

## ICF DOCUMENTATION FORM for the COMPREHENSIVE ICF CORE SET FOR DIABETES MELLITUS

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 Diabetes Mellitus

<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>b110</b>	<b>Consciousness functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of the state of awareness and alertness, including the clarity and continuity of the wakeful state.</b> <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> <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>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>b1300</b>	<b>Energy level</b>	0	1	2	3	4	8	9
	<b>Mental functions that produce vigour and stamina.</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>							
<b>b1302</b>	<b>Appetite</b>	0	1	2	3	4	8	9
	<b>Mental functions that produce a natural longing or desire, especially the natural and recurring desire for food and drink.</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>							

<b>b134</b>	<b>Sleep functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>b140</b>	<b>Attention functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Specific mental functions of focusing on an external stimulus or internal experience for the required period of time.</b> <i>Inclusions: functions of sustaining attention, shifting attention, dividing attention, sharing attention; concentration; distractibility</i> <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); sleep functions (b134); memory functions (b144); psychomotor functions (b147); perceptual functions (b156)</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>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>b210</b>	<b>Seeing functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensory functions relating to sensing the presence of light and sensing the form, size, shape and colour of the visual stimuli.</b> <i>Inclusions: visual acuity functions; visual field functions; quality of vision; functions of sensing light and colour, visual acuity of distant and near vision, monocular and binocular vision; visual picture quality; impairments such as myopia, hypermetropia, astigmatism, hemianopia, colour-blindness, tunnel vision, central and peripheral scotoma, diplopia, night blindness and impaired adaptability to light</i> <i>Exclusion: perceptual functions (b156)</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>b260</b>	<b>Proprioceptive function</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensory functions of sensing the relative position of body parts.</b> <i>Inclusions: functions of statesthesia and kinaesthesia</i> <i>Exclusions: vestibular functions (b235); sensations related to muscles and movement functions (b780)</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>b265</b>	<b>Touch function</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensory functions of sensing surfaces and their texture or quality.</b> <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>							
	<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>b270</b>	<b>Sensory functions related to temperature and other stimuli</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Sensory functions of sensing temperature, vibration, pressure and noxious stimulus.</b> <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>								
<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>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<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>b430</b>	<b>Haematological system 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 blood production, oxygen and metabolite carriage, and clotting.</b> <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>								
<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>b435</b>	<b>Immunological system functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of the body related to protection against foreign substances, including infections, by specific and non-specific immune responses.</b>  <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></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></p>							
<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>
	<p><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></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></p>							
<b>b4550</b>	<b>General physical endurance</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions related to the general level of tolerance of physical exercise or stamina.</b></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></p>							
<b>b4551</b>	<b>Aerobic capacity</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions related to the extent to which a person can exercise without getting out of breath.</b></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></p>							
<b>b4552</b>	<b>Fatigability</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions related to susceptibility to fatigue, at any level of exertion.</b></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></p>							
<b>b515</b>	<b>Digestive functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of transporting food through the gastrointestinal tract, breakdown of food and absorption of nutrients.</b>  <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></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></p>							
<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>
	<p><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></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></p>							

<b>b540</b>	<b>General metabolic functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p><b>Functions of regulation of essential components of the body such as carbohydrates, proteins and fats, the conversion of one to another, and their breakdown into energy.</b>  <i>Inclusions: functions of metabolism, basal metabolic rate, metabolism of carbohydrate, protein and fat, catabolism, anabolism, energy production in the body; increase or decrease in metabolic rate</i>  <i>Exclusions: assimilation functions (b520); weight maintenance functions (b530); water, mineral and electrolyte balance functions (b545); thermoregulatory functions (b550); endocrine glands functions (b555)</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></p>								
<b>b545</b>	<b>Water, mineral and electrolyte balance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p><b>Functions of the regulation of water, minerals and electrolytes in the body.</b>  <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, hyponatraemia, hypoparathyroidism, hyperkalaemia and hypokalaemia</i>  <i>Exclusions: haematological system functions (b430); general metabolic functions (b540); endocrine gland functions (b555)</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></p>								
<b>b555</b>	<b>Endocrine gland functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p><b>Functions of production and regulation of hormonal levels in the body, including cyclical changes.</b>  <i>Inclusions: functions of hormonal balance; hyperpituitarism, hypopituitarism, hyperthyroidism, hypothyroidism, hyperadrenalism, hypoadrenalism, hyperparathyroidism, hypoparathyroidism, hypergonadism, hypogonadism</i>  <i>Exclusions: general metabolic functions (b540); water, mineral and electrolyte balance functions (b545); thermoregulatory functions (b550); sexual functions (b640); menstruation functions (b650)</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></p>								
<b>b610</b>	<b>Urinary excretory functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p><b>Functions of filtration and collection of the urine.</b>  <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><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></p>								
<b>b620</b>	<b>Urination functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p><b>Functions of discharge of urine from the urinary bladder.</b>  <i>Inclusions: functions of urination, frequency of urination, urinary continence; impairments such as in stress, urge, reflex, overflow, continuous incontinence, dribbling, automatic bladder, polyuria, urinary retention and urinary urgency</i>  <i>Exclusions: urinary excretory functions (b610); sensations associated with urinary functions (b630)</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></p>								
<b>b630</b>	<b>Sensations associated with urinary functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p><b>Sensations arising from voiding and related urinary functions</b>  <i>Inclusions: sensations of incomplete voiding of urine, feeling of fullness of bladder</i>  <i>Exclusions: sensations of pain (b280); urination functions (b620)</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></p>								

