

ICF DOCUMENTATION FORM for the COMPREHENSIVE ICF CORE SET FOR RHEUMATOID ARTHRITIS

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

BODY FUNCTIONS = physiological functions of body systems (including psychological functions) <i>How much impairment does the person have in...</i>		No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable
b130	Energy and drive functions	0	1	2	3	4	8	9
	<p>General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner. <i>Inclusions: functions of energy level, motivation, appetite, craving (including craving for substances that can be abused) and impulse control</i> <i>Exclusions: consciousness functions (b110); temperament and personality functions (b126); sleep functions (b134); psychomotor functions (b147); emotional functions (b152)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b134	Sleep functions	0	1	2	3	4	8	9
	<p>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes. <i>Inclusions: functions of amount of sleeping, and onset, maintenance and quality of sleep; functions involving the sleep cycle, such as in insomnia, hypersomnia and narcolepsy</i> <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b152	Emotional functions	0	1	2	3	4	8	9
	<p>Specific mental functions related to the feeling and affective components of the processes of the mind. <i>Inclusions: functions of appropriateness of emotion, regulation and range of emotion; affect; sadness, happiness, love, fear, anger, hate, tension, anxiety, joy, sorrow; lability of emotion; flattening of affect</i> <i>Exclusions: temperament and personality functions (b126); energy and drive functions (b130)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b180	Experience of self and time functions	0	1	2	3	4	8	9
	<p>Specific mental functions related to the awareness of one's identity, one's body, one's position in the reality of one's environment and of time. <i>Inclusions: functions of experience of self, body image and time</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							

b1801	Body image	0	1	2	3	4	8	9
	<p>Specific mental functions related to the representation and awareness of one's body. <i>Inclusion: impairments such as phantom limb and feeling too fat or too thin</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b280	Sensation of pain	0	1	2	3	4	8	9
	<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure. <i>Inclusions: sensations of generalized or localized pain in one or more body part, pain in a dermatome, stabbing pain, burning pain, dull pain, aching pain; impairments such as myalgia, analgesia and hyperalgesia</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b2800	Generalized pain	0	1	2	3	4	8	9
	<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt all over, or throughout the body.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b2801	Pain in body part	0	1	2	3	4	8	9
	<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in a specific part, or parts, of the body.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b28010	Pain in head and neck	0	1	2	3	4	8	9
	<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in the head and neck.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b28013	Pain in back	0	1	2	3	4	8	9
	<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in the back. <i>Inclusions: pain in the trunk; low backache</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							
b28014	Pain in upper limb	0	1	2	3	4	8	9
	<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in either one or both upper limbs, including hands.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>							

b28015	Pain in lower limb	0	1	2	3	4	8	9
<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in either one or both lower limbs, including feet.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>								
b28016	Pain in joints	0	1	2	3	4	8	9
<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in one or more joints, including small and big joints. <i>Inclusions: pain in the hip; pain in the shoulder</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>								
b430	Haematological system functions	0	1	2	3	4	8	9
<p>Functions of blood production, oxygen and metabolite carriage, and clotting. <i>Inclusions: functions of the production of blood and bone marrow; oxygen-carrying functions of blood; blood-related functions of spleen; metabolite-carrying functions of blood; clotting; impairments such as in anaemia, haemophilia and other clotting dysfunctions</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); immunological system functions (b435); exercise tolerance functions (b455)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>								
b455	Exercise tolerance functions	0	1	2	3	4	8	9
<p>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion. <i>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>								
b510	Ingestion functions	0	1	2	3	4	8	9
<p>Functions related to taking in and manipulating solids or liquids through the mouth into the body. <i>Inclusions: functions of sucking, chewing and biting, manipulating food in the mouth, salivation, swallowing, burping, regurgitation, spitting and vomiting; impairments such as dysphagia, aspiration of food, aerophagia, excessive salivation, drooling and insufficient salivation</i> <i>Exclusion: sensations associated with digestive system (b535)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>								
b640	Sexual functions	0	1	2	3	4	8	9
<p>Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages. <i>Inclusions: functions of the sexual arousal, preparatory, orgasmic and resolution phase: functions related to sexual interest, performance, penile erection, clitoral erection, vaginal lubrication, ejaculation, orgasm; impairments such as in impotence, frigidity, vaginismus, premature ejaculation, priapism and delayed ejaculation</i> <i>Exclusions: procreation functions (b660); sensations associated with genital and reproductive functions (b670)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem:</p>								

