

## ICF DOCUMENTATION FORM for the COMPREHENSIVE ICF CORE SET FOR STROKE

ICF categories marked in dark grey belong to the Generic Set and are included in all documentation forms

<b>BODY FUNCTIONS</b> = physiological functions of body systems (including psychological functions)  <i>How much impairment does the person have in...</i>		No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable
<b>b110</b>	<b>Consciousness functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of the state of awareness and alertness, including the clarity and continuity of the wakeful state.</b> <i>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</i> <i>Exclusions: orientation functions (b114); energy and drive functions (b130); sleep functions (b134)</i>							
	<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>							
<b>b114</b>	<b>Orientation functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of knowing and ascertaining one's relation to self, to others, to time and to one's surroundings.</b> <i>Inclusions: functions of orientation to time, place and person; orientation to self and others; disorientation to time, place and person</i> <i>Exclusions: consciousness functions (b110); attention functions (b140); memory functions (b144)</i>							
	<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>							
<b>b117</b>	<b>Intellectual functions</b>	0	1	2	3	4	8	9
	<b>General mental functions, required to understand and constructively integrate the various mental functions, including all cognitive functions and their development over the life span.</b> <i>Inclusions: functions of intellectual growth; intellectual retardation, mental retardation, dementia</i> <i>Exclusions: memory functions (b144); thought functions (b160); higher-level cognitive functions (b164)</i>							
	<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>							
<b>b126</b>	<b>Temperament and personality functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of constitutional disposition of the individual to react in a particular way to situations, including the set of mental characteristics that makes the individual distinct from others.</b> <i>Inclusions: functions of extraversion, introversion, agreeableness, conscientiousness, psychic and emotional stability, and openness to experience; optimism; novelty seeking; confidence; trustworthiness</i> <i>Exclusions: intellectual functions (b117); energy and drive functions (b130); psychomotor functions (b147); emotional functions (b152)</i>							
	<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>							

<b>b130</b>	<b>Energy and drive functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.</b>  <i>Inclusions: functions of energy level, motivation, appetite, craving (including craving for substances that can be abused) and impulse control</i>  <i>Exclusions: consciousness functions (b110); temperament and personality functions (b126); sleep functions (b134); psychomotor functions (b147); emotional functions (b152)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b134</b>	<b>Sleep functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.</b>  <i>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</i>  <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b140</b>	<b>Attention functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions of focusing on an external stimulus or internal experience for the required period of time.</b>  <i>Inclusions: functions of sustaining attention, shifting attention, dividing attention, sharing attention; concentration; distractibility</i>  <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); sleep functions (b134); memory functions (b144); psychomotor functions (b147); perceptual functions (b156)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b144</b>	<b>Memory functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions of registering and storing information and retrieving it as needed.</b>  <i>Inclusions: functions of short-term and long-term memory, immediate, recent and remote memory; memory span; retrieval of memory; remembering; functions used in recalling and learning, such as in nominal, selective and dissociative amnesia</i>  <i>Exclusions: consciousness functions (b110); orientation functions (b114); intellectual functions (b117); attention functions (b140); perceptual functions (b156); thought functions (b160); higher-level cognitive functions (b164); mental functions of language (b167); calculation functions (b172)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b152</b>	<b>Emotional functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions related to the feeling and affective components of the processes of the mind.</b>  <i>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</i>  <i>Exclusions: temperament and personality functions (b126); energy and drive functions (b130)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							

<b>b156</b>	<b>Perceptual functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions of recognizing and interpreting sensory stimuli.</b>  <i>Inclusions: functions of auditory, visual, olfactory, gustatory, tactile and visuospatial perception, such as a hallucination or illusion</i>  <i>Exclusions: consciousness functions (b110); orientation functions (b114); attention functions (b140); memory functions (b144); mental functions of language (b167); seeing and related functions (b210-b229); hearing and vestibular functions (b230-b249); additional sensory functions (b250-b279)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b164</b>	<b>Higher-level cognitive functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions especially dependent on the frontal lobes of the brain, including complex goal-directed behaviours such as decision-making, abstract thinking, planning and carrying out plans, mental flexibility, and deciding which behaviours are appropriate under what circumstances; often called executive functions.</b>  <i>Inclusions: functions of abstraction and organization of ideas; time management, insight and judgement; concept formation, categorization and cognitive flexibility</i>  <i>Exclusions: memory functions (b144); thought functions (b160); mental functions of language (b167); calculation functions (b172)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b167</b>	<b>Mental functions of language</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions of recognizing and using signs, symbols and other components of a language.</b>  <i>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</i>  <i>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</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b172</b>	<b>Calculation functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions of determination, approximation and manipulation of mathematical symbols and processes.</b>  <i>Inclusions: functions of addition, subtraction, and other simple mathematical calculations; functions of complex mathematical operations</i>  <i>Exclusions: attention functions (b140); memory functions (b144); thought functions (b160); higher-level cognitive functions (b164); mental functions of language (b167)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b176</b>	<b>Mental functions of sequencing complex movements</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions of sequencing and coordinating complex, purposeful movements.</b>  <i>Inclusions: impairments such as in ideation, ideomotor, dressing, oculomotor and speech apraxia</i>  <i>Exclusions: psychomotor functions (b147); higher-level cognitive functions (b164); Chapter 7 Neuromusculoskeletal and Movement-Related Functions</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							

<b>b180</b>	<b>Experience of self and time functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Specific mental functions related to the awareness of one's identity, one's body, one's position in the reality of one's environment and of time.</b>  <i>Inclusions: functions of experience of self, body image and time</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b210</b>	<b>Seeing functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Sensory functions relating to sensing the presence of light and sensing the form, size, shape and colour of the visual stimuli.</b>  <i>Inclusions: visual acuity functions; visual field functions; quality of vision; functions of sensing light and colour, visual acuity of distant and near vision, monocular and binocular vision; visual picture quality; impairments such as myopia, hypermetropia, astigmatism, hemianopia, colour-blindness, tunnel vision, central and peripheral scotoma, diplopia, night blindness and impaired adaptability to light</i>  <i>Exclusion: perceptual functions (b156)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b215</b>	<b>Functions of structures adjoining the eye</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of structures in and around the eye that facilitate seeing functions.</b>  <i>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</i>  <i>Exclusions: seeing functions (b210); Chapter 7 Neuromusculoskeletal and Movement-related Functions</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b260</b>	<b>Proprioceptive function</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Sensory functions of sensing the relative position of body parts.</b>  <i>Inclusions: functions of statesthesia and kinaesthesia</i>  <i>Exclusions: vestibular functions (b235); sensations related to muscles and movement functions (b780)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b265</b>	<b>Touch function</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Sensory functions of sensing surfaces and their texture or quality.</b>  <i>Inclusions: functions of touching, feeling of touch; impairments such as numbness, anaesthesia, tingling, paraesthesia and hyperaesthesia</i>  <i>Exclusions: sensory functions related to temperature and other stimuli (b270)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							
<b>b270</b>	<b>Sensory functions related to temperature and other stimuli</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Sensory functions of sensing temperature, vibration, pressure and noxious stimulus.</b>  <i>Inclusions: functions of being sensitive to temperature, vibration, shaking or oscillation, superficial pressure, deep pressure, burning sensation or a noxious stimulus</i>  <i>Exclusions: touch functions (b265); sensation of pain (b280)</i></p> <p><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</p> <p><b>Description of the problem:</b></p>							

<b>b280</b>	<b>Sensation of pain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensation of unpleasant feeling indicating potential or actual damage to some body structure.</b> <i>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</i>							
	<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>							
<b>b310</b>	<b>Voice functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of the production of various sounds by the passage of air through the larynx.</b> <i>Inclusions: functions of production and quality of voice; functions of phonation, pitch, loudness and other qualities of voice; impairments such as aphonia, dysphonia, hoarseness, hypernasality and hyponasality</i> <i>Exclusions: mental functions of language (b167); articulation functions (b320)</i>							
	<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>							
<b>b320</b>	<b>Articulation functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of the production of speech sounds.</b> <i>Inclusions: functions of enunciation, articulation of phonemes; spastic, ataxic, flaccid dysarthria; anarthria</i> <i>Exclusions: mental functions of language (b167); voice functions (b310)</i>							
	<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>							
<b>b330</b>	<b>Fluency and rhythm of speech functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of the production of flow and tempo of speech.</b> <i>Inclusions: functions of fluency, rhythm, speed and melody of speech; prosody and intonation; impairments such as stuttering, stammering, cluttering, bradylalia and tachylalia</i> <i>Exclusions: mental functions of language (b167); voice functions (b310); articulation functions (b320)</i>							
	<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>							
<b>b410</b>	<b>Heart functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of pumping the blood in adequate or required amounts and pressure throughout the body.</b> <i>Inclusions: functions of heart rate, rhythm and output; contraction force of ventricular muscles; functions of heart valves; pumping the blood through the pulmonary circuit; dynamics of circulation to the heart; impairments such as tachycardia, bradycardia and irregular heart beat and as in heart failure, cardiomyopathy, myocarditis and coronary insufficiency, Exclusions: blood vessel functions (b415); blood pressure functions (b420); exercise tolerance functions (b455)</i>							
	<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>							
<b>b415</b>	<b>Blood vessel functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of transporting blood throughout the body.</b> <i>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</i> <i>Exclusions: heart functions (b410); blood pressure functions (b420); haematological system functions (b430); exercise tolerance functions (b455)</i>							
	<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>							

<b>b420</b>	<b>Blood pressure functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of maintaining the pressure of blood within the arteries.</b> <i>Inclusions: functions of maintenance of blood pressure; increased and decreased blood pressure; impairments such as in hypotension, hypertension and postural hypotension</i> <i>Exclusions: heart functions (b410); blood vessel functions (b415); exercise tolerance functions (b455)</i>							
	<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>							
<b>b455</b>	<b>Exercise tolerance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.</b> <i>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</i>							
	<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>							
<b>b510</b>	<b>Ingestion functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions related to taking in and manipulating solids or liquids through the mouth into the body.</b> <i>Inclusions: functions of sucking, chewing and biting, manipulating food in the mouth, salivation, swallowing, burping, regurgitation, spitting and vomiting; impairments such as dysphagia, aspiration of food, aerophagia, excessive salivation, drooling and insufficient salivation</i> <i>Exclusion: sensations associated with digestive system (b535)</i>							
	<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>							
<b>b525</b>	<b>Defecation functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of elimination of wastes and undigested food as faeces and related functions.</b> <i>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</i> <i>Exclusions: digestive functions (b515); assimilation functions (b520); sensations associated with the digestive system (b535)</i>							
	<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>							
<b>b620</b>	<b>Urination functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of discharge of urine from the urinary bladder.</b> <i>Inclusions: functions of urination, frequency of urination, urinary continence; impairments such as in stress, urge, reflex, overflow, continuous incontinence, dribbling, automatic bladder, polyuria, urinary retention and urinary urgency</i> <i>Exclusions: urinary excretory functions (b610); sensations associated with urinary functions (b630)</i>							
	<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>							
<b>b640</b>	<b>Sexual functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.</b> <i>Inclusions: functions of the sexual arousal, preparatory, orgasmic and resolution phase: functions related to sexual interest, performance, penile erection, clitoral erection, vaginal lubrication, ejaculation, orgasm; impairments such as in impotence, frigidity, vaginismus, premature ejaculation, priapism and delayed ejaculation</i> <i>Exclusions: procreation functions (b660); sensations associated with genital and reproductive functions (b670)</i>							
	<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>							

<b>b710</b>	<b>Mobility of joint functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of the range and ease of movement of a joint.</b> <i>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</i> <i>Exclusions: stability of joint functions (b715); control of voluntary movement functions (b760)</i>								
<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>								
<b>b715</b>	<b>Stability of joint functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of the maintenance of structural integrity of the joints.</b> <i>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</i> <i>Exclusion: mobility of joint functions (b710)</i>								
<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>								
<b>b730</b>	<b>Muscle power functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions related to the force generated by the contraction of a muscle or muscle groups.</b> <i>Inclusions: functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism</i> <i>Exclusions: functions of structures adjoining the eye (b215); muscle tone functions (b735); muscle endurance functions (b740)</i>								
<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>								
<b>b735</b>	<b>Muscle tone functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions related to the tension present in the resting muscles and the resistance offered when trying to move the muscles passively.</b> <i>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</i> <i>Exclusions: muscle power functions (b730); muscle endurance functions (b740)</i>								
<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>								
<b>b740</b>	<b>Muscle endurance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions related to sustaining muscle contraction for the required period of time.</b> <i>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</i> <i>Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)</i>								
<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>								
<b>b750</b>	<b>Motor reflex functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of involuntary contraction of muscles automatically induced by specific stimuli.</b> <i>Inclusions: functions of stretch motor reflex, automatic local joint reflex, reflexes generated by noxious stimuli and other exteroceptive stimuli; withdrawal reflex, biceps reflex, radius reflex, quadriceps reflex, patellar reflex, ankle reflex</i>								
<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>								

<b>b755</b>	<b>Involuntary movement reaction functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of involuntary contractions of large muscles or the whole body induced by body position, balance and threatening stimuli.</b> <i>Inclusions: functions of postural reactions, righting reactions, body adjustment reactions, balance reactions, supporting reactions, defensive reactions</i> <i>Exclusion: motor reflex functions (b750)</i>							
	<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>							
<b>b760</b>	<b>Control of voluntary movement functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions associated with control over and coordination of voluntary movements.</b> <i>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</i> <i>Exclusions: muscle power functions (b730); involuntary movement functions (b765); gait pattern functions (b770)</i>							
	<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>							
<b>b770</b>	<b>Gait pattern functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of movement patterns associated with walking, running or other whole body movements.</b> <i>Inclusions: walking patterns and running patterns; impairments such as spastic gait, hemiplegic gait, paraplegic gait, asymmetric gait, limping and stiff gait pattern</i> <i>Exclusions: muscle power functions (b730); muscle tone functions (b735); control of voluntary movement functions (b760); involuntary movement functions (b765)</i>							
	<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>							



<b>BODY STRUCTURES</b> = 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			
<b>s110</b>	<b>Structure of brain</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>												
<b>s410</b>	<b>Structure of cardiovascular system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>												
<b>s720</b>	<b>Structure of shoulder region</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>												
<b>s730</b>	<b>Structure of upper extremity</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>												
<b>s750</b>	<b>Structure of lower extremity</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>												

\* Rating of the *nature of the impairment* in body structures: 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

\*\* Rating of the *location of the impairment* in body structures: 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

<b>ACTIVITIES AND PARTICIPATION</b> = 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> <b>P = performance of...</b> <b>C = capacity in...</b>		No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable	
<b>d115</b>	<b>Listening</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Using the sense of hearing intentionally to experience auditory stimuli, such as listening to a radio, music or a lecture. <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> <b>P:</b>  <b>C:</b>								
<b>d155</b>	<b>Acquiring skills</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Developing basic and complex competencies in integrated sets of actions or tasks so as to initiate and follow through with the acquisition of a skill, such as manipulating tools or playing games like chess. <i>Inclusion: acquiring basic and complex skills</i> <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> <b>P:</b>  <b>C:</b>								
<b>d160</b>	<b>Focusing attention</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Intentionally focusing on specific stimuli, such as by filtering out distracting noises. <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> <b>P:</b>  <b>C:</b>								
<b>d166</b>	<b>Reading</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Performing activities involved in the comprehension and interpretation of written language (e.g. books, instructions or newspapers in text or Braille), for the purpose of obtaining general knowledge or specific information. <i>Exclusion: learning to read (d140)</i> <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> <b>P:</b>  <b>C:</b>								
<b>d170</b>	<b>Writing</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Using or producing symbols or language to convey information, such as producing a written record of events or ideas or drafting a letter. <i>Exclusion: learning to write (d145)</i> <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> <b>P:</b>  <b>C:</b>								

d172	Calculating	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Performing computations by applying mathematical principles to solve problems that are described in words and producing or displaying the results, such as computing the sum of three numbers or finding the result of dividing one number by another.</p> <p><i>Exclusion: learning to calculate (d150)</i></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> <p>P:</p> <p>C:</p>									
d175	Solving problems	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Finding solutions to questions or situations by identifying and analysing issues, developing options and solutions, evaluating potential effects of solutions, and executing a chosen solution, such as in resolving a dispute between two people.</p> <p><i>Inclusions: solving simple and complex problems</i></p> <p><i>Exclusions: thinking (d163); making decisions (d177)</i></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> <p>P:</p> <p>C:</p>									
d210	Undertaking a single task	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Carrying out simple or complex and coordinated actions related to the mental and physical components of a single task, such as initiating a task, organizing time, space and materials for a task, pacing task performance, and carrying out, completing and sustaining a task.</p> <p><i>Inclusions: undertaking a simple or complex task; undertaking a single task independently or in a group</i></p> <p><i>Exclusions: acquiring skills (d155); solving problems (d175); making decisions (d177); undertaking multiple tasks (d220)</i></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> <p>P:</p> <p>C:</p>									
d220	Undertaking multiple tasks	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Carrying out simple or complex and coordinated actions as components of multiple, integrated and complex tasks in sequence or simultaneously.</p> <p><i>Inclusions: undertaking multiple tasks; completing multiple tasks; undertaking multiple tasks independently and in a group</i></p> <p><i>Exclusions: acquiring skills (d155); solving problems (d175); making decisions (d177); undertaking a single task (d210)</i></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> <p>P:</p> <p>C:</p>									

d230	Carrying out daily routine	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.</p> <p><i>Inclusions: managing and completing the daily routine; managing one's own activity level</i></p> <p><i>Exclusion: undertaking multiple tasks (d220)</i></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> <p>P:</p> <p>C:</p>									
d240	Handling stress and other psychological demands	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<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><i>Inclusions: handling responsibilities; handling stress and crisis</i></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> <p>P:</p> <p>C:</p>									
d310	Communicating with - receiving - spoken messages	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Comprehending literal and implied meanings of messages in spoken language, such as understanding that a statement asserts a fact or is an idiomatic expression.</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> <p>P:</p> <p>C:</p>									
d315	Communicating with - receiving - nonverbal messages	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Comprehending the literal and implied meanings of messages conveyed by gestures, symbols and drawings, such as realizing that a child is tired when she rubs her eyes or that a warning bell means that there is a fire.</p> <p><i>Inclusions: communicating with - receiving - body gestures, general signs and symbols, drawings and photographs</i></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> <p>P:</p> <p>C:</p>									
d325	Communicating with - receiving - written messages	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Comprehending the literal and implied meanings of messages that are conveyed through written language (including Braille), such as following political events in the daily newspaper or understanding the intent of religious scripture.</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> <p>P:</p> <p>C:</p>									

d330	Speaking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Producing words, phrases and longer passages in spoken messages with literal and implied meaning, such as expressing a fact or telling a story in oral language									
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									
P:									
C:									
d335	Producing nonverbal messages	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using gestures, symbols and drawings to convey messages, such as shaking one's head to indicate disagreement or drawing a picture or diagram to convey a fact or complex idea.									
<i>Inclusion: producing body gestures, signs, symbols, drawings and photographs</i>									
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									
P:									
C:									
d345	Writing messages	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Producing the literal and implied meanings of messages that are conveyed through written language, such as writing a letter to a friend.									
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									
P:									
C:									
d350	Conversation	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Starting, sustaining and ending an interchange of thoughts and ideas, carried out by means of spoken, written, sign or other forms of language, with one or more people one knows or who are strangers, in formal or casual settings.									
<i>Inclusions: starting, sustaining and ending a conversation; conversing with one or many people</i>									
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									
P:									
C:									
d360	Using communication devices and techniques	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using devices, techniques and other means for the purposes of communicating, such as calling a friend on the telephone.									
<i>Inclusions: using telecommunication devices, using writing machines and communication techniques</i>									
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									
P:									
C:									

d410	Changing basic body position	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.</p> <p><i>Inclusions: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity</i></p> <p><i>Exclusion: transferring oneself (d420)</i></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> <p>P:</p> <p>C:</p>									
d415	Maintaining a body position	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Staying in the same body position as required, such as remaining seated or remaining standing for work or school.</p> <p><i>Inclusions: maintaining a lying, squatting, kneeling, sitting and standing position</i></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> <p>P:</p> <p>C:</p>									
d420	Transferring oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.</p> <p><i>Inclusion: transferring oneself while sitting or lying</i> <i>Exclusion: changing basic body position (d410)</i></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> <p>P:</p> <p>C:</p>									
d430	Lifting and carrying objects	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.</p> <p><i>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</i></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> <p>P:</p> <p>C:</p>									
d440	Fine hand use	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Performing the coordinated actions of handling objects, picking up, manipulating and releasing them using one's hand, fingers and thumb, such as required to lift coins off a table or turn a dial or knob.</p> <p><i>Inclusions: picking up, grasping, manipulating and releasing</i></p> <p><i>Exclusion: lifting and carrying objects (d430)</i></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> <p>P:</p> <p>C:</p>									

d445	Hand and arm use	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><b>Performing the coordinated actions required to move objects or to manipulate them by using hands and arms, such as when turning door handles or throwing or catching an object</b>  <i>Inclusions: pulling or pushing objects; reaching; turning or twisting the hands or arms; throwing; catching</i>  <i>Exclusion: fine hand use (d440)</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>								
d450	Walking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><b>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.</b>  <i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i>  <i>Exclusions: transferring oneself (d420); moving around (d455)</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>								
d455	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><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>  <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i>  <i>Exclusions: transferring oneself (d420); walking (d450)</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>								
d460	Moving around in different locations	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><b>Walking and moving around in various places and situations, such as walking between rooms in a house, within a building or down the street of a town.</b>  <i>Inclusions: moving around within the home, crawling or climbing within the home; walking or moving within buildings other than the home, and outside the home and other buildings</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>								
d465	Moving around using equipment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><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>  <i>Exclusions: transferring oneself (d420); walking (d450); moving around (d455); using transportation (d470); driving (d475)</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>								

d470	Using transportation	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.  <i>Inclusions: using human-powered transportation; using private motorized or public transportation</i>  <i>Exclusions: moving around using equipment (d465); driving (d475)</i></p> <p><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</p> <p><b>Description of the problem</b>  P:  C:</p>									
d475	Driving	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.  <i>Inclusions: driving human-powered transportation, motorized vehicles, animal-powered vehicles</i>  <i>Exclusions: moving around using equipment (d465); using transportation (d470)</i></p> <p><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</p> <p><b>Description of the problem</b>  P:  C:</p>									
d510	Washing oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.  <i>Inclusions: washing body parts, the whole body; and drying oneself</i>  <i>Exclusions: caring for body parts (d520); toileting (d530)</i></p> <p><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</p> <p><b>Description of the problem</b>  P:  C:</p>									
d520	Caring for body parts	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying.  <i>Inclusions: caring for skin, teeth, hair, finger and toe nails</i>  <i>Exclusions: washing oneself (d510); toileting (d530)</i></p> <p><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</p> <p><b>Description of the problem</b>  P:  C:</p>									
d530	Toileting	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards.  <i>Inclusions: regulating urination, defecation and menstrual care</i>  <i>Exclusions: washing oneself (d510); caring for body parts (d520)</i></p> <p><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</p> <p><b>Description of the problem</b>  P:  C:</p>									



d540	Dressing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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. <i>Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing</i>									
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									
P:									
C:									
d550	Eating	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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. <i>Exclusion: drinking (d560)</i>									
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									
P:									
C:									
d570	Looking after one's health	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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. <i>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</i>									
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									
P:									
C:									
d620	Acquisition of goods and services	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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. <i>Inclusions: shopping and gathering daily necessities</i> <i>Exclusion: acquiring a place to live (d610)</i>									
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									
P:									
C:									
d630	Preparing meals	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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. <i>Inclusions: preparing simple and complex meals</i> <i>Exclusions: eating (d550); drinking (d560); acquisition of goods and services (d620); doing housework (d640); caring for household objects (d650); caring for others (d660)</i>									
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									
P:									
C:									

d640	Doing housework	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.</p> <p><i>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</i></p> <p><i>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)</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b>  <b>C:</b></p>									
d710	Basic interpersonal interactions	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Interacting with people in a contextually and socially appropriate manner, such as by showing consideration and esteem when appropriate, or responding to the feelings of others.</p> <p><i>Inclusions: showing respect, warmth, appreciation, and tolerance in relationships; responding to criticism and social cues in relationships; and using appropriate physical contact in relationships</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b>  <b>C:</b></p>									
d750	Informal social relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Entering into relationships with others, such as casual relationships with people living in the same community or residence, or with co-workers, students, playmates or people with similar backgrounds or professions.</p> <p><i>Inclusions: informal relationships with friends, neighbours, acquaintances, co-inhabitants and peers</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b>  <b>C:</b></p>									
d760	Family relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<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><i>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b>  <b>C:</b></p>									

d770	Intimate relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners.  <i>Inclusions: romantic, spousal and sexual relationships</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>									
d845	Acquiring, keeping and terminating a job	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Seeking, finding and choosing employment, being hired and accepting employment, maintaining and advancing through a job, trade, occupation or profession, and leaving a job in an appropriate manner.  <i>Inclusions: seeking employment; preparing a resume or curriculum vitae; contacting employers and preparing interviews; maintaining a job; monitoring one's own work performance; giving notice; and terminating a job</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>									
d850	Remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.  <i>Inclusions: self-employment, part-time and full-time employment</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>									
d855	Non-remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in all aspects of work in which pay is not provided, full-time or part-time, including organized work activities, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups, such as volunteer work, charity work, working for a community or religious group without remuneration, working around the home without remuneration.  <i>Exclusion: Chapter 6 Domestic Life</i></p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>									
d860	Basic economic transactions	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in any form of simple economic transaction, such as using money to purchase food or bartering, exchanging goods or services; or saving money.</p> <p><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</p> <p><b>Description of the problem</b>  <b>P:</b></p> <p><b>C:</b></p>									

d870	Economic self-sufficiency	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
		<p>Having command over economic resources, from private or public sources, in order to ensure economic security for present and future needs.</p> <p><i>Inclusions: personal economic resources and public economic entitlements</i></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> <p><b>P:</b></p> <p><b>C:</b></p>							
d910	Community life	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
		<p>Engaging in all aspects of community social life, such as engaging in charitable organizations, service clubs or professional social organizations.</p> <p><i>Inclusions: informal and formal associations; ceremonies Exclusions: non-remunerative employment (d855); recreation and leisure (d920); religion and spirituality (d930); political life and citizenship (d950)</i></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> <p><b>P:</b></p> <p><b>C:</b></p>							
d920	Recreation and leisure	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
		<p>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.</p> <p><i>Inclusions: play, sports, arts and culture, crafts, hobbies and socializing</i></p> <p><i>Exclusions: riding animals for transportation (d480); remunerative and non-remunerative work (d850 and d855); religion and spirituality (d930); political life and citizenship (d950)</i></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> <p><b>P:</b></p> <p><b>C:</b></p>							

ENVIRONMENTAL FACTORS		Complete facilitator	Substantial facilitator	Moderate facilitator	Mild facilitator	No barrier/facilitator	Mild barrier	Moderate barrier	Severe barrier	Complete barrier	Not specified	Not applicable
= make up the physical, social and attitudinal environment in which people live and conduct their lives  <i>How much of a facilitator or barrier does the person experience with respect to...</i>												
e110	Products or substances for personal consumption	+4	+3	+2	+1	0	1	2	3	4	8	9
Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</i> <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>												
e115	Products and technology for personal use in daily living	+4	+3	+2	+1	0	1	2	3	4	8	9
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. <i>Inclusions: general and assistive products and technology for personal use</i> <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>												
e120	Products and technology for personal indoor and outdoor mobility and transportation	+4	+3	+2	+1	0	1	2	3	4	8	9
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. <i>Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</i> <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>												
e125	Products and technology for communication	+4	+3	+2	+1	0	1	2	3	4	8	9
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. <i>Inclusions: general and assistive products and technology for communication</i> <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>												
e135	Products and technology for employment	+4	+3	+2	+1	0	1	2	3	4	8	9
Equipment, products and technology used for employment to facilitate work activities. <i>Inclusion: general and assistive products and technology for employment</i> <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>												
e150	Design, construction and building products and technology of buildings for public use	+4	+3	+2	+1	0	1	2	3	4	8	9
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. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i> <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>												

e155	<b>Design, construction and building products and technology of buildings for private use</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p><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>  <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
e165	<b>Assets</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p><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>  <i>Inclusions: tangible and intangible products and goods, financial assets</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
e210	<b>Physical geography</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p><b>Features of land forms and bodies of water.</b>  <i>Inclusions: features of geography included within orography (relief, quality and expanse of land and land forms, including altitude) and hydrography (bodies of water such as lakes, rivers, sea)</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
e310	<b>Immediate family</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p><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>  <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
e315	<b>Extended family</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p><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>  <i>Exclusion: immediate family (e310)</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
e320	<b>Friends</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p><b>Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.</b></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
e325	<b>Acquaintances, peers, colleagues, neighbours and community members</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p><b>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.</b>  <i>Exclusions: associations and organizational services (e5550)</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											

<b>e340</b>	<b>Personal care providers and personal assistants</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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.</p> <p><i>Exclusions: immediate family (e310); extended family (e315); friends (e320); general social support services (e5750); health professionals (e355)</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e355</b>	<b>Health professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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.</p> <p><i>Exclusion: other professionals (e360)</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e360</b>	<b>Other professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>All service providers working outside the health system, including lawyers, social workers, teachers, architects and designers.</p> <p><i>Exclusion: health professionals (e355)</i></p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e410</b>	<b>Individual attitudes of immediate family members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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.</p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e420</b>	<b>Individual attitude of friends</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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.</p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e425</b>	<b>Individual attitudes of acquaintances, peers, colleagues, neighbours and community members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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.</p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e440</b>	<b>Individual attitudes of personal care providers and personal assistants</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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.</p> <p><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</p> <p><b>Description of the facilitator/barrier:</b></p>											

<b>e450</b>	<b>Individual attitudes of health professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</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>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>											
<b>e455</b>	<b>Individual attitude of health-related professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	General or specific opinions and beliefs of health-related professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions. <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
<b>e460</b>	<b>Societal attitudes</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	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. <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>											
<b>e515</b>	<b>Architecture and construction services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Services, systems and policies for the design and construction of buildings, public and private. <i>Exclusion: open space planning services, systems and policies (e520)</i> <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>											
<b>e525</b>	<b>Housing services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Services, systems and policies for the provision of shelters, dwellings or lodging for people. <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>											
<b>e535</b>	<b>Communication services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Services, systems and policies for the transmission and exchange of information. <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>											
<b>e540</b>	<b>Transportation services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	Services, systems and policies for enabling people or goods to move or be moved from one location to another. <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>											



<b>e550</b>	<b>Legal services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies concerning the legislation and other law of a country.</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>											
<b>e555</b>	<b>Associations and organizational services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>											
<b>e570</b>	<b>Social security services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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> <i>Exclusion: economic services, systems and policies (e565)</i> <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>											
<b>e575</b>	<b>General social support services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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> <i>Exclusions: personal care providers and personal assistants (e340); social security services, systems and policies (e570); health services, systems and policies (e580)</i> <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>											
<b>e580</b>	<b>Health services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle.</b> <i>Exclusion: general social support services, systems and policies (e575)</i> <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>											
<b>e590</b>	<b>Labour and employment services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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> <i>Exclusion: economic services, systems and policies (e565)</i> <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>											

## Functioning Profile Stroke (Comprehensive version)

BODY FUNCTIONS		Impairment					
			0	1	2	3	4
b110	Consciousness functions						
b114	Orientation functions						
b117	Intellectual functions						
b126	Temperament and personality functions						
b130	Energy and drive functions						
b134	Sleep functions						
b140	Attention functions						
b144	Memory functions						
b152	Emotional functions						
b156	Perceptual functions						
b164	Higher-level cognitive functions						
b167	Mental functions of language						
b172	Calculation functions						
b176	Mental functions of sequencing complex movements						
b180	Experience of self and time functions						
b210	Seeing functions						
b215	Functions of structures adjoining the eye						
b260	Proprioceptive function						
b265	Touch function						
b270	Sensory functions related to temperature and other stimuli						
b280	Sensation of pain						
b310	Voice functions						
b320	Articulation functions						
b330	Fluency and rhythm of speech functions						
b410	Heart functions						
b415	Blood vessel functions						
b420	Blood pressure functions						
b455	Exercise tolerance functions						
b510	Ingestion functions						
b525	Defecation functions						
b620	Urination functions						
b640	Sexual functions						
b710	Mobility of joint functions						
b715	Stability of joint functions						
b730	Muscle power functions						
b735	Muscle tone functions						
b740	Muscle endurance functions						
b750	Motor reflex functions						
b755	Involuntary movement reaction functions						
b760	Control of voluntary movement functions						
b770	Gait pattern functions						
BODY STRUCTURES		Impairment					
			0	1	2	3	4
s110	Structure of brain						
s410	Structure of cardiovascular system						
s720	Structure of shoulder region						
s730	Structure of upper extremity						
s750	Structure of lower extremity						
ACTIVITIES AND PARTICIPATION		Difficulty					
			0	1	2	3	4
d115	Listening	P					
		C					
d155	Acquiring skills	P					
		C					
d160	Focusing attention	P					
		C					
d166	Reading	P					
		C					

