

ICF DOCUMENTATION FORM for the COMPREHENSIVE ICF CORE SET FOR SPINAL CORD INJURY IN POST-ACUTE CARE

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

| BODY FUNCTIONS = physiological functions of body systems (including psychological functions) <i>How much impairment does the person have in...</i> | | No impairment | Mild impairment | Moderate impairment | Severe impairment | Complete impairment | Not specified | Not applicable |
|---|---|---------------|-----------------|---------------------|-------------------|---------------------|---------------|----------------|
| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| b130 | Energy and drive functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner. <i>Inclusions: functions of energy level, motivation, appetite, craving (including craving for substances that can be abused) and impulse control</i> <i>Exclusions: consciousness functions (b110); temperament and personality functions (b126); sleep functions (b134); psychomotor functions (b147); emotional functions (b152)</i> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| b152 | Emotional functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Specific mental functions related to the feeling and affective components of the processes of the mind. <i>Inclusions: functions of appropriateness of emotion, regulation and range of emotion; affect; sadness, happiness, love, fear, anger, hate, tension, anxiety, joy, sorrow; lability of emotion; flattening of affect</i> <i>Exclusions: temperament and personality functions (b126); energy and drive functions (b130)</i> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |

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| b260 | Proprioceptive function | 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| b265 | Touch function | 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| b280[∞] | Sensation of pain | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| Sensation of unpleasant feeling indicating potential or actual damage to some body structure. <i>Inclusions: sensations of generalized or localized pain in one or more body part, pain in a dermatome, stabbing pain, burning pain, dull pain, aching pain; impairments such as myalgia, analgesia and hyperalgesia</i> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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. | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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. | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |

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| b28014 | Pain in upper 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 upper limbs, including hands.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |
| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |

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| b415 | Blood vessel functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| b4200 | Increased blood pressure | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions related to a rise in systolic or diastolic blood pressure above normal for the age. | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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. | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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. | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| b440 | Respiration functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions of inhaling air into the lungs, the exchange of gases between air and blood, and exhaling air. <i>Inclusions: functions of respiration rate, rhythm and depth; impairments such as apnoea, hyperventilation, irregular respiration, paradoxical respiration and bronchial spasm and as in pulmonary emphysema.</i> <i>Exclusions: respiratory muscle functions (b445); additional respiratory functions (b450); exercise tolerance functions (b455)</i> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |

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| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| b450 | Additional respiratory functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Additional functions related to breathing, such as coughing, sneezing and yawning. <i>Inclusions: functions of blowing, whistling and mouth breathing</i> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| b455 | Exercise tolerance functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion. <i>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</i> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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. | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |

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| b5251 | Faecal consistency | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Consistency of faeces such as hard, firm, soft or watery. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| b5252 | Frequency of defecation | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions involved in the frequency of defecation. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| b5253 | Faecal continence | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions involved in voluntary control over the elimination function. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| b5254 | Flatulence | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions involved in the expulsion of excessive amounts of air or gases from the intestines. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |

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| b6200 | Urination | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions of voiding the urinary bladder. <i>Inclusions: impairments such as in urine retention</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| b6201 | Frequency of urination | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions involved in the number of times urination occurs. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | |

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| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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> | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |
| 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. | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| Description of the problem: | | | | | | | | |

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|--------------|--|----------|----------|----------|----------|----------|----------|----------|
| b7353 | Tone of muscles of lower half of the body | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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.</p> <p><i>Inclusions: impairments associated with paraparesis and paraplegia</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |
| b7354 | Tone of muscles of all limbs | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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.</p> <p><i>Inclusions: impairments associated with tetraparesis and tetraplegia</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |
| b7355 | Tone of muscles of trunk | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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.</p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |
| b740 | Muscle endurance functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Functions related to sustaining muscle contraction for the required period of time.</p> <p><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></p> <p><i>Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |
| b750 | Motor reflex functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Functions of involuntary contraction of muscles automatically induced by specific stimuli.</p> <p><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></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |
| b755 | Involuntary movement reaction functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Functions of involuntary contractions of large muscles or the whole body induced by body position, balance and threatening stimuli.</p> <p><i>Inclusions: functions of postural reactions, righting reactions, body adjustment reactions, balance reactions, supporting reactions, defensive reactions</i></p> <p><i>Exclusion: motor reflex functions (b750)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | |

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|--|---|----------|----------|----------|----------|----------|----------|----------|
| b760 | Control of voluntary movement functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | | |
| b765 | Involuntary movement functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | | |
| b770 | Gait pattern functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | | |
| b780 | Sensations related to muscles and movement functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | | |
| b810 | Protective functions of the skin | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | | |
| b820 | Repair functions of the skin | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p> | | | | | | | | |

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|-------------|--|----------|----------|----------|----------|----------|----------|----------|
| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |
| 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> | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | |
| | Description of the problem: | | | | | | | |

| BODY STRUCTURES = anatomical parts of the body such as organs, limbs and their components <i>How much impairment does the person have in the...</i> | | | No impairment | Mild impairment | Moderate impairment | Severe impairment | Complete impairment | Not specified | Not applicable | | | |
|--|--|-------------------|---------------|-----------------|---------------------|-------------------|---------------------|---------------|----------------|---|---|---|
| s12000 | Cervical spinal cord | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | | | | | | |
| s12001 | Thoracic spinal cord | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | | | | | | |
| s12002 | Lumbar spinal cord | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | | | | | | |
| s12003 | Lumbosacral spinal cord | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | | | | | | |
| s1201 | Spinal nerves | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | | | | | | |
| s430 | Structure of respiratory system | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem: | | | | | | | | | | | | |

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|--|--|-------------------|---|---|---|---|---|---|---|---|---|---|
| s610 | Structure of urinary system | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | | | | |
| Description of the problem: | | | | | | | | | | | | |
| 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 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 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 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 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 type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | | | | |
| Description of the problem: | | | | | | | | | | | | |
| 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 type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | | | | |
| Description of the problem: | | | | | | | | | | | | |

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|--|-----------------------------------|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| s810 | Structure of areas of skin | Extent | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | | | | |
| Description of the problem: | | | | | | | | | | | | |

* Rating of the *nature of the impairment* in body structures: 0 = no change in structure, 1 = total absence, 2 = partial absence, 3 = additional part, 4 = aberrant dimension, 5 = discontinuity, 6 = deviating position, 7 = qualitative changes in structure, 8 = not specified, 9 = not applicable

** Rating of the *location of the impairment* in body structures: 0 = more than one region, 1 = right, 2 = left, 3 = both sides, 4 = front, 5 = back, 6 = proximal, 7 = distal, 8 = not specified, 9 = not applicable

| ACTIVITIES AND PARTICIPATION = execution of a task or action by an individual and involvement in a life situation <i>How much difficulty does the person have in the...</i> P = performance of... C = capacity in... | | | No difficulty | Mild difficulty | Moderate difficulty | Severe difficulty | Complete difficulty | 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> | | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | |
| Description of the problem P: C: | | | | | | | | | |
| 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> | | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | |
| Description of the problem P: C: | | | | | | | | | |
| d360 | Using communication devices and techniques | P 0 1 2 3 4 8 9 C 0 1 2 3 4 8 9 | | | | | | | |
| Using devices, techniques and other means for the purposes of communicating, such as calling a friend on the telephone. <i>Inclusions: using telecommunication devices, using writing machines and communication techniques</i> | | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | |
| Description of the problem P: C: | | | | | | | | | |
| 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> | | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | |
| Description of the problem P: C: | | | | | | | | | |

