

# 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
How much impairment does the person have in ...								
b134	<b>Sleep functions</b> <b>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.</b> 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 Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147) <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 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> <b>Specific mental functions related to the feeling and affective components of the processes of the mind.</b> 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 Exclusions: temperament and personality functions (b126); energy and drive functions (b130) <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 problem:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b1801	<b>Body image</b> <b>Specific mental functions related to the representation and awareness of one's body.</b> Inclusion: impairments such as phantom limb and feeling too fat or too thin <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 problem:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b260	<b>Proprioceptive function</b> <b>Sensory functions of sensing the relative position of body parts.</b> Inclusions: functions of statesthesia and kinaesthesia Exclusions: vestibular functions (b235); sensations related to muscles and movement functions (b780) <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 problem:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b265	<b>Touch function</b> <b>Sensory functions of sensing surfaces and their texture or quality.</b> Inclusions: functions of touching, feeling of touch; impairments such as numbness, anaesthesia, tingling, paraesthesia and hyperaesthesia Exclusions: sensory functions related to temperature and other stimuli (b270) <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 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>b2700</b>	<b>Sensitivity to temperature</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 cold and heat.</b>							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b2701</b>	<b>Sensitivity to vibration</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 shaking or oscillation.</b>							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b2702</b>	<b>Sensitivity to pressure</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 pressure against or on the skin.</b> Inclusions: impairments such as sensitivity to touch, numbness, hypaesthesia, hyperaesthesia, paraesthesia and tingling							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b2703</b>	<b>Sensitivity to a noxious stimulus</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 painful or uncomfortable sensations.</b> Inclusions: impairments such as hypalgesia, hyperpathia, allodynia, analgesia and as in anaesthesia dolorosa							
	<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 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> 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							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b415</b>	<b>Blood vessel 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 transporting blood throughout the body.</b> Inclusions: functions of arteries, capillaries and veins; vasomotor function; functions of pulmonary arteries, capillaries and veins; functions of valves of veins; impairments such as in blockage or constriction of arteries; atherosclerosis, arteriosclerosis, thromboembolism and varicose veins Exclusions: heart functions (b410); blood pressure functions (b420); haematological system functions (b430); exercise tolerance functions (b455)							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b7100</b>	<b>Mobility of a single joint</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 one joint.</b>							
	<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 problem:</b>							

		0	1	2	3	4	8	9
<b>b7101</b>	<b>Mobility of several joints</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 more than one joint.</b>							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b715</b>	<b>Stability 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 maintenance of structural integrity of the joints.</b> Inclusions: functions of the stability of a single joint, several joints, and joints generalized; impairments such as in unstable shoulder joint, dislocation of a joint, dislocation of shoulder and hip Exclusion: mobility of joint functions (b710)							
	<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 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> Inclusion: impairments such as frozen scapula and frozen pelvis Exclusion: mobility of joints functions (b710)							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b7300</b>	<b>Power of isolated muscles and muscle groups</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 specific and isolated muscles and muscle groups.</b> Inclusion: impairments such as weakness of small muscles of feet or hands							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b7301</b>	<b>Power of muscles of one limb</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 the muscles and muscle groups of one arm or leg.</b> Inclusion: impairments such as monoparesis and monoplegia							
	<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 problem:</b>							
		0	1	2	3	4	8	9
<b>b735</b>	<b>Muscle tone 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 tension present in the resting muscles and the resistance offered when trying to move the muscles passively.</b> Inclusions: functions associated with the tension of isolated muscles and muscle groups, muscles of one limb, one side of the body and the lower half of the body, muscles of all limbs, muscles of the trunk, and all muscles of the body; impairments such as hypotonia, hypertonia and muscle spasticity Exclusions: muscle power functions (b730); muscle endurance functions (b740)							
	<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 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> 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 Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)							
	<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 problem:</b>							