b710	Mobility of joint functions	0	1	2	3	4	8	9
	Functions of the range and ease of movement of a joint. <i>Inclusions: functions of mobility of single or several joints, vertebral, shoulder, elbow, wrist, hip, knee, ankle, small joints of hands and feet; mobility of joints generalized; impairments such as in hypermobility of joints, frozen joints, frozen shoulder, arthritis</i> <i>Exclusions: stability of joint functions (b715); control of voluntary movement functions (b760)</i>							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							
b7102	Mobility of joint generalized	0	1	2	3	4	8	9
	Functions of the range and ease of movement of joints throughout the body.							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							
b715	Stability of joint functions	0	1	2	3	4	8	9
	Functions of the maintenance of structural integrity of the joints. <i>Inclusions: functions of the stability of a single joint, several joints, and joints generalized; impairments such as in unstable shoulder joint, dislocation of a joint, dislocation of shoulder and hip</i> <i>Exclusion: mobility of joint functions (b710)</i>							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							
b730	Muscle power functions	0	1	2	3	4	8	9
	Functions related to the force generated by the contraction of a muscle or muscle groups. <i>Inclusions: functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism</i> <i>Exclusions: functions of structures adjoining the eye (b215); muscle tone functions (b735); muscle endurance functions (b740)</i>							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							
b740	Muscle endurance functions	0	1	2	3	4	8	9
	Functions related to sustaining muscle contraction for the required period of time. <i>Inclusions: functions associated with sustaining muscle contraction for isolated muscles and muscle groups, and all muscles of the body; impairments such as in myasthenia gravis</i> <i>Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)</i>							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							
b770	Gait pattern functions	0	1	2	3	4	8	9
	Functions of movement patterns associated with walking, running or other whole body movements. <i>Inclusions: walking patterns and running patterns; impairments such as spastic gait, hemiplegic gait, paraplegic gait, asymmetric gait, limping and stiff gait pattern</i> <i>Exclusions: muscle power functions (b730); muscle tone functions (b735); control of voluntary movement functions (b760); involuntary movement functions (b765)</i>							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							

b780	Sensations related to muscles and movement functions	0	1	2	3	4	8	9
	Sensations associated with the muscles or muscle groups of the body and their movement. <i>Inclusions: sensations of muscle stiffness and tightness of muscles, muscle spasm or constriction, and heaviness of muscles</i> <i>Exclusion: sensation of pain (b280)</i>							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							
b7800	Sensation of muscle stiffness	0	1	2	3	4	8	9
	Sensation of tightness or stiffness of muscles.							
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	Description of the problem:							

BODY STRUCTURES = anatomical parts of the body such as organs, limbs and their components <i>How much impairment does the person have in the...</i>			No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable			
S299	Eye, ear and related structures, unspecified	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem:												
s710	Structure of head and neck region	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem:												
s720	Structure of shoulder region	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem:												
s730	Structure of upper extremity	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem:												
s73001	Elbow joint	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem:												
s73011	Wrist joint	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
Description of the problem:												

s7302	Structure of hand	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s73021	Joints of hand and fingers	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s73022	Muscles of hand	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s750	Structure of lower extremity	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s75001	Hip joint	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s75011	Knee joint	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s7502	Structure of ankle and foot	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											

s760	Structure of trunk	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s7600	Structure of vertebral column	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s76000	Cervical vertebral column	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s770	Additional musculoskeletal structures related to movement	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											
s810	Structure of areas of skin	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the problem:											

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

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

ACTIVITIES AND PARTICIPATION = execution of a task or action by an individual and involvement in a life situation <i>How much difficulty does the person have in the...</i> P = performance of... C = capacity in...		No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable	
d170	Writing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Using or producing symbols or language to convey information, such as producing a written record of events or ideas or drafting a letter. <i>Exclusion: learning to write (d145)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								
d230	Carrying out daily routine	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day. <i>Inclusions: managing and completing the daily routine; managing one's own activity level</i> <i>Exclusion: undertaking multiple tasks (d220)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								
d360	Using communication devices and techniques	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Using devices, techniques and other means for the purposes of communicating, such as calling a friend on the telephone. <i>Inclusions: using telecommunication devices, using writing machines and communication techniques</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								
d410	Changing basic body position	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. <i>Inclusions: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity</i> <i>Exclusion: transferring oneself (d420)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								

d415	Maintaining a body position	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Staying in the same body position as required, such as remaining seated or remaining standing for work or school. <i>Inclusions: maintaining a lying, squatting, kneeling, sitting and standing position</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d430	Lifting and carrying objects	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another. <i>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d435	Moving objects with lower extremities	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Performing coordinated actions aimed at moving an object by using the legs and feet, such as kicking a ball or pushing pedals on a bicycle. <i>Inclusions: pushing with lower extremities; kicking</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d440	Fine hand use	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d445	Hand and arm use	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Performing the coordinated actions required to move objects or to manipulate them by using hands and arms, such as when turning door handles or throwing or catching an object <i>Inclusions: pulling or pushing objects; reaching; turning or twisting the hands or arms; throwing; catching</i> <i>Exclusion: fine hand use (d440)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									

