

ICF-based Documentation Form

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

| |
|----------------------------|
| PATIENT INFORMATION |
| |

| 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 ... | | | | | | | | |
| b110 | Consciousness functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General mental functions of the state of awareness and alertness, including the clarity and continuity of the wakeful state. Inclusions: functions of the state, continuity and quality of consciousness; loss of consciousness, coma, vegetative states, fugues, trance states, possession states, drug-induced altered consciousness, delirium, stupor Exclusions: orientation functions (b114); energy and drive functions (b130); sleep functions (b134) | | | | | | | | |
| 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 |
| b140 | Attention functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific mental functions of focusing on an external stimulus or internal experience for the required period of time. Inclusions: functions of sustaining attention, shifting attention, dividing attention, sharing attention; concentration; distractibility Exclusions: consciousness functions (b110); energy and drive functions (b130); sleep functions (b134); memory functions (b144); psychomotor functions (b147); perceptual functions (b156) | | | | | | | | |
| 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 |
| b167 | Mental functions of language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific mental functions of recognizing and using signs, symbols and other components of a language. Inclusions: functions of reception and decryption of spoken, written or other forms of language such as sign language; functions of expression of spoken, written or other forms of language; integrative language functions, spoken and written, such as involved in receptive, expressive, Broca's, Wernicke's and conduction aphasia Exclusions: attention functions (b140); memory functions (b144); perceptual functions (b156); thought functions (b160); higher-level cognitive functions (b164); calculation functions (b172); mental functions of complex movements (b176); Chapter 2 Sensory Functions and Pain; Chapter 3 Voice and Speech Functions | | | | | | | | |
| 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 |
| b215 | Functions of structures adjoining the eye | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Functions of structures in and around the eye that facilitate seeing functions. Inclusions: functions of internal muscles of the eye, eyelid, external muscles of the eye, including voluntary and tracking movements and fixation of the eye, lachrymal glands, accommodation, pupillary reflex; impairments such as in nystagmus, xerophthalmia and ptosis Exclusions: seeing functions (b210); Chapter 7 Neuromusculoskeletal and Movement-related Functions | | | | | | | | |
| 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 |
| b235 | Vestibular functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensory functions of the inner ear related to position, balance and movement. Inclusions: functions of position and positional sense; functions of balance of the body and movement Exclusion: sensations associated with hearing and vestibular functions (b240) | | | | | | | | |
| 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: | | | | | | | | |

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|-------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| b240 | Sensations associated with hearing and vestibular function | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sensations of dizziness, falling, tinnitus and vertigo. Inclusions: sensations of ringing in ears, irritation in ear, aural pressure, nausea associated with dizziness or vertigo Exclusions: vestibular functions (b235); sensation of pain (b280) 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 |
| b270 | Sensory functions related to temperature and other stimuli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sensory functions of sensing temperature, vibration, pressure and noxious stimulus. Inclusions: functions of being sensitive to temperature, vibration, shaking or oscillation, superficial pressure, deep pressure, burning sensation or a noxious stimulus Exclusions: touch functions (b265); sensation of pain (b280) 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 |
| b415 | Blood vessel functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Functions of transporting blood throughout the body. 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) 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 |
| b430 | Haematological system functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Functions of blood production, oxygen and metabolite carriage, and clotting. Inclusions: functions of the production of blood and bone marrow; oxygen-carrying functions of blood; blood-related functions of spleen; metabolite-carrying functions of blood; clotting; impairments such as in anaemia, haemophilia and other clotting dysfunctions Exclusions: functions of the cardiovascular system (b410-b429); immunological system functions (b435); exercise tolerance functions (b455) 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 |
| b440 | Respiration functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Functions of inhaling air into the lungs, the exchange of gases between air and blood, and exhaling air. Inclusions: functions of respiration rate, rhythm and depth; impairments such as apnoea, hyperventilation, irregular respiration, paradoxical respiration and bronchial spasm and as in pulmonary emphysema. Exclusions: respiratory muscle functions (b445); additional respiratory functions (b450); exercise tolerance functions (b455) 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 |
| b525 | Defecation functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Functions of elimination of wastes and undigested food as faeces and related functions. Inclusions: functions of elimination, faecal consistency, frequency of defecation; faecal continence, flatulence; impairments such as constipation, diarrhoea, watery stool and anal sphincter incompetence or incontinence Exclusions: digestive functions (b515); assimilation functions (b520); sensations associated with the digestive system (b535) 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 |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| b535 | Sensations associated with the digestive system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensations arising from eating, drinking and related digestive functions. Inclusions: sensations of nausea, feeling bloated, and the feeling of abdominal cramps, fullness of stomach, globus feeling, spasm of stomach, gas in stomach and heartburn Exclusions: sensation of pain (b280); ingestion functions (b510); digestive functions (b515); defecation functions (b525) | | | | | | | | |
| 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 |
| b710 | Mobility of joint functions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Functions of the range and ease of movement of a joint. Inclusions: functions of mobility of single or several joints, vertebral, shoulder, elbow, wrist, hip, knee, ankle, small joints of hands and feet; mobility of joints generalized; impairments such as in hypermobility of joints, frozen joints, frozen shoulder, arthritis Exclusions: stability of joint functions (b715); control of voluntary movement functions (b760) | | | | | | | | |
| 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: | | | | | | | | |

