

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)								
<i>How much impairment does the person have in ...</i>		0	1	2	3	4	8	9
b130	Energy and drive functions (G)	<input type="checkbox"/>						
<p>General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.</p> <p>Inclusions: functions of energy level, motivation, appetite, craving (including craving for substances that can be abused) and impulse control</p> <p>Exclusions: consciousness functions (b110); temperament and personality functions (b126); sleep functions (b134); psychomotor functions (b147); emotional functions (b152)</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
b530	Weight maintenance functions	<input type="checkbox"/>						
<p>Functions of maintaining appropriate body weight, including weight gain during the developmental period.</p> <p>Inclusions: functions of maintenance of acceptable Body Mass Index (BMI); impairments such as underweight, cachexia, wasting, overweight, emaciation and such as in primary and secondary obesity</p> <p>Exclusions: assimilation functions (b520); general metabolic functions (b540); endocrine gland functions (b555)</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

ACTIVITIES AND PARTICIPATION								
Execution of a task or action by an individual and involvement in a life situation								
<i>How much difficulty does the person have in the ...</i>								
P	= performance of ...							
C	= capacity in ...							
		0	1	2	3	4	8	9
d240	Handling stress and other psychological demands	P	<input type="checkbox"/>					
		C	<input type="checkbox"/>					
<p>Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction or crises, such as driving a vehicle during heavy traffic or taking care of many children.</p> <p>Inclusions: handling responsibilities; handling stress and crisis</p> <p>Sources of information:</p> <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
d450	Walking (G)	P	<input type="checkbox"/>					
		C	<input type="checkbox"/>					
<p>Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards or sideways.</p> <p>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</p> <p>Exclusions: transferring oneself (d420); moving around (d455)</p> <p>Sources of information:</p> <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"/>					
		C	<input type="checkbox"/>					
<p>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.</p> <p>Inclusions: crawling, climbing, running, jogging, jumping and swimming</p> <p>Exclusions: transferring oneself (d420); walking (d450)</p> <p>Sources of information:</p> <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"/>					
		C	<input type="checkbox"/>					
<p>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.</p> <p>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</p> <p>Sources of information:</p> <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:						

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
e110	Products or substances for personal consumption	<input type="checkbox"/>										
<p>Any natural or human-made object or substance gathered, processed or manufactured for ingestion. Inclusions: food, drink and drugs</p> <p>Sources of information: <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>		+4	+3	+2	+1	0	1	2	3	4	8	9
e310	Immediate family	<input type="checkbox"/>										
<p>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. Exclusions: extended family (e315); personal care providers and personal assistants (e340)</p> <p>Sources of information: <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>		+4	+3	+2	+1	0	1	2	3	4	8	9