

**ICF DOCUMENTATION FORM for the
COMPREHENSIVE ICF CORE SET for CARDIOPULMONARY CONDITIONS for
PATIENTS IN 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 Cardiopulmonary Conditions for Patients in 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 |
|---|---|---------------|-----------------|---------------------|-------------------|---------------------|---------------|----------------|
| b110 | Consciousness functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | General mental functions of the state of awareness and alertness, including the clarity and continuity of the wakeful state. <i>Inclusions: functions of the state, continuity and quality of consciousness; loss of consciousness, coma, vegetative states, fugues, trance states, possession states, drug-induced altered consciousness, delirium, stupor</i> <i>Exclusions: orientation functions (b114); energy and drive functions (b130); sleep functions (b134)</i> | | | | | | | |
| | 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: | | | | | | | |
| b114 | Orientation functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | General mental functions of knowing and ascertaining one's relation to self, to others, to time and to one's surroundings. <i>Inclusions: functions of orientation to time, place and person; orientation to self and others; disorientation to time, place and person</i> <i>Exclusions: consciousness functions (b110); attention functions (b140); memory functions (b144)</i> | | | | | | | |
| | 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: | | | | | | | |

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|-------------------------|---|----------|----------|----------|----------|----------|----------|----------|
| b134 | Sleep functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></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> | | | | | | | |
| b152[∞] | Emotional functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></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> | | | | | | | |
| b280 | Sensation of pain | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></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> | | | | | | | |
| b415 | Blood vessel functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Functions of transporting blood throughout the body. <i>Inclusions: functions of arteries, capillaries and veins; vasomotor function; functions of pulmonary arteries, capillaries and veins; functions of valves of veins; impairments such as in blockage or constriction of arteries; atherosclerosis, arteriosclerosis, thromboembolism and varicose veins</i> <i>Exclusions: heart functions (b410); blood pressure functions (b420); haematological system functions (b430); exercise tolerance functions (b455)</i></p> <p>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> | | | | | | | |
| b420 | Blood pressure functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Functions of maintaining the pressure of blood within the arteries. <i>Inclusions: functions of maintenance of blood pressure; increased and decreased blood pressure; impairments such as in hypotension, hypertension and postural hypotension</i> <i>Exclusions: heart functions (b410); blood vessel functions (b415); exercise tolerance functions (b455)</i></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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|-------------|--|----------|----------|----------|----------|----------|----------|----------|
| 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: | | | | | | | |
| b435 | Immunological system functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | Functions of the body related to protection against foreign substances, including infections, by specific and non-specific immune responses. <i>Inclusions: immune response (specific and non-specific); hypersensitivity reactions; functions of lymphatic vessels and nodes; functions of cell-mediated immunity, antibody-mediated immunity; response to immunization; impairments such as in autoimmunity, allergic reactions, lymphadenitis and lymphoedema</i> <i>Exclusion: haematological system functions (b430)</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: | | | | | | | |
| 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: | | | | | | | |

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|-------------|---|----------|----------|----------|----------|----------|----------|----------|
| b460 | Sensations associated with cardiovascular and respiratory functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Sensations such as missing a heart beat, palpitation and shortness of breath. <i>Inclusions: sensations of tightness of chest, feelings of irregular beat, dyspnoea, air hunger, choking, gagging and wheezing</i> <i>Exclusion: sensation of pain (b280)</i></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> | | | | | | | |
| b510 | Ingestion functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></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> | | | | | | | |
| b545 | Water, mineral and electrolyte balance functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Functions of the regulation of water, minerals and electrolytes in the body. <i>Inclusions: functions of water balance, balance of minerals such as calcium, zinc and iron, and balance of electrolytes such as sodium and potassium; impairments such as in water retention, dehydration, hypercalcaemia, hypocalcaemia, iron deficiency, hypernatraemia, hyponatraemia, hyperkalaemia and hypokalaemia</i> <i>Exclusions: haematological system functions (b430); general metabolic functions (b540); endocrine gland functions (b555)</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> | | | | | | | |
| b610 | Urinary excretory functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></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> | | | | | | | |
| b710 | Mobility of joint functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></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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|-------------|---|----------|----------|----------|----------|----------|----------|----------|
| b730 | Muscle power functions | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Functions related to the force generated by the contraction of a muscle or muscle groups. <i>Inclusions: functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism</i> <i>Exclusions: functions of structures adjoining the eye (b215); muscle tone functions (b735); muscle endurance functions (b740)</i></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> | | | | | | | |

| BODY STRUCTURES = anatomical parts of the body such as organs, limbs and their components <i>How much impairment does the person have in the...</i> | | | No impairment | Mild impairment | Moderate impairment | Severe impairment | Complete impairment | Not specified | Not applicable | | | |
|--|---|-------------------|---------------|-----------------|---------------------|-------------------|---------------------|---------------|----------------|---|---|---|
| s410 | Structure of cardiovascular system | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | | | | |
| Description of the problem: | | | | | | | | | | | | |
| s430 | Structure of respiratory system | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | | | | |
| Description of the problem: | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |
| s810 | Structure of areas of skin | Extent | 0 | 1 | 2 | 3 | 4 | 8 | 9 | | | |
| | | Nature* | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Location** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sources of information: <input 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: | | | | | | | | | |
| d330 | Speaking | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| Producing words, phrases and longer passages in spoken messages with literal and implied meaning, such as expressing a fact or telling a story in oral language | | | | | | | | | |
| Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation | | | | | | | | | |
| Description of the problem P: C: | | | | | | | | | |
| d410 | Changing basic body position | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. <i>Inclusions: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity</i> <i>Exclusion: transferring oneself (d420)</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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|--|-----------------------------|---|---|---|---|---|---|---|---|
| d415 | Maintaining a body position | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Staying in the same body position as required, such as remaining seated or remaining standing for work or school.</p> <p><i>Inclusions: maintaining a lying, squatting, kneeling, sitting and standing position</i></p> <p>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> | | | | | | | | | |
| d420 | Transferring oneself | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.</p> <p><i>Inclusion: transferring oneself while sitting or lying Exclusion: changing basic body position (d410)</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> | | | | | | | | | |
| d450 | Walking | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards or sideways.</p> <p><i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i></p> <p><i>Exclusions: transferring oneself (d420); moving around (d455)</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> | | | | | | | | | |
| d455 [∞] | Moving around | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| <p>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.</p> <p><i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i></p> <p><i>Exclusions: transferring oneself (d420); walking (d450)</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> | | | | | | | | | |
| 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.</p> <p><i>Inclusions: washing body parts, the whole body; and drying oneself</i></p> <p><i>Exclusions: caring for body parts (d520); toileting (d530)</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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|-------------------|--|---|---|---|---|---|---|---|---|
| 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> | | | | | | | | |
| d530 | Toileting | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards. <i>Inclusions: regulating urination, defecation and menstrual care</i> <i>Exclusions: washing oneself (d510); caring for body parts (d520)</i></p> | | | | | | | | |
| | <p>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> | | | | | | | | |
| d540 | Dressing | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>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></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> | | | | | | | | |
| d850 [∞] | Remunerative employment | P | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | | C | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups. <i>Inclusions: self-employment, part-time and full-time employment</i></p> | | | | | | | | |
| | <p>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> | | | | | | | | |

| ENVIRONMENTAL FACTORS | | Complete facilitator | Substantial facilitator | Moderate facilitator | Mild facilitator | No barrier/facilitator | Mild barrier | Moderate barrier | Severe barrier | Complete barrier | Not specified | Not applicable |
|--|--|----------------------|-------------------------|----------------------|------------------|------------------------|--------------|------------------|----------------|------------------|---------------|----------------|
| = make up the physical, social and attitudinal environment in which people live and conduct their lives How much of a facilitator or barrier does the person experience with respect to... | | | | | | | | | | | | |
| e110 | Products or substances for personal consumption Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| e115 | Products and technology for personal use in daily living Equipment, products and technologies used by people in daily activities, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal use</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| 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 |
| e250 | Sound A phenomenon that is or may be heard, such as banging, ringing, thumping, singing, whistling, yelling or buzzing, in any volume, timbre or tone, and that may provide useful or distracting information about the world. <i>Inclusions: sound intensity; sound quality</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| e260 | Air quality Characteristics of the atmosphere (outside buildings) or enclosed areas of air (inside buildings), and which may provide useful or distracting information about the world. <i>Inclusions: indoor and outdoor air quality</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier: | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |

| | | | | | | | | | | | | |
|-------------|---|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| e310 | Immediate family | +4 | +3 | +2 | +1 | 0 | 1 | 2 | 3 | 4 | 8 | 9 |
| | <p>Individuals related by birth, marriage or other relationship recognized by the culture as immediate family, such as spouses, partners, parents, siblings, children, foster parents, adoptive parents and grandparents. <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</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> | | | | | | | | | | | |
| 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> | | | | | | | | | | | |
| 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> | | | | | | | | | | | |
| 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> | | | | | | | | | | | |
| 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> | | | | | | | | | | | |
| 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. <i>Exclusion: economic services, systems and policies (e565)</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> | | | | | | | | | | | |

| | | | | | | | | | | | | |
|-------------|--|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| 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 Cardiopulmonary Conditions in Acute Care (Comprehensive version)

| BODY FUNCTIONS | | Impairment | | | | | |
|------------------------------|---|------------|---|---|---|---|--|
| | | 0 | 1 | 2 | 3 | 4 | |
| b110 | Consciousness functions | | | | | | |
| b114 | Orientation functions | | | | | | |
| b130 | Energy and drive functions | | | | | | |
| b134 | Sleep functions | | | | | | |
| b152 | Emotional functions | | | | | | |
| b280 | Sensation of pain | | | | | | |
| b410 | Heart functions | | | | | | |
| b415 | Blood vessel functions | | | | | | |
| b420 | Blood pressure functions | | | | | | |
| b430 | Haematological system functions | | | | | | |
| b435 | Immunological system functions | | | | | | |
| b440 | Respiration functions | | | | | | |
| b445 | Respiratory muscle functions | | | | | | |
| b450 | Additional respiratory functions | | | | | | |
| b455 | Exercise tolerance functions | | | | | | |
| b460 | Sensations associated with cardiovascular and respiratory functions | | | | | | |
| b510 | Ingestion functions | | | | | | |
| b545 | Water, mineral and electrolyte balance functions | | | | | | |
| b610 | Urinary excretory functions | | | | | | |
| b710 | Mobility of joint functions | | | | | | |
| b730 | Muscle power functions | | | | | | |
| b820 | Repair functions of the skin | | | | | | |
| BODY STRUCTURES | | Impairment | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | |
| 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 | | | | | |
| d330 | Speaking | P | | | | | |
| | | C | | | | | |
| d410 | Changing basic body position | P | | | | | |
| | | C | | | | | |
| d415 | Maintaining a body position | P | | | | | |
| | | C | | | | | |
| d420 | Transferring oneself | P | | | | | |
| | | C | | | | | |
| d450 | Walking | P | | | | | |
| | | C | | | | | |
| d455 | Moving around | P | | | | | |
| | | C | | | | | |
| d510 | Washing oneself | P | | | | | |
| | | C | | | | | |
| d520 | Caring for body parts | P | | | | | |
| | | C | | | | | |
| d530 | Toileting | P | | | | | |
| | | C | | | | | |
| d540 | Dressing | P | | | | | |
| | | C | | | | | |
| d850 | Remunerative employment | 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 | | | | | | | | | | |
| e250 | Sound | | | | | | | | | | |
| e260 | Air quality | | | | | | | | | | |
| e310 | Immediate family | | | | | | | | | | |
| e320 | Friends | | | | | | | | | | |
| e355 | Health professionals | | | | | | | | | | |
| e410 | Individual attitudes of immediate family members | | | | | | | | | | |
| e420 | Individual attitude of friends | | | | | | | | | | |
| e450 | Individual attitudes of health professionals | | | | | | | | | | |
| e570 | Social security 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