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|---|--|----------|----------|----------|----------|----------|----------|----------|----------|
| d4103 | Sitting | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d4104 | Standing | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d4105 | Bending | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Tilting the back downwards or to the side, at the torso, such as in bowing or reaching down for an object.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d4106 | Shifting the body's centre of gravity | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d4153 | Maintaining a sitting position | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |

| | | | | | | | | | |
|-------|--|---|---|---|---|---|---|---|---|
| d4154 | Maintaining a standing position | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | |
| d420 | Transferring oneself | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position. <i>Inclusion: transferring oneself while sitting or lying</i> <i>Exclusion: changing basic body position (d410)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | |
| d430 | Lifting and carrying objects | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another. <i>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | |

| | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|
| d4401 | Grasping | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Using one or both hands to seize and hold something, such as when grasping a tool or a door knob. | | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| | Description of the problem P: C: | | | | | | | | |
| d4402 | Manipulating | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Using fingers and hands to exert control over, direct or guide something, such as when handling coins or other small objects. | | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| | Description of the problem P: C: | | | | | | | | |
| 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. | | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| | Description of the problem P: C: | | | | | | | | |
| 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. | | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| | Description of the problem P: C: | | | | | | | | |
| 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. | | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | |
| | Description of the problem P: C: | | | | | | | | |

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| 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. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| 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. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| 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. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| d450 [∞] | Walking | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards or sideways. <i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i> <i>Exclusions: transferring oneself (d420); moving around (d455)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| d4500 | Walking short distances | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Walking for less than a kilometre, such as walking around rooms or hallways, within a building or for short distances outside. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |

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| d4501 | Walking long distances | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| Walking for more than a kilometre, such as across a village or town, between villages or across open areas. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | | |
| d4502 | Walking on different surfaces | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| 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. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | | |
| d4503 | Walking around obstacles | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| 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. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | | |
| d455 | Moving around | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles. <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i> <i>Exclusions: transferring oneself (d420); walking (d450)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | | |

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| d4601 | Moving around within buildings other than home | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | |
| 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 |
| | <p>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 neighbourhood, town, village or city; moving between cities and further distances, without using transportation</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | |
| d465 | Moving around using equipment | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | |
| d470 | Using transportation | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Using transportation to move around as a passenger, such as being driven in a car or on a bus, rickshaw, jitney, animal-powered vehicle, or private or public taxi, bus, train, tram, subway, boat or aircraft. <i>Inclusions: using human-powered transportation; using private motorized or public transportation</i> <i>Exclusions: moving around using equipment (d465); driving (d475)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | |

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| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d510 | Washing oneself | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel. <i>Inclusions: washing body parts, the whole body; and drying oneself</i> <i>Exclusions: caring for body parts (d520); toileting (d530)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d520 | Caring for body parts | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying. <i>Inclusions: caring for skin, teeth, hair, finger and toe nails</i> <i>Exclusions: washing oneself (d510); toileting (d530)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |

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| 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. Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| d540 | Dressing | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers. <i>Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| d550 | Eating | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening bottles and cans, using eating implements, having meals, feasting or dining. <i>Exclusion: drinking (d560)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| 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. <i>Exclusion: eating (d550)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |
| d570 | Looking after one's health | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, including using condoms, getting immunizations and regular physical examinations. <i>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C: | | | | | | | | |

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| d610 | Acquiring a place to live | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d620 | Acquisition of goods and services | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d630 | Preparing meals | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |
| d640 | Doing housework | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons. <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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p> | | | | | | | | | |

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| d660 | Assisting others | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>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.</p> <p><i>Inclusions: assisting others with self-care, movement, communication, interpersonal relations, nutrition and health maintenance</i></p> <p><i>Exclusion: remunerative employment (d850)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p> | | | | | | | | | |
| d760 | Family relationships | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins or legal guardians.</p> <p><i>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p> | | | | | | | | | |

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| 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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p> | | | | | | | | | |

| ENVIRONMENTAL FACTORS | | Complete facilitator | Substantial facilitator | Moderate facilitator | Mild facilitator | No barrier/facilitator | Mild barrier | Moderate barrier | Severe barrier | Complete barrier | Not specified | Not applicable |
|---|--|----------------------|-------------------------|----------------------|------------------|------------------------|--------------|------------------|----------------|------------------|---------------|----------------|
| <p>= make up the physical, social and attitudinal environment in which people live and conduct their lives</p> <p><i>How much of a facilitator or barrier does the person experience with respect to...</i></p> | | | | | | | | | | | | |
| e110 | Products or substances for personal consumption Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| e115 | Products and technology for personal use in daily living Equipment, products and technologies used by people in daily activities, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal use</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| e120 | Products and technology for personal indoor and outdoor mobility and transportation Equipment, products and technologies used by people in activities of moving inside and outside buildings, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| e125 | Products and technology for communication Equipment, products and technologies used by people in activities of sending and receiving information, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for communication</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| e130 | Products and technology for education Equipment, products, processes, methods and technology used for acquisition of knowledge, expertise or skill, including those adapted or specially designed. <i>Inclusion: general and assistive products and technology for education</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |

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|-------------|---|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| e135 | Products and technology for employment | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Equipment, products and technology used for employment to facilitate work activities. <i>Inclusion: general and assistive products and technology for employment</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | | | | | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | | | | | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | | | | | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | | | | | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | | | | | | | | | | | |
| 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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | | | | | | | | | | | |

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|-------------|--|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| e315 | Extended family | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e320 | Friends | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| 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 (e550)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |

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|-------------|--|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| 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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e420 | Individual attitude of friends | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>General or specific opinions and beliefs of friends about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e425 | Individual attitudes of acquaintances, peers, colleagues, neighbours and community members | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>General or specific opinions and beliefs of acquaintances, peers, colleagues, neighbours and community members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e440 | Individual attitudes of personal care providers and personal assistants | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>General or specific opinions and beliefs of personal care providers and personal assistants about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e450 | Individual attitudes of health professionals | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |

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|-------------|---|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| e460 | Societal attitudes | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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.</p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e515 | Architecture and construction services, systems and policies | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Services, systems and policies for the design and construction of buildings, public and private.</p> <p><i>Exclusion: open space planning services, systems and policies (e520)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e525 | Housing services, systems and policies | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Services, systems and policies for the provision of shelters, dwellings or lodging for people.</p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e540 | Transportation services, systems and policies | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Services, systems and policies for enabling people or goods to move or be moved from one location to another.</p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e555 | Associations and organizational services, systems and policies | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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.</p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e570 | Social security services, systems and policies | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Services, systems and policies aimed at providing income support to people who, because of age, poverty, unemployment, health condition or disability require public assistance that is funded either by general tax revenues or contributory schemes.</p> <p><i>Exclusion: economic services, systems and policies (e565)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |
| e575 | General social support services, systems and policies | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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.</p> <p><i>Exclusions: personal care providers and personal assistants (e340); social security services, systems and policies (e570); health services, systems and policies (e580)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p> | | | | | | | | | | | |

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|-------------|--|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| 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> | | | | | | | | | | | |
| | Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | | | |
| | Description of the facilitator/barrier: | | | | | | | | | | | |

Functioning Profile Spinal Cord Injury in Post-Acute Care (Comprehensive version)

| BODY FUNCTIONS | | Impairment | | | | |
|----------------|---|------------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| b126 | Temperament and personality functions | | | | | |
| b130 | Energy and drive functions | | | | | |
| b134 | Sleep functions | | | | | |
| b152 | Emotional functions | | | | | |
| b260 | Proprioceptive function | | | | | |
| b265 | Touch function | | | | | |
| 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 respiratory functions | | | | | |
| b455 | Exercise tolerance functions | | | | | |
| b510 | Ingestion functions | | | | | |
| b515 | Digestive functions | | | | | |
| b5250 | Elimination functions | | | | | |
| b5251 | Faecal consistency | | | | | |
| b5252 | Frequency of defecation | | | | | |
| b5253 | Faecal continence | | | | | |
| b5254 | Flatulence | | | | | |
| b530 | Weight maintenance functions | | | | | |
| b550 | Thermoregulatory functions | | | | | |
| b610 | Urinary excretory functions | | | | | |
| b6200 | Urination | | | | | |
| b6201 | Frequency of urination | | | | | |
| b6202 | Urinary continence | | | | | |
| b630 | Sensations associated with urinary functions | | | | | |
| b640 | Sexual functions | | | | | |
| b670 | Sensations associated with genital and reproductive functions | | | | | |
| 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 | | | | | |
| b7303 | Power of muscles in lower half of the body | | | | | |
| b7304 | Power of muscles of all limbs | | | | | |
| b7305 | Power of muscles of the trunk | | | | | |
| b7353 | Tone of muscles of lower half of the body | | | | | |
| b7354 | Tone of muscles of all limbs | | | | | |

| | | | | | | | |
|-------------------------------------|--|-------------------|----------|----------|----------|----------|----------|
| 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 | | | | | | |
| b765 | Involuntary movement functions | | | | | | |
| b770 | Gait pattern functions | | | | | | |
| b780 | Sensations related to muscles and movement functions | | | | | | |
| b810 | Protective functions of the skin | | | | | | |
| b820 | Repair functions of the skin | | | | | | |
| b830 | Other functions of the skin | | | | | | |
| b840 | Sensations related to the skin | | | | | | |
| BODY STRUCTURES | | Impairment | | | | | |
| | | | 0 | 1 | 2 | 3 | 4 |
| s12000 | Cervical spinal cord | | | | | | |
| s12001 | Thoracic spinal cord | | | | | | |
| s12002 | Lumbar spinal cord | | | | | | |
| s12003 | Lumbosacral spinal cord | | | | | | |
| s1201 | Spinal nerves | | | | | | |
| s430 | Structure of respiratory system | | | | | | |
| s610 | Structure of urinary system | | | | | | |
| s710 | Structure of head and neck region | | | | | | |
| s720 | Structure of shoulder region | | | | | | |
| s730 | Structure of upper extremity | | | | | | |
| s740 | Structure of pelvic region | | | | | | |
| s750 | Structure of lower extremity | | | | | | |
| s760 | Structure of trunk | | | | | | |
| s810 | Structure of areas of skin | | | | | | |
| ACTIVITIES AND PARTICIPATION | | Difficulty | | | | | |
| | | | 0 | 1 | 2 | 3 | 4 |
| d230 | Carrying out daily routine | P | | | | | |
| | | C | | | | | |
| d240 | Handling stress and other psychological demands | P | | | | | |
| | | C | | | | | |
| d360 | Using communication devices and techniques | P | | | | | |
| | | C | | | | | |
| d4100 | Lying down | P | | | | | |
| | | C | | | | | |
| d4103 | Sitting | P | | | | | |
| | | C | | | | | |
| d4104 | Standing | P | | | | | |
| | | C | | | | | |
| d4105 | Bending | P | | | | | |
| | | C | | | | | |
| d4106 | Shifting the body's centre of gravity | P | | | | | |
| | | C | | | | | |
| d4153 | Maintaining a sitting position | P | | | | | |
| | | C | | | | | |
| d4154 | Maintaining a standing position | P | | | | | |
| | | C | | | | | |
| d420 | Transferring oneself | P | | | | | |
| | | C | | | | | |
| d430 | Lifting and carrying objects | P | | | | | |
| | | C | | | | | |
| d435 | Moving objects with lower extremities | P | | | | | |
| | | C | | | | | |
| d4400 | Picking up | P | | | | | |
| | | C | | | | | |
| d4401 | Grasping | P | | | | | |
| | | C | | | | | |
| d4402 | Manipulating | P | | | | | |
| | | C | | | | | |
| d4403 | Releasing | P | | | | | |
| | | C | | | | | |
| d4450 | Pulling | P | | | | | |
| | | C | | | | | |

| | | | | | | | | | |
|-------|--|---|--|--|--|--|--|--|--|
| d4451 | Pushing | P | | | | | | | |
| | | C | | | | | | | |
| d4452 | Reaching | P | | | | | | | |
| | | C | | | | | | | |
| d4453 | Turning or twisting the hands or arms | P | | | | | | | |
| | | C | | | | | | | |
| d4455 | Catching | P | | | | | | | |
| | | C | | | | | | | |
| 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 | | | | | | | |
| d540 | Dressing | P | | | | | | | |
| | | C | | | | | | | |
| d550 | Eating | P | | | | | | | |
| | | C | | | | | | | |
| d560 | Drinking | P | | | | | | | |
| | | C | | | | | | | |
| d570 | Looking after one's health | P | | | | | | | |
| | | C | | | | | | | |
| d610 | Acquiring a place to live | P | | | | | | | |
| | | C | | | | | | | |
| d620 | Acquisition of goods and services | P | | | | | | | |
| | | C | | | | | | | |
| d630 | Preparing meals | P | | | | | | | |
| | | C | | | | | | | |
| d640 | Doing housework | P | | | | | | | |
| | | C | | | | | | | |
| d660 | Assisting others | P | | | | | | | |
| | | C | | | | | | | |
| d760 | Family relationships | P | | | | | | | |
| | | C | | | | | | | |
| d770 | Intimate relationships | P | | | | | | | |
| | | C | | | | | | | |
| d850 | Remunerative employment | P | | | | | | | |
| | | C | | | | | | | |
| d870 | Economic self-sufficiency | P | | | | | | | |
| | | C | | | | | | | |
| d920 | Recreation and leisure | P | | | | | | | |
| | | C | | | | | | | |
| d930 | Religion and spirituality | P | | | | | | | |
| | | C | | | | | | | |

| ENVIRONMENTAL FACTORS | | Facilitator | | | | | Barrier | | | |
|-----------------------|--|-------------|----|----|----|---|---------|---|---|---|
| | | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 |
| e110 | Products or substances for personal consumption | | | | | | | | | |
| e115 | Products and technology for personal use in daily living | | | | | | | | | |
| e120 | Products and technology for personal indoor and outdoor mobility and transportation | | | | | | | | | |
| e125 | Products and technology for communication | | | | | | | | | |
| e130 | Products and technology for education | | | | | | | | | |
| e135 | Products and technology for employment | | | | | | | | | |
| e140 | Products and technology for culture, recreation and sport | | | | | | | | | |
| e150 | Design, construction and building products and technology of buildings for public use | | | | | | | | | |
| e155 | Design, construction and building products and technology of buildings for private use | | | | | | | | | |
| e165 | Assets | | | | | | | | | |
| 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 | | | | | | | | | |
| e355 | Health professionals | | | | | | | | | |
| e360 | Other professionals | | | | | | | | | |
| e410 | Individual attitudes of immediate family members | | | | | | | | | |
| e415 | Individual attitudes of extended family members | | | | | | | | | |
| e420 | Individual attitude of friends | | | | | | | | | |
| e425 | Individual attitudes of acquaintances, peers, colleagues, neighbours and community members | | | | | | | | | |
| e440 | Individual attitudes of personal care providers and personal assistants | | | | | | | | | |
| e450 | Individual attitudes of health professionals | | | | | | | | | |
| e460 | Societal attitudes | | | | | | | | | |
| e515 | Architecture and construction services, systems and policies | | | | | | | | | |
| e525 | Housing services, systems and policies | | | | | | | | | |
| 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 | | | | | | | | | |
| 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