br>Inclusions: shopping and gathering daily necessities<br>Exclusion: acquiring a place to live (d610)  |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |                                   |   |                          |                          |                          |                          |                          |                          |
|  |                                   | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d630   | Preparing meals                   | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Planning, organizing, cooking and serving simple and complex meals for oneself and others, such as by making a menu, selecting edible food and drink, getting together ingredients for preparing meals, cooking with heat and preparing cold foods and drinks, and serving the food.</b><br>Inclusions: preparing simple and complex meals<br>Exclusions: eating (d550); drinking (d560); acquisition of goods and services (d620); doing housework (d640); caring for household objects (d650); caring for others (d660) |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                                   |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>   |                                   |   |                          |                          |                          |                          |                          |                          |

|   |                                    | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|---|------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| d640  | Doing housework                    | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                                    | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons.</b><br>Inclusions: washing and drying clothes and garments; cleaning cooking area and utensils; cleaning living area; using household appliances, storing daily necessities and disposing of garbage<br>Exclusions: acquiring a place to live (d610); acquisition of goods and services (d620); preparing meals (d630); caring for household objects (d650); caring for others (d660) |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |                                    |   |                          |                          |                          |                          |                          |                          |
|   |                                    | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d650  | Caring for household objects       | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                                    | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Maintaining and repairing household and other personal objects, including house and contents, clothes, vehicles and assistive devices, and caring for plants and animals, such as painting or wallpapering rooms, fixing furniture, repairing plumbing, ensuring the proper working order of vehicles, watering plants, grooming and feeding pets and domestic animals.</b><br>Inclusions: making and repairing clothes; maintaining dwelling, furnishings and domestic appliances; maintaining vehicles; maintaining assistive devices; taking care of plants (indoor and outdoor) and animals<br>Exclusions: acquiring a place to live (d610); acquisition of goods and services (d620); doing housework (d640); caring for others (d660); remunerative employment (d850)  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |                                    |   |                          |                          |                          |                          |                          |                          |
|   |                                    | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d660  | Assisting others                   | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                                    | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others.</b><br>Inclusions: assisting others with self-care, movement, communication, interpersonal relations, nutrition and health maintenance<br>Exclusion: remunerative employment (d850)   |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |                                    |   |                          |                          |                          |                          |                          |                          |
|   |                                    | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d720  | Complex interpersonal interactions | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                                    | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Maintaining and managing interactions with other people, in a contextually and socially appropriate manner, such as by regulating emotions and impulses, controlling verbal and physical aggression, acting independently in social interactions and acting in accordance with social rules and conventions.</b><br>Inclusions: forming and terminating relationships; regulating behaviours within interactions; interacting according to social rules; and maintaining social space  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |                                    |   |                          |                          |                          |                          |                          |                          |
|   |                                    | 0 | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d750  | Informal social relationships      | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                                    | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Entering into relationships with others, such as casual relationships with people living in the same community or residence, or with co-workers, students, playmates or people with similar backgrounds or professions.</b><br>Inclusions: informal relationships with friends, neighbours, acquaintances, co-inhabitants and peers  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                                    |   |                          |                          |                          |                          |                          |                          |
| <b>Description of the problem:</b>  |                                    |   |                          |                          |                          |                          |                          |                          |

|  |                             |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|--|-----------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| d760   | Family relationships        | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                             | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins or legal guardians.</b><br/> Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</p> <p><b>Sources of information:</b><br/> <input type="checkbox"/> Case history    <input type="checkbox"/> Patient reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p>  |                             |   |                          |                          |                          |                          |                          |                          |                          |
|  |                             |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d770   | Intimate relationships      | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                             | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners.</b><br/> Inclusions: romantic, spousal and sexual relationships</p> <p><b>Sources of information:</b><br/> <input type="checkbox"/> Case history    <input type="checkbox"/> Patient reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p>  |                             |   |                          |                          |                          |                          |                          |                          |                          |
|  |                             |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d850   | Remunerative employment (G) | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                             | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.</b><br/> Inclusions: self-employment, part-time and full-time employment</p> <p><b>Sources of information:</b><br/> <input type="checkbox"/> Case history    <input type="checkbox"/> Patient reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p>  |                             |   |                          |                          |                          |                          |                          |                          |                          |
|  |                             |   | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| d920   | Recreation and leisure      | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                             | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure.</b><br/> Inclusions: play, sports, arts and culture, crafts, hobbies and socializing<br/> Exclusions: riding animals for transportation (d480); remunerative and non-remunerative work (d850 and d855); religion and spirituality (d930); political life and citizenship (d950)</p> <p><b>Sources of information:</b><br/> <input type="checkbox"/> Case history    <input type="checkbox"/> Patient reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p> |                             |   |                          |                          |                          |                          |                          |                          |                          |

