

Use Case 2 (A. Rauch)

APPLYING THE COMPREHENSIVE ICF CORE SET FOR SPINAL CORD INJURY FOR POST-ACUTE CARE

Documentation Form (Comprehensive Version)

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 ICF Core Set for Spinal Cord Injury for Post-Acute Care

BODY FUNCTIONS = physiological functions of body systems (including psychological functions) <i>How much impairment does the person have in...</i>		No problem	Mild problem	Moderate problem	Severe problem	Complete problem	Not specified	Not applicable
b126	Temperament and personality functions	0	1	2	3	4	8	9
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. <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> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: -								
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> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Very motivated to work on the improvements of his functioning level - presents a good resource</i>								
b134	Sleep functions	0	1	2	3	4	8	9
General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes. <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> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Sometimes problems with maintenance of sleep due to limitations in mobility and the inability to lay on the side</i>								
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> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Emotional functions appropriate to actual situation</i>								

b260	Proprioceptive functions	0	1	2	3	4	8	9
	Sensory functions of sensing the relative position of body parts. <i>Inclusions: functions of statesthesia and kinaesthesia</i> <i>Exclusions: vestibular functions (b235); sensations related to muscles and movement functions (b780)</i>							
	Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Complete loss of proprioceptive functions below the level of injury</i>							
b265	Touch functions	0	1	2	3	4	8	9
	Sensory functions of sensing surfaces and their texture or quality. <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>							
	Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Not able to sense any touch below the level of injury</i>							
b270	Sensory functions related to temperature and other stimuli	0	1	2	3	4	8	9
	Sensory functions of sensing temperature, vibration, pressure and noxious stimulus. <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>							
	Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Testing within the AIS-Score (light touch and pin prick): 0 (= sensory functions absent) in areas below the level of injury</i>							
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>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Slight neuropathic pain when moving the legs. Rated on Visual Analog Scale (0-10) as 2</i>							
b2800	Generalized pain	0	1	2	3	4	8	9
	Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt all over, or throughout the body.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: -							
b28010	Pain in head and neck	0	1	2	3	4	8	9
	Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in the head and neck.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: -							
b28013	Pain in back	0	1	2	3	4	8	9
	Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in the back. <i>Inclusions: pain in the trunk; low backache</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: -							
b28014	Pain in upper limb	0	1	2	3	4	8	9
	Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in either one or both upper limbs, including hands.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: -							

b28015	Pain in lower limb	0	1	2	3	4	8	9
<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in either one or both lower limbs, including feet.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>Slight neuropathic pain when moving the legs. Rated on Visual Analog Scale (0-10) as 2</i></p>								
b28016	Pain in joints	0	1	2	3	4	8	9
<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in one or more joints, including small and big joints. <i>Inclusions: pain in the hip; pain in the shoulder</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: -</p>								
b2803	Radiating pain in a dermatome	0	1	2	3	4	8	9
<p>Unpleasant sensation indicating potential or actual damage to some body structure located in areas of skin served by the same nerve root.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: -</p>								
b2804	Radiating pain in a segment or region	0	1	2	3	4	8	9
<p>Unpleasant sensation indicating potential or actual damage to some body structure located in areas of skin in different body parts not served by the same nerve root.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>Slight neuropathic pain when moving the legs. Rated on Visual Analog Scale (0-10) as 2</i></p>								
b310	Voice functions	0	1	2	3	4	8	9
<p>Functions of the production of various sounds by the passage of air through the larynx. <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></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: -</p>								
b410	Heart functions	0	1	2	3	4	8	9
<p>Functions of pumping the blood in adequate or required amounts and pressure throughout the body. <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</i> <i>Exclusions: blood vessel functions (b415); blood pressure functions (b420); exercise tolerance functions (b455)</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>Daily pulse: Regular rhythm, regular rate</i></p>								
b415	Blood vessel functions	0	1	2	3	4	8	9
<p>Functions of transporting blood throughout the body. <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></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>Loss of vasomotor functions of blood vessels below the level of injury</i></p>								
b4200	Increased blood pressure	0	1	2	3	4	8	9
<p>Functions related to a rise in systolic or diastolic blood pressure above normal for the age.</p> <p>Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>Blood pressure measurement at rest: no increase</i></p>								

b4201	Decreased blood pressure	0	1	2	3	4	8	9
Functions related to a fall in systolic or diastolic blood pressure below normal for the age. Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Blood pressure measurement at rest: no decrease</i>								
b4202	Maintenance of blood pressure	0	1	2	3	4	8	9
Functions related to maintaining an appropriate blood pressure in response to changes in the body. Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Blood pressure measurement during changes in body positions: decreases to 80/50 shortly after changing body positions from lying to sitting, patient reports dizziness and visual problems shortly after changing body position</i>								
b430	Haematological system functions	0	1	2	3	4	8	9
Functions of blood production, oxygen and metabolite carriage, and clotting. <i>Inclusions: functions of the production of blood and bone marrow; oxygen-carrying functions of blood; blood-related functions of spleen; metabolite-carrying functions of blood; clotting; impairments such as in anaemia, haemophilia and other clotting dysfunctions</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); immunological system functions (b435); exercise tolerance functions (b455)</i> Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Blood sample: No impairments</i>								
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> Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Measurement of breathing rhythm and rate per minute: regular rhythm and rate; no subjective problems reported by patient. SCIM-Respiration: 10 (=Breathes independently without assistance or devices)</i>								
b445	Respiratory muscle functions	0	1	2	3	4	8	9
Functions of the muscles involved in breathing. <i>Inclusions: functions of thoracic respiratory muscles; functions of the diaphragm; functions of accessory respiratory muscles</i> <i>Exclusions: respiration functions (b440); additional respiratory functions (b450); exercise tolerance functions (b455)</i> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Loss of muscle power of Mm. intercostales below Th7</i>								
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> Source of information: <input checked="" 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> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>No impairments during active rehabilitation program observed by health professional or reported by patient</i>								

b510	Ingestion functions	0	1	2	3	4	8	9
	Functions related to taking in and manipulating solids or liquids through the mouth into the body. <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>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>No impairments</i>							
b515	Digestive functions	0	1	2	3	4	8	9
	Functions of transporting food through the gastrointestinal tract, breakdown of food and absorption of nutrients. <i>Inclusions: functions of transport of food through the stomach, peristalsis; breakdown of food, enzyme production and action in stomach and intestines; absorption of nutrients and tolerance to food; impairments such as in hyperacidity of stomach, malabsorption, intolerance to food, hypermotility of intestines, intestinal paralysis, intestinal obstruction and decreased bile production</i> <i>Exclusions: ingestion functions (b510); assimilation functions (b520); defecation functions (b525); sensations associated with the digestive system (b535)</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>No impairments</i>							
b5250	Elimination functions	0	1	2	3	4	8	9
	Functions of the elimination of waste from the rectum, including the functions of contraction of the abdominal muscles in doing so.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Loss of voluntary control of elimination functions</i>							
b5251	Faecal consistency	0	1	2	3	4	8	9
	Consistency of faeces such as hard, firm, soft or watery.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>No impairments</i>							
b5252	Frequency of defecation	0	1	2	3	4	8	9
	Functions involved in the frequency of defecation.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Not applicable due to regular manual defecation</i>							
b5253	Faecal continence	0	1	2	3	4	8	9
	Functions involved in voluntary control over the elimination function.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Due to loss of voluntary control faecal incontinence</i>							
b5254	Flatulence	0	1	2	3	4	8	9
	Functions involved in the expulsion of excessive amounts of air or gases from the intestines.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>No impairments</i>							
b530	Weight maintenance functions	0	1	2	3	4	8	9
	Functions of maintaining appropriate body weight, including weight gain during the developmental period. <i>Inclusions: functions of maintenance of acceptable Body Mass Index (BMI); impairments such as underweight, cachexia, wasting, overweight, emaciation and such as in primary and secondary obesity</i> <i>Exclusions: assimilation functions (b520); general metabolic functions (b540); endocrine gland functions (b555)</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Regular body weight measure: Loss of 7 kg since injury, low BMI</i>							

b550	Thermoregulatory functions	0	1	2	3	4	8	9
	Functions of the regulation of body temperature. <i>Inclusions: functions of maintenance of body temperature; impairments such as hypothermia, hyperthermia</i> <i>Exclusions: general metabolic functions (b540); endocrine gland functions (b555)</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Regulation of body temperature is not adequate</i>							
b610	Urinary excretory functions	0	1	2	3	4	8	9
	Functions of filtration and collection of the urine. <i>Inclusions: functions of urinary filtration, collection of urine; impairments such as in renal insufficiency, anuria, oliguria, hydronephrosis, hypotonic urinary bladder and ureteric obstruction</i> <i>Exclusion: urination functions (b620)</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: -							
b6200	Urination	0	1	2	3	4	8	9
	Functions of voiding the urinary bladder. <i>Inclusions: impairments such as in urine retention</i>							
	Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Lack of voluntary voiding of the bladder</i>							
b6201	Frequency of urination	0	1	2	3	4	8	9
	Functions involved in the number of times urination occurs.							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Not applicable due to regular catheterization</i>							
b6202	Urinary continence	0	1	2	3	4	8	9
	Functions of control over urination. <i>Inclusions: impairments such as in stress, urge, reflex, continuous and mixed incontinence</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input checked="" type="checkbox"/> Technical investigation							
	Description of the problem: <i>Complete incontinence due to loss of voluntary control. requires intermittent catheterization</i>							
b630	Sensations associated with urinary functions	0	1	2	3	4	8	9
	Sensations arising from voiding and related urinary functions <i>Inclusions: sensations of incomplete voiding of urine, feeling of fullness of bladder</i> <i>Exclusions: sensations of pain (b280); urination functions (b620)</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>No sensation of filling of the bladder</i>							
b640	Sexual functions	0	1	2	3	4	8	9
	Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages. <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>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Complete impairment of sexual functions</i>							

b670	Sensations associated with genital and reproductive functions	0	1	2	3	4	8	9
	Sensations arising from sexual arousal, intercourse, menstruation, and related genital or reproductive functions. <i>Inclusions: sensations of dyspareunia, dysmenorrhoea, hot flushes during menopause and night sweats during menopause</i> <i>Exclusions: sensation of pain (b280); sensations associated with urinary functions (b630); sexual functions (b640); menstruation functions (b650); procreation functions (b660)</i>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>No problems reported</i>							
b710	Mobility of joint functions	0	1	2	3	4	8	9
	Functions of the range and ease of movement of a joint. <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>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Measurement with goniometer and observation: Full range of motion of all joints of the body</i>							
b715	Stability of joint functions	0	1	2	3	4	8	9
	Functions of the maintenance of structural integrity of the joints. <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>							
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Slight hypermobility and instability of hip joints</i>							
b7300	Power of isolated muscles and muscle groups	0	1	2	3	4	8	9
	Functions related to the force generated by the contraction of specific and isolated muscles and muscle groups. <i>Inclusion: impairments such as weakness of small muscles of feet or hands</i>							
	Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Muscle power function in muscle groups above the level of injury is good</i>							
b7302	Power of muscles of one side of the body	0	1	2	3	4	8	9
	Functions related to the force generated by the contraction of the muscles and muscle groups found on the left or right side of the body. <i>Inclusions: impairments such as hemiparesis and hemiplegia</i>							
	Source 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: <i>Not applicable to the patient</i>							
b7303	Power of muscles in lower half of the body	0	1	2	3	4	8	9
	Functions related to the force generated by the contraction of the muscles and muscle groups found in the lower half of the body. <i>Inclusions: impairments such as paraparesis and paraplegia</i>							
	Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem: <i>Manual muscle testing (MMT) resulted in 0 (total paralysis) in all muscles below the level of injury</i>							
b7304	Power of muscles of all limbs	0	1	2	3	4	8	9
	Functions related to the force generated by the contraction of muscles and muscle groups of all four limbs. <i>Inclusions: impairments such as tetraparesis and tetraplegia</i>							
	Source 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: <i>Not applicable to the patient</i>							

b7305	Power of muscles of the trunk	0	1	2	3	4	8	9
Functions related to the force generated by the contraction of muscles and muscle groups in the trunk. Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Manual muscle testing (MMT) resulted in 0 (total paralysis) in all trunk muscles below the level of injury</i>								
b7353	Tone of muscles of lower half of the body	0	1	2	3	4	8	9
Functions related to the tension present in the resting muscles and muscle groups in the lower half of the body and the resistance offered when trying to move those muscles passively. <i>Inclusions: impairments associated with paraparesis and paraplegia</i> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Increased muscle tone in the lower half of the body, associated with movement</i>								
b7354	Tone of muscles of all limbs	0	1	2	3	4	8	9
Functions related to the tension present in the resting muscles and muscle groups in all four limbs and the resistance offered when trying to move those muscles passively. <i>Inclusions: impairments associated with tetraparesis and tetraplegia</i> Source 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: <i>Not applicable to the patient</i>								
b7355	Tone of muscles of trunk	0	1	2	3	4	8	9
Functions related to the tension present in the resting muscles and muscle groups of the trunk and the resistance offered when trying to move those muscles passively. Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Slight increase in the lower trunk</i>								
b740	Muscle endurance functions	0	1	2	3	4	8	9
Functions related to sustaining muscle contraction for the required period of time. <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> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>No problems in the upper part of the body</i>								
b750	Motor reflex functions	0	1	2	3	4	8	9
Functions of involuntary contraction of muscles automatically induced by specific stimuli. <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> Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Complete loss of motor reflex functions below the level of injury</i>								
b755	Involuntary movement reaction functions	0	1	2	3	4	8	9
Functions of involuntary contractions of large muscles or the whole body induced by body position, balance and threatening stimuli. <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> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: <i>Severe problems in balance and postural reactions in sitting position</i>								

b760	Control of voluntary movement functions	0	1	2	3	4	8	9
Functions associated with control over and coordination of voluntary movements. <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>								
Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
Description of the problem: <i>Complete loss of control below the level of injury, above the level of injury no impairments</i>								
b765	Involuntary movement functions	0	1	2	3	4	8	9
Functions of unintentional, non- or semi-purposive involuntary contractions of a muscle or group of muscles. <i>Inclusions: involuntary contractions of muscles; impairments such as tremors, tics, mannerisms, stereotypies, motor perseveration, chorea, athetosis, vocal tics, dystonic movements and dyskinesia</i> <i>Exclusions: control of voluntary movement functions (b760); gait pattern functions (b770)</i>								
Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
Description of the problem: <i>Testing within passive movements and observation: no impairments</i>								
b770	Gait pattern functions	0	1	2	3	4	8	9
Functions of movement patterns associated with walking, running or other whole body movements. <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>								
Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
Description of the problem: <i>Patient is not able to walk</i>								
b780	Sensations related to muscles and movement functions	0	1	2	3	4	8	9
Sensations associated with the muscles or muscle groups of the body and their movement. <i>Inclusions: sensations of muscle stiffness and tightness of muscles, muscle spasm or constriction, and heaviness of muscles</i> <i>Exclusion: sensation of pain (b280)</i>								
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
Description of the problem: <i>Passive movement: No impairments</i>								
b810	Protective functions of the skin	0	1	2	3	4	8	9
Functions of the skin for protecting the body from physical, chemical and biological threats. <i>Inclusions: functions of protecting against the sun and other radiation, photosensitivity, pigmentation, quality of skin; insulating function of skin, callus formation, hardening; impairments such as broken skin, ulcers, bedsores and thinning of skin</i> <i>Exclusions: repair functions of the skin (b820); other functions of the skin (b830)</i>								
Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
Description of the problem: <i>Visual inspection: No existing pressure sores</i>								
b820	Repair functions of the skin	0	1	2	3	4	8	9
Functions of the skin for repairing breaks and other damage to the skin. <i>Inclusions: functions of scab formation, healing, scarring; bruising and keloid formation</i> <i>Exclusions: protective functions of the skin (b810); other functions of the skin (b830)</i>								
Source of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
Description of the problem: <i>Scars from surgery completely healed</i>								
b830	Other functions of the skin	0	1	2	3	4	8	9
Functions of the skin other than protection and repair, such as cooling and sweat secretion. <i>Inclusions: functions of sweating, glandular functions of the skin and resulting body odour</i> <i>Exclusions: protective functions of the skin (b810); repair functions of the skin (b820)</i>								
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
Description of the problem: <i>No sweating in areas affected by the SCI</i>								

b840	Sensations related to the skin	0	1	2	3	4	8	9
	Sensations related to the skin such as itching, burning sensation and tingling. <i>Inclusions: impairments such as pins and needles sensation and crawling sensation</i> <i>Exclusion: sensation of pain (b280)</i>							
	Source of information: <input checked="" 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
s12000	Cervical spinal cord	Extent	0	1	2	3	4	8	9
		Nature*	0	1	2	3	4	5	6
		Location**	0	1	2	3	4	5	6
Sources of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: -									
s12001	Thoracic spinal cord	Extent	0	1	2	3	4	8	9
		Nature*	0	1	2	3	4	5	6
		Location**	0	1	2	3	4	5	6
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input checked="" type="checkbox"/> Technical investigation									
Description of the problem: <i>MRI, AIS-Score: Complete impairment of the spinal cord at 7th thoracic vertebra</i>									
s12002	Lumbar spinal cord	Extent	0	1	2	3	4	8	9
		Nature*	0	1	2	3	4	5	6
		Location**	0	1	2	3	4	5	6
Sources of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: -									
s12003	Lumbosacral spinal cord	Extent	0	1	2	3	4	8	9
		Nature*	0	1	2	3	4	5	6
		Location**	0	1	2	3	4	5	6
Sources of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: -									
s1201	Spinal nerves	Extent	0	1	2	3	4	8	9
		Nature*	0	1	2	3	4	5	6
		Location**	0	1	2	3	4	5	6
Sources of information: <input checked="" 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
		Location**	0	1	2	3	4	5	6
Sources of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: -									
s610	Structure of urinary system	Extent	0	1	2	3	4	8	9
		Nature*	0	1	2	3	4	5	6
		Location**	0	1	2	3	4	5	6
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input checked="" type="checkbox"/> Technical investigation									
Description of the problem: <i>No changes found through ultrasound</i>									

s710	Structure of head and neck region	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 checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem: -												
s720	Structure of shoulder region	Extent	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 checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem: -												
s730	Structure of upper extremity	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 checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem: -												
s740	Structure of pelvic region	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 checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem: -												
s750	Structure of lower extremity	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 checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input checked="" type="checkbox"/> Technical investigation												
Description of the problem: <i>Observation, Manual testing of the joint, X-Ray: Slight swelling of the left knee related to strain trauma of ligaments, no fractures</i>												
s760	Structure of trunk	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 checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem: -												
s810	Structure of areas of skin	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 checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem: <i>Inspection: Scars from surgery completely healed</i>												

* 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									
How much difficulty does the person have in the...									
P = performance of...									
C = capacity in...									
		No problem	Mild problem	Moderate problem	Severe problem	Complete problem	Not specified	Not applicable	
d230	Carrying out daily routine	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>								
	Source of information: <input checked="" 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: No difficulty C: No difficulty								
d240	Handling stress and other psychological demands	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	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. <i>Inclusions: handling responsibilities; handling stress and crisis</i>								
	Source of information: <input checked="" 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: Able to handle stressful situations during daily routine in the rehabilitation centre C: No specific test performed								
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>								
	Source of information: <input checked="" 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: No difficulty C: No difficulty								
d4100	Lying down	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Getting into and out of a lying down position or changing body position from horizontal to any other position, such as standing up or sitting down. <i>Inclusion: getting into a prostrate position</i>								
	Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
	Description of the problem: P: With personal assistance increased time consumption C: Without assistance not able to lay down and sit up due to restrictions related to spinal surgery.								
d4102	Kneeling	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Getting into and out of a position where the body is supported by the knees with legs bent, such as during prayers, or changing body position from kneeling to any other position, such as standing up.								
	Source of information: <input checked="" 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: Not able C: Not able								

d4103	Sitting	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Getting into and out of a seated position and changing body position from sitting down to any other position, such as standing up or lying down. <i>Inclusions: getting into a sitting position with bent legs or cross-legged; getting into a sitting position with feet supported or unsupported</i>									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: With assistance in sitting up from lying position able to change body position slowly and carefully C: Without assistance not able to sit up from lying position due to restrictions related to spinal surgery.									
d4104	Standing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Getting into and out of a standing position or changing body position from standing to any other position, such as lying down or sitting down.									
Source of information: <input checked="" 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: Not able to stand up or sit down from standing position C: Not able to stand up or sit down from standing position									
d4105	Bending	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Tilting the back downwards or to the side, at the torso, such as in bowing or reaching down for an object.									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: Sometimes problems when reaching for objects due to lack of control of bending the back C: Has some limitations due to spinal surgery and due to lack of muscle power in the trunk									
d4106	Shifting the body's centre of gravity	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Adjusting or moving the weight of the body from one position to another while sitting, standing or lying, such as moving from one foot to another while standing. <i>Exclusions: transferring oneself (d420); walking (d450)</i>									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: Sometimes increased risk for falling due to problems with shifting the body C: Problems with shifting the body while sitting due to impaired muscle power and proprioceptive functions									
d4153	Maintaining a sitting position	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Staying in a seated position, on a seat or the floor, for some time as required, such as when sitting at a desk or table. <i>Inclusions: staying in a sitting position with straight legs or cross-legged, with feet supported or unsupported</i>									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: No problem when sitting in the wheelchair but problems when sitting without backrest C: Requires arms to prop up due to limited body balance									
d4154	Maintaining a standing position	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Staying in a standing position for some time as required, such as when standing in a queue. <i>Inclusions: staying in a standing position on a slope, on slippery or hard surfaces</i>									
Source of information: <input checked="" 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: Not applicable C: Not able to stand at all									

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. <i>Inclusion: transferring oneself while sitting or lying</i> <i>Exclusion: changing basic body position (d410)</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: <i>With the use of devices independent but increased time consumption</i> C: <i>Requires a sliding board to transfer from bed to wheelchair and back, or to transfer into the car. SCIM-Transfer: 1 (=Needs partial assistance and/or supervision, and/or adaptive devices). Without devices some difficulties and increased risk for falls</i></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. <i>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: <i>Problems occur only when lifting heavy objects from the ground</i> C: <i>Problems occur only when lifting heavy objects from the ground</i></p>									
d435	Moving objects with lower extremities	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Performing coordinated actions aimed at moving an object by using the legs and feet, such as kicking a ball or pushing pedals on a bicycle. <i>Inclusions: pushing with lower extremities; kicking</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: <i>Not able to move objects with lower extremities at all</i> C: <i>Not able to move objects with lower extremities at all</i></p>									
d4400	Picking up	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Lifting or taking up a small object with hands and fingers, such as when picking up a pencil.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: - C: -</p>									
d4401	Grasping	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Using one or both hands to seize and hold something, such as when grasping a tool or a door knob.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: - C: -</p>									
d4402	Manipulating	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Using fingers and hands to exert control over, direct or guide something, such as when handling coins or other small objects.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: - C: -</p>									

d4403	Releasing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using fingers and hands to let go or set free something so that it falls or changes position, such as when dropping an item of clothing. Source of information: <input checked="" 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: -									
d4450	Pulling	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using fingers, hands and arms to bring an object towards oneself, or to move it from place to place, such as when pulling a door closed. Source of information: <input checked="" 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: -									
d4451	Pushing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using fingers, hands and arms to move something from oneself, or to move it from place to place, such as when pushing an animal away. Source of information: <input checked="" 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: -									
d4452	Reaching	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using the hands and arms to extend outwards and touch and grasp something, such as when reaching across a table or desk for a book. Source of information: <input checked="" 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: -									
d4453	Turning or twisting the hands or arms	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using fingers, hands and arms to rotate, turn or bend an object, such as is required to use tools or utensils. Source of information: <input checked="" 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: -									
d4455	Catching	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using fingers, hands and arms to grasp a moving object in order to bring it to a stop and hold it, such as when catching a ball. Source of information: <input checked="" 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	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards or sideways. <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>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>P: Not able to walk at all</i> <i>C: Not able to walk at all</i></p>									
d4500	Walking short distances	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Walking for less than a kilometer, such as walking around rooms or hallways, within a building or for short distances outside.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>P: Not able to walk at all</i> <i>C: Not able to walk at all</i></p>									
d4501	Walking long distances	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Walking for more than a kilometer, such as across a village or town, between villages or across open areas.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>P: Not able to walk at all</i> <i>C: Not able to walk at all</i></p>									
d4502	Walking on different surfaces	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Walking on sloping, uneven, or moving surfaces, such as on grass, gravel or ice and snow, or walking aboard a ship, train or other vehicle</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>P: Not able to walk at all</i> <i>C: Not able to walk at all</i></p>									
d4503	Walking around obstacles	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Walking in ways required to avoid moving and immobile objects, people, animals, and vehicles, such as walking around a marketplace or shop, around or through traffic or other crowded areas.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>P: Not able to walk at all</i> <i>C: Not able to walk at all</i></p>									
d455	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles. <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i> <i>Exclusions: transferring oneself (d420); walking (d450)</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: <i>P: Not able to move in any other mean than moving the wheelchair</i> <i>C: Not able to move around</i></p>									

d4600	Moving around within the home	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Walking and moving around in one's home, within a room, between rooms, and around the whole residence or living area. <i>Inclusions: moving from floor to floor, on an attached balcony, courtyard, porch or garden</i>									
Source of information: <input checked="" 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: Requires a manual wheelchair, experiences some difficulties moving the wheelchair in his home and his parent's home (experienced during home stay at the weekend) C: Not able to move around without a wheelchair									
d4601	Moving around within buildings other than home	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Walking and moving around within buildings other than one's residence, such as moving around other people's homes, other private buildings, community and private or public buildings and enclosed areas. <i>Inclusions: moving throughout all parts of buildings and enclosed areas, between floors, inside, outside and around buildings, both public and private</i>									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: Requires a wheelchair. Not able to access his own apartment due to lack of elevator. Able to access most of public buildings, however, some have steps and no wheelchair accessible toilets, requires sometimes assistance from others C: Not able to move around without a wheelchair									
d4602	Moving around outside the home and other buildings	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Walking and moving around close to or far from one's home and other buildings, without the use of transportation, public or private, such as walking for short or long distances around a town or village. <i>Inclusions: walking or moving down streets in the neighborhood, town, village or city; moving between cities and further distances, without using transportation</i>									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: Requires a wheelchair. Has still some difficulties to overcome steps, slopes or other obstacles in the city but also in the countryside. C: Not able to move around outside without a wheelchair									
d465	Moving around using equipment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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. <i>Exclusions: transferring oneself (d420); walking (d450); moving around (d455); using transportation (d470); driving (d475)</i>									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: Experiences moderate problems when moving around in different locations with obstacles C: No problems on flat ground, but problems with overcoming obstacles									
d470	Using transportation	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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>									
Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem: P: With the use of the wheelchair experiences still limitations in relation to handling the wheelchair in public transportation and due to transferring in and out of the cars. C: Without wheelchair impossible.									

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>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: Requires adapted car. Is able to drive an adapted car but has to take the test for a special driving license for persons with disabilities. C: Not able to drive a car without specific adaptations</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>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: Independent when using devices C: Requires some little adaptations (handholds, shower wheelchair). SCIM-Bathing: 2 (=washes independently with adaptive devices or in a specific setting), without devices increased time consumption</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 requires 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>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: Mild problems with caring for toe nails. C: SCIM-Grooming: 1 (=requires partial assistance)</p>									
d5300	Regulating urination	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Coordinating and managing urination, such as by indicating need, getting into the proper position, choosing and getting to an appropriate place for urination, manipulating clothing before and after urination, and cleaning oneself after urination.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: With devices independent in regulating urination C: Without devices completely limited. Using catheters and devices completely independent; SCIM-Sphincter management bladder: 11 (=Intermittent self-catheterization: continent between catheterizations; does not use external drainage instrument)</p>									
d5301	Regulating defecation	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Coordinating and managing defecation such as by indicating need, getting into the proper position, choosing and getting to an appropriate place for defecation, manipulating clothing before and after defecation, and cleaning oneself after defecation.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem: P: Requires assistance for regulating defecation C: Has to defecate within manual defecation. Requires assistance from nurses for manual defecation. SCIM-Sphincter management bowel: 5 (=Regular timing, but requires assistance (e.g. for applying suppository); rare accidents (less than twice a month)</p>									

d5302	Menstrual care	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Coordinating, planning and caring for menstruation, such as by anticipating menstruation and using sanitary towels and napkins.									
Source 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:									
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.									
Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing									
Source of information:									
<input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem:									
P: With assistance still increased time consumption for dressing the lower body									
C: Independent with dressing the upper body: SCIM-Dressing A: 4 (=Dresses any clothes independently; does not require adaptive devices or specific setting), needs partial assistance with dressing the lower body, SCIM-Dressing B:1 (=Requires partial assistance with clothes without buttons, zippers or laces)									
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.									
Exclusion: drinking (d560)									
Source of information:									
<input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem:									
P: No difficulty									
C: SCIM-Feeding: 3 (=Eats and drinks independently; does not require assistance or adaptive devices)									
d560	Drinking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Taking hold of a drink, bringing it to the mouth, and consuming the drink in culturally acceptable ways, mixing, stirring and pouring liquids for drinking, opening bottles and cans, drinking through a straw or drinking running water such as from a tap or a spring; feeding from the breast.									
Exclusion: eating (d550)									
Source of information:									
<input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem:									
P: No difficulty									
C: SCIM-Feeding: 3 (=Eats and drinks independently; does not require assistance or adaptive devices)									
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.									
Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health									
Source of information:									
<input checked="" 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: Caring for himself by considering all instructions of the health professionals and performing regular self exercises									
C: Not specifically tested									

d610	Acquiring a place to live	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Buying, renting, furnishing and arranging a house, apartment or other dwelling. <i>Inclusions: buying or renting a place to live and furnishing a place to live</i> <i>Exclusions: acquisition of goods and services (d620); caring for household objects (d650)</i>									
Source of information: <input checked="" 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: <i>With the help of the social worker searching for a new place to live</i> C: <i>Has limited time resources, but receives support from social worker to search for new accommodation that is wheelchair accessible</i>									
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>									
Source of information: <input checked="" 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: <i>Does not have to buy goods at the moment</i> C: <i>Not tested yet</i>									
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>									
Source of information: <input checked="" 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: <i>Does not have to prepare meals at the moment</i> C: <i>Not tested yet</i>									
d640	Doing housework	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>									
Source of information: <input checked="" 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: <i>Does not have to do housework at the moment</i> C: <i>Not tested yet</i>									
d660	Assisting others	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others. <i>Inclusions: assisting others with self-care, movement, communication, interpersonal relations, nutrition and health maintenance</i> <i>Exclusion: remunerative employment (d850)</i>									
Source of information: <input checked="" 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: <i>Does not assist others at the moment</i> C: <i>No need to assist others since injury</i>									

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>Source of information:</p> <p><input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> <p>P: -</p> <p>C: -</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.</p> <p><i>Inclusions: romantic, spousal and sexual relationships</i></p> <p>Source of information:</p> <p><input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> <p>P:</p> <p>C: <i>Is single</i></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.</p> <p><i>Inclusions: self-employment, part-time and full-time employment</i></p> <p>Source of information:</p> <p><input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> <p>P: <i>Still at in-patient rehabilitation setting</i></p> <p>C: <i>Not able to work at the moment. Will not be able to work as a mover anymore but would be able to work part-time in a job that only requires sitting. No vocational solution found so far</i></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>Source of information:</p> <p><input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> <p>P: <i>Social worker assists him in performing economic tasks</i></p> <p>C: <i>Has little lack of knowledge regarding social security services but receives support from a social worker</i></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>Source of information:</p> <p><input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> <p>P: <i>With the support from the rehabilitation centre performing recreational activities</i></p> <p>C: <i>Physical leisure activities severely restricted, however socializes with friends and family, who support him, in the center and during weekend stays at home.</i></p>									

d930	Religion and spirituality	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in religious or spiritual activities, organizations and practices for self-fulfilment, finding meaning, religious or spiritual value and establishing connection with a divine power, such as is involved in attending a church, temple, mosque or synagogue, praying or chanting for a religious purpose, and spiritual contemplation.</p> <p><i>Inclusions: organized religion and spirituality</i></p>									
<p>Source of information:</p> <p><input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p>									
<p>Description of the problem:</p> <p>P:</p> <p>C: <i>Does not practice any religious activities</i></p>									

e140	Products and technology for culture, recreation and sport	+4	+3	+2	+1	0	1	2	3	4	8	9
	Equipment, products and technology used for the conduct and enhancement of cultural, recreational and sporting activities, including those adapted or specially designed. <i>Inclusion: general and assistive products and technology for culture, recreation and sport</i> Source of information: <input checked="" 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: <i>Not relevant at this time-point</i>											
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> Source of information: <input checked="" 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: <i>Some buildings are wheelchair accessible, others not.</i>											
e155	Design, construction and building products and technology of buildings for private 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 private use, including those adapted or specially designed. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i> Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: <i>Own apartment is not wheelchair accessible</i>											
e165	Assets	+4	+3	+2	+1	0	1	2	3	4	8	9
	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. <i>Inclusions: tangible and intangible products and goods, financial assets</i> Source of information: <input checked="" 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: <i>Has some money and financial support from his parents</i>											
e310	Immediate family	+4	+3	+2	+1	0	1	2	3	4	8	9
	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. <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</i> Source of information: <input checked="" 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: <i>Receives very much support from his family</i>											
e315	Extended family	+4	+3	+2	+1	0	1	2	3	4	8	9
	Individuals related through family or marriage or other relationships recognized by the culture as extended family, such as aunts, uncles, nephews and nieces. <i>Exclusion: immediate family (e310)</i> Source of information: <input checked="" 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: <i>The extended family does not affect the patients functioning</i>											
e320	Friends	+4	+3	+2	+1	0	1	2	3	4	8	9
	Individuals who are close and ongoing participants in relationships characterized by trust and mutual support. Source of information: <input checked="" 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: <i>Friends extremely support the patient</i>											

e325	Acquaintances, peers, colleagues, neighbours and community members	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>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. <i>Exclusions: associations and organizational services (e5550)</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier: <i>Experiences other patients from the rehabilitation center to be often supportive</i></p>											
e330	People in position of authority	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Individuals who have decision-making responsibilities for others and who have socially defined influence or power based on their social, economic, cultural or religious roles in society, such as teachers, employers, supervisors, religious leaders, substitute decision-makers, guardians or trustees.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier: <i>His employer is motivated to find a job solution for him</i></p>											
e340	Personal care providers and personal assistants	+4	+3	+2	+1	0	1	2	3	4	8	9
	<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. <i>Exclusions: immediate family (e310); extended family (e315); friends (e320); general social support services (e5750); health professionals (e355)</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier: <i>He has no specific personal care providers</i></p>											
e355	Health professionals	+4	+3	+2	+1	0	1	2	3	4	8	9
	<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. <i>Exclusion: other professionals (e360)</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier: <i>Health professionals are experienced as extremely supportive by the patient</i></p>											
e360	Other professionals	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>All service providers working outside the health system, including lawyers, social workers, teachers, architects and designers. <i>Exclusion: health professionals (e355)</i></p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier: <i>Social worker is a very important facilitator</i></p>											
e410	Individual attitudes of immediate family members	+4	+3	+2	+1	0	1	2	3	4	8	9
	<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>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier: <i>Very positive and supportive</i></p>											
e415	Individual attitudes of extended family members	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of extended family members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Source of information: <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier: <i>Not relevant for the patient</i></p>											

e420	Individual attitude of friends	+4	+3	+2	+1	0	1	2	3	4	8	9
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. Source of information: <input checked="" 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: <i>Very positive and supportive</i>												
e425	Individual attitudes of acquaintances, peers, colleagues, neighbours and community members	+4	+3	+2	+1	0	1	2	3	4	8	9
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. Source of information: <input checked="" 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: <i>Very positive and supportive</i>												
e440	Individual attitudes of personal care providers and personal assistants	+4	+3	+2	+1	0	1	2	3	4	8	9
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. Source of information: <input checked="" 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: <i>No personal care providers exist</i>												
e450	Individual attitudes of health professionals	+4	+3	+2	+1	0	1	2	3	4	8	9
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. Source of information: <input checked="" 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: <i>Patient's experiences are very positive, however, sometimes not focused on his own interests</i>												
e460	Societal attitudes	+4	+3	+2	+1	0	1	2	3	4	8	9
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. Source of information: <input checked="" 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: <i>No bad or good experiences so far</i>												
e515	Architecture and construction services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
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> Source 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: <i>Not relevant at the moment</i>												
e525	Housing services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
Services, systems and policies for the provision of shelters, dwellings or lodging for people. Source 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: <i>Not relevant for the patient</i>												
e540	Transportation services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
Services, systems and policies for enabling people or goods to move or be moved from one location to another. Source of information: <input checked="" 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: <i>Services for his special needs are available but somehow a little bit complicated</i>												

e555	Associations and organizational services, systems and policies	+4	+3	+2	+1	+0	1	2	3	4	8	9
	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. Source of information: <input checked="" 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: <i>Receives a lot of support from the Paraplegic Foundation</i>											
e570	Social security services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
	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. <i>Exclusion: economic services, systems and policies (e565)</i> Source of information: <input checked="" 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: <i>Receives services to cope with his situation</i>											
e575	General social support services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
	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. <i>Exclusions: personal care providers and personal assistants (e340); social security services, systems and policies (e570); health services, systems and policies (e580)</i> Source of information: <input checked="" 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: <i>Has not made any experiences so far</i>											
e580	Health services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
	Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle. <i>Exclusion: general social support services, systems and policies (e575)</i> Source of information: <input checked="" 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: <i>Receives all health services which are required at the moment</i>											

Functioning Profile (Comprehensive Version)

BODY FUNCTIONS		Impairment					
		0	1	2	3	4	
b125	Temperament and personality functions						
b130	Energy and drive functions						
b134	Sleep functions						
b152	Emotional functions						
b260	Proprioceptive functions						
b265	Touch functions						
b270	Sensory functions related to temperature and other stimuli						
b280∞	Sensation of pain						
b2800	Generalized pain						
b28010	Pain in head and neck						
b28013	Pain in back						
b28014	Pain in upper limb						
b28015	Pain in lower limb						
b28016	Pain in joints						
b2803	Radiating pain in a dermatome						
b2804	Radiating pain in a segment or region						
b310	Voice functions						
b410	Heart functions						
b415	Blood vessel functions						
b4200	Increased blood pressure						
b4201	Decreased blood pressure						
b4202	Maintenance of blood pressure						
b430	Haematological system functions						
b440	Respiration functions						
b445	Respiratory muscle functions						
b450	Additional respiraoty functions						
b455	Exercise tolerance functions						
b510	Ingestion functions						
b515	Digestive functions						
b5250	Elimination functions						
b5251	Faecal consistency						
b5252	Frequency of defecation		9				
b5253	Faecal continence						
b5254	Flatulence						
b530	Weight maintenance functions						
b550	Thermoregulatory functions						
b610	Urinary excretory functions						
b6200	Urination						
b6201	Frequency of urination		9				
b6202	Urinary continence						
b630	Sensations associated with urinary functions						
b640	Sexual functions						
b670	Sensations associated with genital and reproductive functions		9				
b710	Mobility of joint functions						
b715	Stability of joint functions						
b7300	Power of isolated muscles and muscle groups						
b7302	Power of muscles of one side of the body		9				
b7303	Power of muscles in lower half of the body						
b7304	Power of muscles of all limbs		9				
b7305	Power of muscles of the trunk						
b7353	Tone of muscles of lower half of the body						
b7354	Tone of muscles of all limbs		9				
b7355	Tone of muscles of trunk						
b740	Muscle endurance functions						
b750	Motor reflex functions						
b755	Involuntary movement reaction functions						
b760	Control of voluntary movement functions						

d450∞	Walking	P C	
d4500	Walking short distances	P C	
d4501	Walking long distances	P C	
d4502	Walking on different surfaces	P C	
d4503	Walking around obstacles	P C	
d455	Moving around	P C	
d4600	Moving around within the home	P C	
d4601	Moving around within buildings other than home	P C	
d4602	Moving around outside the home and other buildings	P C	
d465	Moving around using equipment	P C	
d470	Using transportation	P C	
d475	Driving	P C	
d510	Washing oneself	P C	
d520	Caring for body parts	P C	
d5300	Regulating urination	P C	
d5301	Regulating defecation	P C	
d5302	Menstrual care	P C	9 9
d540	Dressing	P C	
d550	Eating	P C	
d560	Drinking	P C	
d570	Looking after one's health	P C	8
d610	Acquiring a place to live	P C	
d620	Acquisition of goods and services	P C	9 9
d630	Preparing meals	P C	9 9
d640	Doing housework	P C	9 9
d660	Assisting others	P C	9 9
d760	Family relationships	P C	
d770	Intimate relationships	P C	9 9
d850	Remunerative employment	P C	9
d870	Economic self-sufficiency	P C	
d920	Recreation and leisure	P C	
d930	Religion and spirituality	P C	9 9
ENVIRONMENTAL FACTORS		Facilitator +4 +3 +2 +1 0 1 2 3 4	Barrier
e110	Products or substances for personal consumption		
e115	Products and technology for personal use in daily living		
e120	Products and techn. for pers. indoor and outdoor mobility and transportation		
e125	Products and technology for communication		
e130	Products and technology for education		9
e135	Products and technology for employment		9
e140	Products and technology for culture, recreation and sport		9
e150	Design, construction and build. prod. and technology of buildings for public use		
e155	Design, construction and building prod. and techn. of buildings for private use		
e165	Assets		

e310	Immediate family	
e315	Extended family	
e320	Friends	
e325	Acquaintances, peers, colleagues, neighbours and community members	
e330	People in position of authority	
e340	Personal care providers and personal assistants	9
e355	Health professionals	
e360	Other professionals	
e410	Individual attitudes of immediate family members	
e415	Individual attitudes of extended family members	9
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	9
e450	Individual attitudes of health professionals	
e460	Societal attitudes	
e515	Architecture and construction services, systems and policies	9
e525	Housing services, systems and policies	9
e540	Transportation 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	9
e580	Health 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