		0	1	2	3	4	8	9
<b>b760</b>	<b>Control of voluntary 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>Functions associated with control over and coordination of voluntary movements.</b> Inclusions: functions of control of simple voluntary movements and of complex voluntary movements, coordination of voluntary movements, supportive functions of arm or leg, right left motor coordination, eye hand coordination, eye foot coordination; impairments such as control and coordination problems, e.g. dysdiadochokinesia Exclusions: muscle power functions (b730); involuntary movement functions (b765); gait pattern functions (b770)								
<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 problem:</b>								
		0	1	2	3	4	8	9
<b>b765</b>	<b>Involuntary 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>Functions of unintentional, non- or semi-purposive involuntary contractions of a muscle or group of muscles.</b> Inclusions: involuntary contractions of muscles; impairments such as tremors, tics, mannerisms, stereotypies, motor perseveration, chorea, athetosis, vocal tics, dystonic movements and dyskinesia Exclusions: control of voluntary movement functions (b760); gait pattern functions (b770)								
<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 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> Inclusions: sensations of muscle stiffness and tightness of muscles, muscle spasm or constriction, and heaviness of muscles Exclusion: sensation of pain (b280)								
<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 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> 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 Exclusions: repair functions of the skin (b820); other functions of the skin (b830)								
<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 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> Inclusions: functions of scab formation, healing, scarring; bruising and keloid formation Exclusions: protective functions of the skin (b810); other functions of the skin (b830)								
<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 problem:</b>								
		0	1	2	3	4	8	9
<b>b830</b>	<b>Other 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 other than protection and repair, such as cooling and sweat secretion.</b> Inclusions: functions of sweating, glandular functions of the skin and resulting body odour Exclusions: protective functions of the skin (b810); repair functions of the skin (b820)								
<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 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> Inclusions: impairments such as pins and needles sensation and crawling sensation Exclusion: sensation of pain (b280)								
<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 problem:</b>								
		0	1	2	3	4	8	9
<b>b860</b>	<b>Functions of nails</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 nails, such as protection, scratching and appearance.</b> Inclusions: growth and pigmentation of nails, quality of nails								
<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 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 ...												
s120	Spinal cord and related structures	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:												
s410	Structure of cardiovascular 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:												
s710	Structure of head and neck region	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:												
s720	Structure of shoulder region	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:												
s7300	Structure of upper arm	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			
s7301	Structure of forearm	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:											
			0	1	2	3	4	8	9			
s7302	Structure of hand	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			
s770	Additional musculoskeletal structures related to movement	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			
s810	Structure of areas of skin	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			
s830	Structure of nails	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=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

\*\* 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



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 ... <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
d170	Writing	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"/>
Using or producing symbols or language to convey information, such as producing a written record of events or ideas or drafting a letter. Exclusion: learning to write (d145)									
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
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"/>
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. Inclusions: managing and completing the daily routine; managing one's own activity level Exclusion: undertaking multiple tasks (d220)									
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
d360	Using communication devices and techniques	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"/>
Using devices, techniques and other means for the purposes of communicating, such as calling a friend on the telephone. Inclusions: using telecommunication devices, using writing machines and communication techniques									
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
d410	Changing basic body position	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"/>
Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. Inclusions: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity Exclusion: transferring oneself (d420)									
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
d420	Transferring oneself	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"/>
Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position. Inclusion: transferring oneself while sitting or lying Exclusion: changing basic body position (d410)									
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
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> Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down <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 problem:</b>									
			0	1	2	3	4	8	9
d4400	Picking up	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>Lifting or taking up a small object with hands and fingers, such as when picking up a pencil.</b> <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 problem:</b>									
			0	1	2	3	4	8	9
d4401	Grasping	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>Using one or both hands to seize and hold something, such as when grasping a tool or a door knob.</b> <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 problem:</b>									
			0	1	2	3	4	8	9
d4402	Manipulating	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>Using fingers and hands to exert control over, direct or guide something, such as when handling coins or other small objects.</b> <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 problem:</b>									
			0	1	2	3	4	8	9
d4403	Releasing	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>Using fingers and hands to let go or set free something so that it falls or changes position, such as when dropping an item of clothing.</b> <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 problem:</b>									
			0	1	2	3	4	8	9
d4408	Fine hand use, other specified	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>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 problem:</b>									

			0	1	2	3	4	8	9
d4450	Pulling	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"/>
Using fingers, hands and arms to bring an object towards oneself, or to move it from place to place, such as when pulling a door closed.									
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
d4451	Pushing	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"/>
Using fingers, hands and arms to move something from oneself, or to move it from place to place, such as when pushing an animal away.									
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
d4452	Reaching	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"/>
Using the hands and arms to extend outwards and touch and grasp something, such as when reaching across a table or desk for a book.									
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
d4453	Turning or twisting the hands or arms	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"/>
Using fingers, hands and arms to rotate, turn or bend an object, such as is required to use tools or utensils.									
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
d4454	Throwing	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"/>
Using fingers, hands and arms to lift something and propel it with some force through the air, such as when tossing a ball.									
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
d4455	Catching	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"/>
Using fingers, hands and arms to grasp a moving object in order to bring it to a stop and hold it, such as when catching a ball.									
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
d4458	Hand and arm use, other specified	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"/>
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
d455	Moving around (G)	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>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.</b> Inclusions: crawling, climbing, running, jogging, jumping and swimming Exclusions: transferring oneself (d420); walking (d450)								
<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 problem:</b>								
		0	1	2	3	4	8	9
d465	Moving around using equipment	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>Moving the whole body from place to place, on any surface or space, by using specific devices designed to facilitate moving or create other ways of moving around, such as with skates, skis, or scuba equipment, or moving down the street in a wheelchair or a walker.</b> Exclusions: transferring oneself (d420); walking (d450); moving around (d455); using transportation (d470); driving (d475)								
<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 problem:</b>								
		0	1	2	3	4	8	9
d470	Using transportation	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>Using transportation to move around as a passenger, such as being driven in a car or on a bus, rickshaw, jitney, animal-powered vehicle, or private or public taxi, bus, train, tram, subway, boat or aircraft.</b> Inclusions: using human-powered transportation; using private motorized or public transportation Exclusions: moving around using equipment (d465); driving (d475)								
<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 problem:</b>								
		0	1	2	3	4	8	9
d475	Driving	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>Being in control of and moving a vehicle or the animal that draws it, travelling under one's own direction or having at one's disposal any form of transportation, such as a car, bicycle, boat or animal-powered vehicle.</b> Inclusions: driving human-powered transportation, motorized vehicles, animal-powered vehicles Exclusions: moving around using equipment (d465); using transportation (d470)								
<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 problem:</b>								
		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> Inclusions: washing body parts, the whole body; and drying oneself Exclusions: caring for body parts (d520); toileting (d530)								
<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 problem:</b>								

		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> Inclusions: caring for skin, teeth, hair, finger and toe nails Exclusions: washing oneself (d510); toileting (d530)								
<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								
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> Inclusions: regulating urination, defecation and menstrual care Exclusions: washing oneself (d510); caring for body parts (d520)								
<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								
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> Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing								
<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								
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> Exclusion: drinking (d560)								
<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								
Description of the problem:								
		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> Exclusion: eating (d550)								
<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								
Description of the problem:								

		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"/>
<p><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></p> <p>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</p> <p><b>Sources of information:</b></p> <p><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
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"/>
<p><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></p> <p>Inclusions: shopping and gathering daily necessities</p> <p>Exclusion: acquiring a place to live (d610)</p> <p><b>Sources of information:</b></p> <p><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
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"/>
<p><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></p> <p>Inclusions: preparing simple and complex meals</p> <p>Exclusions: eating (d550); drinking (d560); acquisition of goods and services (d620); doing housework (d640); caring for household objects (d650); caring for others (d660)</p> <p><b>Sources of information:</b></p> <p><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
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"/>
<p><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></p> <p>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</p> <p>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)</p> <p><b>Sources of information:</b></p> <p><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

		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> 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 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> <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> Inclusions: assisting others with self-care, movement, communication, interpersonal relations, nutrition and health maintenance Exclusion: remunerative employment (d850)								
<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 problem:</b>								
		0	1	2	3	4	8	9
d7	CHAPTER 7 INTERPERSONAL INTERACTIONS AND 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>This chapter is about carrying out the actions and tasks required for basic and complex interactions with people (strangers, friends, relatives, family members and lovers) in a contextually and socially appropriate manner.</b>								
<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 problem:</b>								
		0	1	2	3	4	8	9
d810-d839	Education (d810-d839)	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>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 problem:</b>								
		0	1	2	3	4	8	9
d840-d859	Work and employment (d840-d859)	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>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 problem:</b>								
		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"/>
		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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> Inclusions: play, sports, arts and culture, crafts, hobbies and socializing Exclusions: riding animals for transportation (d480); remunerative and non-remunerative work (d850 and d855); religion and spirituality (d930); political life and citizenship (d950)								
<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 problem:</b>								