| ENVIRONMENTAL FACTORS   |   | Complete facilitator     | Substantial facilitator  | Moderate facilitator     | Mild facilitator         | No barrier / facilitator | Mild barrier             | Moderate barrier         | Severe barrier           | Complete barrier         | Not specified            | Not applicable           |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>Make up the physical, social and attitudinal environment in which people live and conduct their lives.</p> <p><b>How much of a facilitator or barrier does the person experience with respect to ...</b></p> <p>You can also rate environmental factors as both a facilitator and barrier if applicable.</p> |   | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e110  | <b>Products or substances for personal consumption</b><br>Any natural or human-made object or substance gathered, processed or manufactured for ingestion.<br>Inclusions: food, drink and drugs<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the facilitator/barrier:</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e115  | <b>Products and technology for personal use in daily living</b><br>Equipment, products and technologies used by people in daily activities, including those adapted or specially designed, located in, on or near the person using them.<br>Inclusions: general and assistive products and technology for personal use<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the facilitator/barrier:</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e165  | <b>Assets</b><br>Products or objects of economic exchange such as money, goods, property and other valuables that an individual owns or of which he or she has rights of use.<br>Inclusions: tangible and intangible products and goods, financial assets<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the facilitator/barrier:</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e225  | <b>Climate</b><br>Meteorological features and events, such as the weather.<br>Inclusions: temperature, humidity, atmospheric pressure, precipitation, wind and seasonal variations<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the facilitator/barrier:</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e310  | <b>Immediate family</b><br>Individuals related by birth, marriage or other relationship recognized by the culture as immediate family, such as spouses, partners, parents, siblings, children, foster parents, adoptive parents and grandparents.<br>Exclusions: extended family (e315); personal care providers and personal assistants (e340)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the facilitator/barrier:</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e315  | <b>Extended family</b><br>Individuals related through family or marriage or other relationships recognized by the culture as extended family, such as aunts, uncles, nephews and nieces.<br>Exclusion: immediate family (e310)<br><b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation<br><b>Description of the facilitator/barrier:</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| e320 | <b>Friends</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Sources of information:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Description of the facilitator/barrier:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e325 | <b>Acquaintances, peers, colleagues, neighbours and community members</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Individuals who are familiar to each other as acquaintances, peers, colleagues, neighbours, and community members in situations of work, school, recreation, or other aspects of life, and who share demographic features such as age, gender, religious creed or ethnicity or pursue common interests.  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Exclusions: associations and organizational services (e5550)   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Sources of information:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Description of the facilitator/barrier:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e340 | <b>Personal care providers and personal assistants</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Individuals who provide services as required to support individuals in their daily activities and maintenance of performance at work, education or other life situation, provided either through public or private funds, or else on a voluntary basis, such as providers of support for home-making and maintenance, personal assistants, transport assistants, paid help, nannies and others who function as primary caregivers. |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Exclusions: immediate family (e310); extended family (e315); friends (e320); general social support services (e5750); health professionals (e355)  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Sources of information:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Description of the facilitator/barrier:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e355 | <b>Health professionals</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | All service providers working within the context of the health system, such as doctors, nurses, physiotherapists, occupational therapists, speech therapists, audiologists, orthotist-prosthetists, medical social workers.  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Exclusion: other professionals (e360)  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Sources of information:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Description of the facilitator/barrier:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e410 | <b>Individual attitudes of immediate family members</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | General or specific opinions and beliefs of immediate family members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Sources of information:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Description of the facilitator/barrier:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e415 | <b>Individual attitudes of extended family members</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | General or specific opinions and beliefs of extended family members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Sources of information:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Description of the facilitator/barrier:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e420 | <b>Individual attitudes of friends</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | General or specific opinions and beliefs of friends about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Sources of information:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | <b>Description of the facilitator/barrier:</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

|      |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e425 | Individual attitudes of acquaintances, peers, colleagues, neighbours and community members   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | General or specific opinions and beliefs of acquaintances, peers, colleagues, neighbours and community members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Sources of information:<br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Description of the facilitator/barrier:  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e440 | Individual attitudes of personal care providers and personal assistants  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | General or specific opinions and beliefs of personal care providers and personal assistants about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Sources of information:<br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Description of the facilitator/barrier:  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e450 | Individual attitudes of health professionals   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | General or specific opinions and beliefs of health professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Sources of information:<br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Description of the facilitator/barrier:  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e465 | Social norms, practices and ideologies   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Customs, practices, rules and abstract systems of values and normative beliefs (e.g. ideologies, normative world views and moral philosophies) that arise within social contexts and that affect or create societal and individual practices and behaviours, such as social norms of moral and religious behaviour or etiquette; religious doctrine and resulting norms and practices; norms governing rituals or social gatherings. |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Sources of information:<br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Description of the facilitator/barrier:  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e540 | Transportation services, systems and policies  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Services, systems and policies for enabling people or goods to move or be moved from one location to another.  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Sources of information:<br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Description of the facilitator/barrier:  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e555 | Associations and organizational services, systems and policies   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Services, systems and policies relating to groups of people who have joined together in the pursuit of common, noncommercial interests, often with an associated membership structure.   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Sources of information:<br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Description of the facilitator/barrier:  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| e570 | Social security services, systems and policies   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Services, systems and policies aimed at providing income support to people who, because of age, poverty, unemployment, health condition or disability require public assistance that is funded either by general tax revenues or contributory schemes.   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Exclusion: economic services, systems and policies (e565)  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Sources of information:<br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|      | Description of the facilitator/barrier:  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |



|   |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>e575</b>   | <b>General social support services, systems and policies</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Services, systems and policies aimed at providing support to those requiring assistance in areas such as shopping, housework, transport, self-care and care of others in order to function more fully in society.</b><br>Exclusions: personal care providers and personal assistants (e340); social security services, systems and policies (e570); health services, systems and policies (e580) |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the facilitator/barrier:</b>  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>e580</b>   | <b>Health services, systems and policies</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle.</b><br>Exclusion: general social support services, systems and policies (e575)   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the facilitator/barrier:</b>  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   |  | +4                       | +3                       | +2                       | +1                       | 0                        | 1                        | 2                        | 3                        | 4                        | 8                        | 9                        |
| <b>e590</b>   | <b>Labour and employment services, systems and policies</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Services, systems and policies related to finding suitable work for persons who are unemployed or looking for different work, or to support individuals already employed who are seeking promotion.</b><br>Exclusion: economic services, systems and policies (e565)   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Sources of information:</b><br><input type="checkbox"/> Case history <input type="checkbox"/> Patient reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Description of the facilitator/barrier:</b>  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |