

ICF DOCUMENTATION FORM for the BRIEF ICF CORE SET for OBSTRUCTIVE PULMONARY DISEASES

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

∞ Category from the Generic Set not included in the Brief ICF Core Set for Obstructive Pulmonary Diseases

BODY FUNCTIONS = 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
b130∞	Energy and drive functions	0	1	2	3	4	8	9
	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. <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>							
	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:							
b152∞	Emotional functions	0	1	2	3	4	8	9
	Specific mental functions related to the feeling and affective components of the processes of the mind. <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>							
	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:							
b280∞	Sensation of pain	0	1	2	3	4	8	9
	Sensation of unpleasant feeling indicating potential or actual damage to some body structure. <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>							
	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:							
b440	Respiration functions	0	1	2	3	4	8	9
	Functions of inhaling air into the lungs, the exchange of gases between air and blood, and exhaling air. <i>Inclusions: functions of respiration rate, rhythm and depth; impairments such as apnoea, hyperventilation, irregular respiration, paradoxical respiration and bronchial spasm and as in pulmonary emphysema.</i> <i>Exclusions: respiratory muscle functions (b445); additional respiratory functions (b450); exercise tolerance functions (b455)</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:							

b450	Additional respiratory functions	0	1	2	3	4	8	9
	Additional functions related to breathing, such as coughing, sneezing and yawning. <i>Inclusions: functions of blowing, whistling and mouth breathing</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:							
b455	Exercise tolerance functions	0	1	2	3	4	8	9
	Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion. <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> 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:							
b460	Sensations associated with cardiovascular and respiratory functions	0	1	2	3	4	8	9
	Sensations such as missing a heart beat, palpitation and shortness of breath. <i>Inclusions: sensations of tightness of chest, feelings of irregular beat, dyspnoea, air hunger, choking, gagging and wheezing</i> <i>Exclusion: sensation of pain (b280)</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:							

BODY STRUCTURES = anatomical parts of the body such as organs, limbs and their components <i>How much impairment does the person have in the...</i>			No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable			
s410	Structure of cardiovascular system	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
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:												
s430	Structure of respiratory system	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
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:												

* 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

ACTIVITIES AND PARTICIPATION = execution of a task or action by an individual and involvement in a life situation <i>How much difficulty does the person have in the...</i> <i>P = performance of...</i> <i>C = capacity in...</i>			No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable									
d230	Carrying out daily routine	<table border="1"> <tr> <td>P</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> <tr> <td>C</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> </table>	P	0	1	2	3	4	8	9	C	0	1	2	3	4	8	9
P	0	1	2	3	4	8	9											
C	0	1	2	3	4	8	9											
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. <i>Inclusions: managing and completing the daily routine; managing one's own activity level</i> <i>Exclusion: undertaking multiple tasks (d220)</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:																		
d450	Walking	<table border="1"> <tr> <td>P</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> <tr> <td>C</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> </table>	P	0	1	2	3	4	8	9	C	0	1	2	3	4	8	9
P	0	1	2	3	4	8	9											
C	0	1	2	3	4	8	9											
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. <i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i> <i>Exclusions: transferring oneself (d420); moving around (d455)</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:																		
d455	Moving around	<table border="1"> <tr> <td>P</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> <tr> <td>C</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> </table>	P	0	1	2	3	4	8	9	C	0	1	2	3	4	8	9
P	0	1	2	3	4	8	9											
C	0	1	2	3	4	8	9											
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. <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i> <i>Exclusions: transferring oneself (d420); walking (d455)</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	<table border="1"> <tr> <td>P</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> <tr> <td>C</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>9</td> </tr> </table>	P	0	1	2	3	4	8	9	C	0	1	2	3	4	8	9
P	0	1	2	3	4	8	9											
C	0	1	2	3	4	8	9											
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. <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> <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> 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:																		

d850 [∞]	Remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	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>								
	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:								

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 How much of a facilitator or barrier does the person experience with respect to...												
e110	Products or substances for personal consumption Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</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 facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e115	Products and technology for personal use in daily living 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e225	Climate Meteorological features and events, such as the weather. <i>Inclusions: temperature, humidity, atmospheric pressure, precipitation, wind and seasonal variations</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 facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e260	Air quality Characteristics of the atmosphere (outside buildings) or enclosed areas of air (inside buildings), and which may provide useful or distracting information about the world. <i>Inclusions: indoor and outdoor air quality</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 facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9

Functioning Profile Obstructive Pulmonary Diseases (Brief version)

BODY FUNCTIONS		Impairment					
		0	1	2	3	4	
b130	Energy and drive functions						
b152	Emotional functions						
b280	Sensation of pain						
b440	Respiration functions						
b450	Additional respiratory functions						
b455	Exercise tolerance functions						
b460	Sensations associated with cardiovascular and respiratory functions						
BODY STRUCTURES		Impairment					
		0	1	2	3	4	
s410	Structure of cardiovascular system						
s430	Structure of respiratory system						
ACTIVITIES AND PARTICIPATION		Difficulty					
		0	1	2	3	4	
d230	Carrying out daily routine	P					
		C					
d450	Walking	P					
		C					
d455	Moving around	P					
		C					
d640	Doing housework	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						
e225	Climate						
e260	Air quality						

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