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
Make up the physical, social and attitudinal environment in which people live and conduct their lives.		+4	+3	+2	+1	0	1	2	3	4	8	9
<b>How much of a facilitator or barrier does the person experience with respect to ...</b>  You can also rate environmental factors as both a facilitator and barrier if applicable.												
e110	<b>Products or substances for personal consumption</b>  <b>Any natural or human-made object or substance gathered, processed or manufactured for ingestion.</b> Inclusions: food, drink and drugs <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>	<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>  <b>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.</b> Inclusions: general and assistive products and technology for personal use <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>	<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"/>
e120	<b>Products and technology for personal indoor and outdoor mobility and transportation</b>  <b>Equipment, products and technologies used by people in activities of moving inside and outside buildings, including those adapted or specially designed, located in, on or near the person using them.</b> Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation <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>	<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"/>
e125	<b>Products and technology for communication</b>  <b>Equipment, products and technologies used by people in activities of sending and receiving information, including those adapted or specially designed, located in, on or near the person using them.</b> Inclusions: general and assistive products and technology for communication <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>	<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"/>
e130	<b>Products and technology for education</b>  <b>Equipment, products, processes, methods and technology used for acquisition of knowledge, expertise or skill, including those adapted or specially designed.</b> Inclusion: general and assistive products and technology for education <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>	<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"/>
e135	<b>Products and technology for employment</b>  <b>Equipment, products and technology used for employment to facilitate work activities.</b> Inclusion: general and assistive products and technology for employment <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>	<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
e140	<b>Products and technology for culture, recreation and sport</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>Equipment, products and technology used for the conduct and enhancement of cultural, recreational and sporting activities, including those adapted or specially designed.</b> Inclusion: general and assistive products and technology for culture, recreation and sport <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
e150	<b>Design, construction and building products and technology of buildings for public use</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>Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for public use, including those adapted or specially designed.</b> Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing <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
e155	<b>Design, construction and building products and technology of buildings for private use</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>Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for private use, including those adapted or specially designed.</b> Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing <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
e165	<b>Assets</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>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.</b> Inclusions: tangible and intangible products and goods, financial assets <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
e225	<b>Climate</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>Meteorological features and events, such as the weather.</b> Inclusions: temperature, humidity, atmospheric pressure, precipitation, wind and seasonal variations <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
e310	<b>Immediate family</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>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.</b> Exclusions: extended family (e315); personal care providers and personal assistants (e340) <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
e315	<b>Extended family</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>Individuals related through family or marriage or other relationships recognized by the culture as extended family, such as aunts, uncles, nephews and nieces.</b> Exclusion: immediate family (e310) <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
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
e330	<b>People in positions of authority</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 have decision-making responsibilities for others and who have socially defined influence or power based on their social, economic, cultural or religious roles in society, such as teachers, employers, supervisors, religious leaders, substitute decision-makers, guardians or trustees.											
	<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
e335	<b>People in subordinate positions</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 whose day-to-day life is influenced by people in positions of authority in work, school or other settings, such as students, workers and members of a religious group.											
	Exclusion: immediate family (e310)											
	<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
e345	<b>Strangers</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 unfamiliar and unrelated, or those who have not yet established a relationship or association, including persons unknown to the individual but who are sharing a life situation with them, such as substitute teachers, co-workers or care providers.											
	<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
e360	Other 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"/>
	<b>All service providers working outside the health system, including social workers, lawyers, teachers, architects and designers.</b> Exclusion: 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
e410	Individual attitudes of immediate family 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"/>
	<b>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> <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	Individual attitudes of friends	<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>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> <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"/>
	<b>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.</b> <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
e430	Individual attitudes of people in positions of authority	<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>General or specific opinions and beliefs of people in positions of authority about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</b> <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
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"/>
	<b>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.</b> <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
e445	Individual attitudes of strangers	<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>General or specific opinions and beliefs of strangers about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</b> <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
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"/>
	<b>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.</b> <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
e455	Individual attitudes of other 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-related and other professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.											
	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 facilitator/barrier:											
		+4	+3	+2	+1	0	1	2	3	4	8	9
e460	Societal attitudes	<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 generally held by people of a culture, society, subcultural or other social group about other individuals or about other social, political and economic issues that influence group or individual behaviour and actions.											
	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 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: <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
e525	Housing 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 the provision of shelters, dwellings or lodging for people.											
	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 facilitator/barrier:											
		+4	+3	+2	+1	0	1	2	3	4	8	9
e530	Utilities 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 publicly provided utilities, such as water, fuel, electricity, sanitation, public transportation and essential services. Exclusion: civil protection services, systems and policies (e545)											
	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 facilitator/barrier:											
		+4	+3	+2	+1	0	1	2	3	4	8	9
e535	Communication 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 the transmission and exchange of information.											
	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 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: <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
e550	Legal 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 concerning the legislation and other law of a country.											
	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 facilitator/barrier:											

		+4	+3	+2	+1	0	1	2	3	4	8	9
e555	<b>Associations and organizational 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 relating to groups of people who have joined together in the pursuit of common, noncommercial interests, often with an associated membership structure.</b> <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
e570	<b>Social security 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 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.</b> Exclusion: economic services, systems and policies (e565) <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
e575	<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> 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> <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
e580	<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> Exclusion: general social support services, systems and policies (e575) <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
e585	<b>Education and training 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 the acquisition, maintenance and improvement of knowledge, expertise and vocational or artistic skills. See UNESCO's International Standard Classification of Education (ISCED-1997).</b> <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
e590	<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> Exclusion: economic services, systems and policies (e565) <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>											