| BODY STRUCTURES Anatomical parts of the body such as organs, limbs and their components <i>How much impairment does the person have in the ...</i> | | | No impairment | Mild impairment | Moderate impairment | Severe impairment | Complete impairment | Not specified | Not applicable | | | |
|--|---|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| s110 | Structure of brain | 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 | | | |
| 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"/> | <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 | | | |
| 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: | | | | | | | | | | | | |

* 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 ... | | | | | | | | | |
| P = performance of ... C = capacity in ... | | | No difficulty | Mild difficulty | Moderate difficulty | Severe difficulty | Complete difficulty | Not specified | Not applicable |
| | | | 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 |
| d415 | Maintaining a 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"/> |
| Staying in the same body position as required, such as remaining seated or remaining standing for work or school. Inclusions: maintaining a lying, squatting, kneeling, sitting and standing position 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 |
| d465 | Moving around using equipment | 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 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. Exclusions: transferring oneself (d420); walking (d450); moving around (d455); using transportation (d470); driving (d475) 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 |
|---|-----------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| 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. Inclusions: washing body parts, the whole body; and drying oneself Exclusions: caring for body parts (d520); toileting (d530) | | | | | | | | |
| 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 |
| 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"/> |
| Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying. Inclusions: caring for skin, teeth, hair, finger and toe nails Exclusions: washing oneself (d510); toileting (d530) | | | | | | | | |
| 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 |
| 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"/> |
| Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards. Inclusions: regulating urination, defecation and menstrual care Exclusions: washing oneself (d510); caring for body parts (d520) | | | | | | | | |
| 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 |
| 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"/> |
| 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. Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing | | | | | | | | |
| 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 |
| 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"/> |
| 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. Exclusion: drinking (d560) | | | | | | | | |
| 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 |
|---|----------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| d560 | Drinking | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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.</p> <p>Exclusion: eating (d550)</p> <p>Sources of information:</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>Description of the problem:</p> | | | | | | | | | |
| | | | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| d760 | Family relationships | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins or legal guardians.</p> <p>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</p> <p>Sources of information:</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>Description of the problem:</p> | | | | | | | | | |

| ENVIRONMENTAL FACTORS | | Complete facilitator | Substantial facilitator | Moderate facilitator | Mild facilitator | No barrier / facilitator | Mild barrier | Moderate barrier | Severe barrier | Complete barrier | Not specified | Not applicable |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>Make up the physical, social and attitudinal environment in which people live and conduct their lives.</p> <p>How much of a facilitator or barrier does the person experience with respect to ...</p> <p>You can also rate environmental factors as both a facilitator and barrier if applicable.</p> | | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| e120 | <p>Products and technology for personal indoor and outdoor mobility and transportation</p> <p>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.</p> <p>Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</p> <p>Sources of information:</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>Description of the facilitator/barrier:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 |
| e315 | <p>Extended family</p> <p>Individuals related through family or marriage or other relationships recognized by the culture as extended family, such as aunts, uncles, nephews and nieces.</p> <p>Exclusion: immediate family (e310)</p> <p>Sources of information:</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>Description of the facilitator/barrier:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 |
| e465 | <p>Social norms, practices and ideologies</p> <p>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.</p> <p>Sources of information:</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>Description of the facilitator/barrier:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 |
| e550 | <p>Legal services, systems and policies</p> <p>Services, systems and policies concerning the legislation and other law of a country.</p> <p>Sources of information:</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>Description of the facilitator/barrier:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 |
| e570 | <p>Social security services, systems and policies</p> <p>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.</p> <p>Exclusion: economic services, systems and policies (e565)</p> <p>Sources of information:</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>Description of the facilitator/barrier:</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |