

## ICF DOCUMENTATION FORM for the COMPREHENSIVE ICF CORE SET for CHRONIC ISCHAEMIC HEART DISEASE

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

<b>BODY FUNCTIONS</b> = physiological functions of body systems (including psychological functions)  <i>How much impairment does the person have in...</i>		No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable
<b>b130</b>	<b>Energy and drive functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.</b> <i>Inclusions: functions of energy level, motivation, appetite, craving (including craving for substances that can be abused) and impulse control</i> <i>Exclusions: consciousness functions (b110); temperament and personality functions (b126); sleep functions (b134); psychomotor functions (b147); emotional functions (b152)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b>							
<b>b134</b>	<b>Sleep functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.</b> <i>Inclusions: functions of amount of sleeping, and onset, maintenance and quality of sleep; functions involving the sleep cycle, such as in insomnia, hypersomnia and narcolepsy</i> <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b>							
<b>b152</b>	<b>Emotional functions</b>	0	1	2	3	4	8	9
	<b>Specific mental functions related to the feeling and affective components of the processes of the mind.</b> <i>Inclusions: functions of appropriateness of emotion, regulation and range of emotion; affect; sadness, happiness, love, fear, anger, hate, tension, anxiety, joy, sorrow; lability of emotion; flattening of affect</i> <i>Exclusions: temperament and personality functions (b126); energy and drive functions (b130)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b>							
<b>b280</b>	<b>Sensation of pain</b>	0	1	2	3	4	8	9
	<b>Sensation of unpleasant feeling indicating potential or actual damage to some body structure.</b> <i>Inclusions: sensations of generalized or localized pain in one or more body part, pain in a dermatome, stabbing pain, burning pain, dull pain, aching pain; impairments such as myalgia, analgesia and hyperalgesia</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b>							

<b>b410</b>	<b>Heart functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of pumping the blood in adequate or required amounts and pressure throughout the body.</b> <i>Inclusions: functions of heart rate, rhythm and output; contraction force of ventricular muscles; functions of heart valves; pumping the blood through the pulmonary circuit; dynamics of circulation to the heart; impairments such as tachycardia, bradycardia and irregular heart beat and as in heart failure, cardiomyopathy, myocarditis and coronary insufficiency, Exclusions: blood vessel functions (b415); blood pressure functions (b420); exercise tolerance functions (b455)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b415</b>	<b>Blood vessel functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of transporting blood throughout the body.</b> <i>Inclusions: functions of arteries, capillaries and veins; vasomotor function; functions of pulmonary arteries, capillaries and veins; functions of valves of veins; impairments such as in blockage or constriction of arteries; atherosclerosis, arteriosclerosis, thromboembolism and varicose veins</i> <i>Exclusions: heart functions (b410); blood pressure functions (b420); haematological system functions (b430); exercise tolerance functions (b455)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b420</b>	<b>Blood pressure functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of maintaining the pressure of blood within the arteries.</b> <i>Inclusions: functions of maintenance of blood pressure; increased and decreased blood pressure; impairments such as in hypotension, hypertension and postural hypotension</i> <i>Exclusions: heart functions (b410); blood vessel functions (b415); exercise tolerance functions (b455)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b440</b>	<b>Respiration functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of inhaling air into the lungs, the exchange of gases between air and blood, and exhaling air.</b> <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>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b455</b>	<b>Exercise tolerance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.</b> <i>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b460</b>	<b>Sensations associated with cardiovascular and respiratory functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Sensations such as missing a heart beat, palpitation and shortness of breath.</b> <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>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								

<b>b530</b>	<b>Weight maintenance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of maintaining appropriate body weight, including weight gain during the developmental period.</b> <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>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>b640</b>	<b>Sexual functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.</b> <i>Inclusions: functions of the sexual arousal, preparatory, orgasmic and resolution phase; functions related to sexual interest, performance, penile erection, clitoral erection, vaginal lubrication, ejaculation, orgasm; impairments such as in impotence, frigidity, vaginismus, premature ejaculation, priapism and delayed ejaculation</i> <i>Exclusions: procreation functions (b660); sensations associated with genital and reproductive functions (b670)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>b730</b>	<b>Muscle power functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions related to the force generated by the contraction of a muscle or muscle groups.</b> <i>Inclusions: functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism</i> <i>Exclusions: functions of structures adjoining the eye (b215); muscle tone functions (b735); muscle endurance functions (b740)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>b740</b>	<b>Muscle endurance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions related to sustaining muscle contraction for the required period of time.</b> <i>Inclusions: functions associated with sustaining muscle contraction for isolated muscles and muscle groups, and all muscles of the body; impairments such as in myasthenia gravis</i> <i>Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							

<b>BODY STRUCTURES</b> = anatomical parts of the body such as organs, limbs and their components  <i>How much impairment does the person have in the...</i>			No impairment	Mild impairment		Moderate impairment		Severe impairment		Complete impairment		Not specified	Not applicable
<b>s410</b>	<b>Structure of cardiovascular system</b>	<b>Extent</b>	<b>0</b>	<b>1</b>	<b>2</b>		<b>3</b>		<b>4</b>		<b>8</b>	<b>9</b>	
		<b>Nature*</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	
		<b>Location**</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	
		<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b>											

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

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

<b>ACTIVITIES AND PARTICIPATION</b> = execution of a task or action by an individual and involvement in a life situation  <i>How much difficulty does the person have in the...</i> <i>P = performance of...</i> <i>C = capacity in...</i>			No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable
<b>d230</b>	<b>Carrying out daily routine</b>	<b>P</b>	0	1	2	3	4	8	9
		<b>C</b>	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> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> <b>P:</b>  <b>C:</b>									
<b>d240</b>	<b>Handling stress and other psychological demands</b>	<b>P</b>	0	1	2	3	4	8	9
		<b>C</b>	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> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> <b>P:</b>  <b>C:</b>									
<b>d430</b>	<b>Lifting and carrying objects</b>	<b>P</b>	0	1	2	3	4	8	9
		<b>C</b>	0	1	2	3	4	8	9
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> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> <b>P:</b>  <b>C:</b>									
<b>d450</b>	<b>Walking</b>	<b>P</b>	0	1	2	3	4	8	9
		<b>C</b>	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> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> <b>P:</b>  <b>C:</b>									

d455	<b>Moving around</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.</b>  <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i>  <i>Exclusions: transferring oneself (d420); walking (d450)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b>    <b>C:</b></p>								
d460	<b>Moving around in different locations</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Walking and moving around in various places and situations, such as walking between rooms in a house, within a building or down the street of a town.</b>  <i>Inclusions: moving around within the home, crawling or climbing within the home; walking or moving within buildings other than the home, and outside the home and other buildings</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b>    <b>C:</b></p>								
d470	<b>Using transportation</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>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.</b>  <i>Inclusions: using human-powered transportation; using private motorized or public transportation</i>  <i>Exclusions: moving around using equipment (d465); driving (d475)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b>    <b>C:</b></p>								
d475	<b>Driving</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>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.</b>  <i>Inclusions: driving human-powered transportation, motorized vehicles, animal-powered vehicles</i>  <i>Exclusions: moving around using equipment (d465); using transportation (d470)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b>    <b>C:</b></p>								
d480	<b>Riding animals for transportation</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Travelling on the back of an animal, such as a horse, ox, camel or elephant</b>  <i>Exclusions: driving (d475); recreation and leisure (d920)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b>    <b>C:</b></p>								

d570	<b>Looking after one's health</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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.</p> <p><i>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								
d620	<b>Acquisition of goods and services</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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.</p> <p><i>Inclusions: shopping and gathering daily necessities</i></p> <p><i>Exclusion: acquiring a place to live (d610)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								
d630	<b>Preparing meals</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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.</p> <p><i>Inclusions: preparing simple and complex meals</i></p> <p><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><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								
d640	<b>Doing housework</b>	<b>P</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
		<b>C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons.</p> <p><i>Inclusions: washing and drying clothes and garments; cleaning cooking area and utensils; cleaning living area; using household appliances, storing daily necessities and disposing of garbage</i></p> <p><i>Exclusions: acquiring a place to live (d610); acquisition of goods and services (d620); preparing meals (d630); caring for household objects (d650); caring for others (d660)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								

d760	Family relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins or legal guardians.</p> <p><i>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p>P:</p> <p>C:</p>									
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><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p>P:</p> <p>C:</p>									
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><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p>P:</p> <p>C:</p>									
d920	Recreation and leisure	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure.</p> <p><i>Inclusions: play, sports, arts and culture, crafts, hobbies and socializing</i></p> <p><i>Exclusions: riding animals for transportation (d480); remunerative and non-remunerative work (d850 and d855); religion and spirituality (d930); political life and citizenship (d950)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p>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
= make up the physical, social and attitudinal environment in which people live and conduct their lives  <b>How much of a facilitator or barrier does the person experience with respect to...</b>												
e110	Products or substances for personal consumption	+4	+3	+2	+1	0	1	2	3	4	8	9
Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e115	Products and technology for personal use in daily living	+4	+3	+2	+1	0	1	2	3	4	8	9
Equipment, products and technologies used by people in daily activities, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal use</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e125	Products and technology for communication	+4	+3	+2	+1	0	1	2	3	4	8	9
Equipment, products and technologies used by people in activities of sending and receiving information, including those adapted or specially designed. <i>Inclusions: general and assistive products and technology for communication</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
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> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e150	Design, construction and building products and technology of buildings for public use	+4	+3	+2	+1	0	1	2	3	4	8	9
Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for public use, including those adapted or specially designed. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e155	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> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												

e225	<b>Climate</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
<b>Meteorological features and events, such as the weather.</b> <i>Inclusions: temperature, humidity, atmospheric pressure, precipitation, wind and seasonal variations</i>												
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the facilitator/barrier:</b>												
e260	<b>Air quality</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
<b>Characteristics of the atmosphere (outside buildings) or enclosed areas of air (inside buildings), and which may provide useful or distracting information about the world.</b> <i>Inclusions: indoor and outdoor air quality</i>												
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the facilitator/barrier:</b>												
e310	<b>Immediate family</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
<b>Individuals related by birth, marriage or other relationship recognized by the culture as immediate family, such as spouses, partners, parents, siblings, children, foster parents, adoptive parents and grandparents.</b> <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</i>												
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the facilitator/barrier:</b>												
e315	<b>Extended family</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
<b>Individuals related through family or marriage or other relationships recognized by the culture as extended family, such as aunts, uncles, nephews and nieces.</b> <i>Exclusion: immediate family (e310)</i>												
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the facilitator/barrier:</b>												
e320	<b>Friends</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
<b>Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.</b>												
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the facilitator/barrier:</b>												
e325	<b>Acquaintances, peers, colleagues, neighbours and community members</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
<b>Individuals who are familiar to each other as acquaintances, peers, colleagues, neighbours, and community members, in situations of work, school, recreation, or other aspects of life, and who share demographic features such as age, gender, religious creed or ethnicity or pursue common interests.</b> <i>Exclusions: associations and organizational services (e5550)</i>												
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the facilitator/barrier:</b>												
e330	<b>People in position of authority</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
<b>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.</b>												
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the facilitator/barrier:</b>												

e340	<b>Personal care providers and personal assistants</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e355	<b>Health professionals</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e360	<b>Other professionals</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e410	<b>Individual attitudes of immediate family members</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e415	<b>Individual attitudes of extended family members</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e420	<b>Individual attitude of friends</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e425	<b>Individual attitudes of acquaintances, peers, colleagues, neighbours and community members</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												

e430	<b>Individual attitudes of people in position of authority</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of people in positions of authority about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
e440	<b>Individual attitudes of personal care providers and personal assistants</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
e450	<b>Individual attitudes of health professionals</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
e455	<b>Individual attitude of health-related professionals</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of health-related professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
e460	<b>Societal attitudes</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
e570	<b>Social security services, systems and policies</b>	+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><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
e580	<b>Health services, systems and policies</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle.</p> <p><i>Exclusion: general social support services, systems and policies (e575)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											

e590	<b>Labour and employment services, systems and policies</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Services, systems and policies related to finding suitable work for persons who are unemployed or looking for different work, or to support individuals already employed who are seeking promotion.</b> <i>Exclusion: economic services, systems and policies (e565)</i>											
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	<b>Description of the facilitator/barrier:</b>											

[illegible]

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