d170	Writing	P							
		C							
d172	Calculating	P							
		C							
d175	Solving problems	P							
		C							
d210	Undertaking a single task	P							
		C							
d220	Undertaking multiple tasks	P							
		C							
d230	Carrying out daily routine	P							
		C							
d240	Handling stress and other psychological demands	P							
		C							
d310	Communicating with - receiving - spoken messages	P							
		C							
d315	Communicating with - receiving - nonverbal messages	P							
		C							
d325	Communicating with - receiving - written messages	P							
		C							
d330	Speaking	P							
		C							
d335	Producing nonverbal messages	P							
		C							
d345	Writing messages	P							
		C							
d350	Conversation	P							
		C							
d360	Using communication devices and techniques	P							
		C							
d410	Changing basic body position	P							
		C							
d415	Maintaining a body position	P							
		C							
d420	Transferring oneself	P							
		C							
d430	Lifting and carrying objects	P							
		C							
d440	Fine hand use	P							
		C							
d445	Hand and arm use	P							
		C							
d450	Walking	P							
		C							
d455	Moving around	P							
		C							
d460	Moving around in different locations	P							
		C							
d470	Using transportation	P							
		C							
d475	Driving	P							
		C							
d510	Washing oneself	P							
		C							
d520	Caring for body parts	P							
		C							
d530	Toileting	P							
		C							
d540	Dressing	P							
		C							
d550	Eating	P							
		C							
d570	Looking after one's health	P							
		C							
d620	Acquisition of goods and services	P							
		C							
d630	Preparing meals	P							
		C							
d640	Doing housework	P							
		C							
d710	Basic interpersonal interactions	P							
		C							
d750	Informal social relationships	P							
		C							
d760	Family relationships	P							
		C							
d770	Intimate relationships	P							
		C							
d845	Acquiring, keeping and terminating a job	P							
		C							

d850	Remunerative employment	P								
		C								
d855	Non-remunerative employment	P								
		C								
d860	Basic economic transactions	P								
		C								
d870	Economic self-sufficiency	P								
		C								
d910	Community life	P								
		C								
d920	Recreation and leisure	P								
		C								
ENVIRONMENTAL FACTORS		Facilitator	Barrier							
		+4	+3	+2	+1	0	1	2	3	4
e110	Products or substances for personal consumption									
e115	Products and technology for personal use in daily living									
e120	Products and technology for personal indoor and outdoor mobility and transportation									
e125	Products and technology for communication									
e135	Products and technology for employment									
e150	Design, construction and building products and technology of buildings for public use									
e155	Design, construction and building products and technology of buildings for private use									
e165	Assets									
e210	Physical geography									
e310	Immediate family									
e320	Friends									
e325	Acquaintances, peers, colleagues, neighbours and community members									
e340	Personal care providers and personal assistants									
e355	Health professionals									
e360	Other professionals									
e410	Individual attitudes of immediate family members									
e420	Individual attitude of friends									
e425	Individual attitudes of acquaintances, peers, colleagues, neighbours and community members									
e440	Individual attitudes of personal care providers and personal assistants									
e450	Individual attitudes of health professionals									
e455	Individual attitude of health-related professionals									
e460	Societal attitudes									
e515	Architecture and construction services, systems and policies									
e525	Housing services, systems and policies									
e535	Communication services, systems and policies									
e540	Transportation services, systems and policies									
e550	Legal services, systems and policies									
e555	Associations and organizational services, systems and policies									
e570	Social security services, systems and policies									
e575	General social support services, systems and policies									
e580	Health services, systems and policies									
e590	Labour and employment services, systems and policies									

In Body Functions, Body Structures, Activities and Participation: 0 = no problem, 1 = mild problem, 2 = moderate problem, 3 = severe problem, 4 = complete problem; In Environmental Factors: 0 = no barrier/facilitator, 1 = mild barrier, 2 = moderate barrier, 3 = severe barrier, 4 = complete barrier, +1 = mild facilitator, +2 = moderate facilitator, +3 = substantial facilitator, +4 = complete facilitator, 8 = not specified, 9 = not applicable.  
P = Performance, C = Capacity