<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>b660</b>	<b>Procreation 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 associated with fertility, pregnancy, childbirth and lactation.</b> <i>Inclusions: functions of male fertility and female fertility, pregnancy and childbirth, and lactation; impairments such as azoospermia, oligozoospermia, galactorrhoea, agalactorrhoea, alactation, and such as in subfertility, sterility, spontaneous abortions, ectopic pregnancy, miscarriage, small fetus, hydramnios and premature childbirth, delayed childbirth</i> <i>Exclusions: sexual functions (b640); menstruation functions (b650)</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>b710</b>	<b>Mobility of joint 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 the range and ease of movement of a joint.</b> <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>							
	<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>b810</b>	<b>Protective functions of the skin</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 the skin for protecting the body from physical, chemical and biological threats.</b> <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>							
	<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>b820</b>	<b>Repair functions of the skin</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 the skin for repairing breaks and other damage to the skin.</b> <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>							
	<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>b840</b>	<b>Sensations related to the skin</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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></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></p>							

<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>s140</b>	<b>Structure sympathetic nervous system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s150</b>	<b>Structure of parasympathetic nervous system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s220</b>	<b>Structure of eyeball</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s410</b>	<b>Structure of cardiovascular system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s4100</b>	<b>Heart</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s4101</b>	<b>Arteries</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s4102</b>	<b>Veins</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s4103</b>	<b>Capillares</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s550</b>	<b>Structure of pancreas</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s610</b>	<b>Structure of urinary system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s6100</b>	<b>Kidneys</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s630</b>	<b>Structure of reproductive system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s750</b>	<b>Structure of lower extremity</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>s7502</b>	<b>Structure of ankle and foot</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>											
<b>s810</b>	<b>Structure of areas of skin</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>											
<b>s830</b>	<b>Structure of nails</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> <b>P = performance of...</b> <b>C = capacity in...</b>		No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable	
<b>d230<sup>∞</sup></b>	<b>Carrying out daily routine</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>
	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>	<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>
	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>d440</b>	<b>Fine hand use</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>
	Performing the coordinated actions of handling objects, picking up, manipulating and releasing them using one's hand, fingers and thumb, such as required to lift coins off a table or turn a dial or knob. <i>Inclusions: picking up, grasping, manipulating and releasing</i> <i>Exclusion: lifting and carrying objects (d430)</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>	<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>
	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	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.  <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i>  <i>Exclusions: transferring oneself (d420); walking (d450)</i></p> <p><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	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><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>									
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><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	Looking after one's health	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<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.  <i>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</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>									
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><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>									

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.</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>P:</p> <p>C:</p>									
d750	Informal social relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Entering into relationships with others, such as casual relationships with people living in the same community or residence, or with co-workers, students, playmates or people with similar backgrounds or professions.</p> <p><i>Inclusions: informal relationships with friends, neighbours, acquaintances, co-inhabitants and peers</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>									
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>									
d845	Acquiring, keeping and terminating a job	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Seeking, finding and choosing employment, being hired and accepting employment, maintaining and advancing through a job, trade, occupation or profession, and leaving a job in an appropriate manner.</p> <p><i>Inclusions: seeking employment; preparing a resume or curriculum vitae; contacting employers and preparing interviews; maintaining a job; monitoring one's own work performance; giving notice; and terminating a job</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>									
d9201	Sports	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in competitive and informal or formally organized games or athletic events, performed alone or in a group, such as bowling, gymnastics or soccer.</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>									
d9204	Hobbies	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in pastimes such as collecting stamps, coins or antiques.</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>									
d9205	Socializing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in informal or casual gatherings with others, such as visiting friends or relatives or meeting informally in public places.</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>												
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> <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	Extended family	+4	+3	+2	+1	0	1	2	3	4	8	9
Individuals related through family or marriage or other relationships recognized by the culture as extended family, such as aunts, uncles, nephews and nieces. <i>Exclusion: immediate family (e310)</i> <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	Friends	+4	+3	+2	+1	0	1	2	3	4	8	9
Individuals who are close and ongoing participants in relationships characterized by trust and mutual support. <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	Acquaintances, peers, colleagues, neighbours and community members	+4	+3	+2	+1	0	1	2	3	4	8	9
Individuals who are familiar to each other as acquaintances, peers, colleagues, neighbours, and community members in situations of work, school, recreation, or other aspects of life, and who share demographic features such as age, gender, religious creed or ethnicity or pursue common interests. <i>Exclusions: associations and organizational services (e5550)</i> <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>												

<b>e330</b>	<b>People in position of authority</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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><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>											
<b>e340</b>	<b>Personal care providers and personal assistants</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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.</p> <p><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>											
<b>e355</b>	<b>Health professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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.</p> <p><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>											
<b>e360</b>	<b>Other professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>All service providers working outside the health system, including lawyers, social workers, teachers, architects and designers.</p> <p><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>											
<b>e410</b>	<b>Individual attitudes of immediate family members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>											
<b>e415</b>	<b>Individual attitudes of extended family members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>											
<b>e420</b>	<b>Individual attitude of friends</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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
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. <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>												
e430	<b>Individual attitudes of people in position of authority</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
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. <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>												
e440	<b>Individual attitudes of personal care providers and personal assistants</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
General or specific opinions and beliefs of personal care providers and personal assistants about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions. <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>												
e450	<b>Individual attitudes of health professionals</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
General or specific opinions and beliefs of health professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions. <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>												
e455	<b>Individual attitude of health-related professionals</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
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. <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>												
e465	<b>Social norms, practices and ideologies</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
Customs, practices, rules and abstract systems of values and normative beliefs (e.g. ideologies, normative world views and moral philosophies) that arise within social contexts and that affect or create societal and individual practices and behaviours, such as social norms of moral and religious behaviour or etiquette; religious doctrine and resulting norms and practices; norms governing rituals or social gatherings. <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>												
e510	<b>Services, systems and policies for the production of consumer goods</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
Customs, practices, rules and abstract systems of values and normative beliefs (e.g. ideologies, normative world views and moral philosophies) that arise within social contexts and that affect or create societal and individual practices and behaviours, such as social norms of moral and religious behaviour or etiquette; religious doctrine and resulting norms and practices; norms governing rituals or social gatherings. <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>												

<b>e550</b>	<b>Legal services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies concerning the legislation and other law of a country.</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>											
<b>e555</b>	<b>Associations and organizational services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>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.</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>											
<b>e560</b>	<b>Media services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies for the provision of mass communication through radio, television, newspapers and internet.</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>											
<b>e570</b>	<b>Social security services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>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.</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>											
<b>e575</b>	<b>General social support services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>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.</b> <i>Exclusions: personal care providers and personal assistants (e340); social security services, systems and policies (e570); health services, systems and policies (e580)</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>											
<b>e580</b>	<b>Health services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle.</b> <i>Exclusion: general social support services, systems and policies (e575)</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>											
<b>e585</b>	<b>Education and training services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies for the acquisition, maintenance and improvement of knowledge, expertise and vocational or artistic skills. See UNESCO's International Standard Classification of Education (ISCED-1997).</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>											

<b>e590</b>	<b>Labour and employment services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>											
<b>e595</b>	<b>Political services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies related to voting, elections and governance of countries, regions and communities, as well as international political organizations.</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>											

## Functioning Profile Diabetes Mellitus (Comprehensive version)

BODY FUNCTIONS		Impairment				
		0	1	2	3	4
b110	Consciousness functions					
b130	Energy and drive functions					
b1300	Energy level					
b1302	Appetite					
b134	Sleep functions					
b140	Attention functions					
b152	Emotional functions					
b210	Seeing functions					
b260	Proprioceptive function					
b265	Touch function					
b270	Sensory functions related to temperature and other stimuli					
b280	Sensation of pain					
b410	Heart functions					
b415	Blood vessel functions					
b420	Blood pressure functions					
b430	Haematological system functions					
b435	Immunological system functions					
b455	Exercise tolerance functions					
b4550	General physical endurance					
b4551	Aerobic capacity					
b4552	Fatigability					
b515	Digestive functions					
b530	Weight maintenance functions					
b540	General metabolic functions					
b545	Water, mineral and electrolyte balance functions					
b555	Endocrine gland functions					
b610	Urinary excretory functions					
b620	Urination functions					
b630	Sensations associated with urinary functions					
b640	Sexual functions					
b660	Procreation functions					
b710	Mobility of joint functions					
b730	Muscle power functions					
b810	Protective functions of the skin					
b820	Repair functions of the skin					
b840	Sensations related to the skin					
BODY STRUCTURES		Impairment				
		0	1	2	3	4
s140	Structure of sympathetic nervous system					
s150	Structure of parasympathetic nervous system					
s220	Structure of eyeball					
s410	Structure of cardiovascular system					
s4100	Heart					
s4101	Arteries					
s4102	Veins					
s4103	Capillaries					
s550	Structure of pancreas					
s610	Structure of urinary system					
s6100	Kidneys					
s630	Structure of reproductive system					
s750	Structure of lower extremity					
s7502	Structure of ankle and foot					
s810	Structure of areas of skin					
s830	Structure of nails					

[illegible]

[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