d449	Carrying, moving and handling objects, other specified and unspecified	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								
d450	Walking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards or sideways. <i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i> <i>Exclusions: transferring oneself (d420); moving around (d455)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								
d455	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles. <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i> <i>Exclusions: transferring oneself (d420); walking (d450)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								
d460	Moving around in different locations	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	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. <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> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								
d465	Moving around using equipment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	Moving the whole body from place to place, on any surface or space, by using specific devices designed to facilitate moving or create other ways of moving around, such as with skates, skis, or scuba equipment, or moving down the street in a wheelchair or a walker. <i>Exclusions: transferring oneself (d420); walking (d450); moving around (d455); using transportation (d470); driving (d475)</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the problem P: C:								

d470	Using transportation	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Using transportation to move around as a passenger, such as being driven in a car or on a bus, rickshaw, jitney, animal-powered vehicle, or private or public taxi, bus, train, tram, subway, boat or aircraft. <i>Inclusions: using human-powered transportation; using private motorized or public transportation</i> <i>Exclusions: moving around using equipment (d465); driving (d475)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d475	Driving	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Being in control of and moving a vehicle or the animal that draws it, travelling under one's own direction or having at one's disposal any form of transportation, such as a car, bicycle, boat or animal-powered vehicle. <i>Inclusions: driving human-powered transportation, motorized vehicles, animal-powered vehicles</i> <i>Exclusions: moving around using equipment (d465); using transportation (d470)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d510	Washing oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel. <i>Inclusions: washing body parts, the whole body; and drying oneself</i> <i>Exclusions: caring for body parts (d520); toileting (d530)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d520	Caring for body parts	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying. <i>Inclusions: caring for skin, teeth, hair, finger and toe nails</i> <i>Exclusions: washing oneself (d510); toileting (d530)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d530	Toileting	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards. <i>Inclusions: regulating urination, defecation and menstrual care</i> <i>Exclusions: washing oneself (d510); caring for body parts (d520)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									

d540	Dressing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers. <i>Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d550	Eating	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening bottles and cans, using eating implements, having meals, feasting or dining. <i>Exclusion: drinking (d560)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d560	Drinking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Taking hold of a drink, bringing it to the mouth, and consuming the drink in culturally acceptable ways, mixing, stirring and pouring liquids for drinking, opening bottles and cans, drinking through a straw or drinking running water such as from a tap or a spring; feeding from the breast. <i>Exclusion: eating (d550)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
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>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									
d610	Acquiring a place to live	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Buying, renting, furnishing and arranging a house, apartment or other dwelling. <i>Inclusions: buying or renting a place to live and furnishing a place to live</i> <i>Exclusions: acquisition of goods and services (d620); caring for household objects (d650)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem P: C:</p>									

d620	Acquisition of goods and services	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Selecting, procuring and transporting all goods and services required for daily living, such as selecting, procuring, transporting and storing food, drink, clothing, cleaning materials, fuel, household items, utensils, cooking ware, domestic appliances and tools; procuring utilities and other household services.</p> <p><i>Inclusions: shopping and gathering daily necessities</i></p> <p><i>Exclusion: acquiring a place to live (d610)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									
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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									
d640	Doing housework	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons.</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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									
d660	Assisting others	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others.</p> <p><i>Inclusions: assisting others with self-care, movement, communication, interpersonal relations, nutrition and health maintenance</i></p> <p><i>Exclusion: remunerative employment (d850)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									

d760	Family relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins or legal guardians.</p> <p><i>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									
d770	Intimate relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners.</p> <p><i>Inclusions: romantic, spousal and sexual relationships</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									
d850	Remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.</p> <p><i>Inclusions: self-employment, part-time and full-time employment</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									
d859	Work and employment, other specified and unspecified	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									
d910	Community life	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in all aspects of community social life, such as engaging in charitable organizations, service clubs or professional social organizations.</p> <p><i>Inclusions: informal and formal associations; ceremonies Exclusions: non-remunerative employment (d855); recreation and leisure (d920); religion and spirituality (d930); political life and citizenship (d950)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the problem</p> <p>P:</p> <p>C:</p>									

d920	Recreation and leisure	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9

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.

Inclusions: play, sports, arts and culture, crafts, hobbies and socializing

Exclusions: riding animals for transportation (d480); remunerative and non-remunerative work (d850 and d855); religion and spirituality (d930); political life and citizenship (d950)

Sources of information:

☐ Case history ☐ Patient-reported questionnaire ☐ Clinical examination ☐ Technical investigation

Description of the problem

P:

C:

ENVIRONMENTAL FACTORS		Complete facilitator	Substantial facilitator	Moderate facilitator	Mild facilitator	No barrier/facilitator	Mild barrier	Moderate barrier	Severe barrier	Complete barrier	Not specified	Not applicable
= make up the physical, social and attitudinal environment in which people live and conduct their lives How much of a facilitator or barrier does the person experience with respect to...												
e110	Products or substances for personal consumption Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e115	Products and technology for personal use in daily living Equipment, products and technologies used by people in daily activities, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal use</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e120	Products and technology for personal indoor and outdoor mobility and transportation Equipment, products and technologies used by people in activities of moving inside and outside buildings, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e125	Products and technology for communication Equipment, products and technologies used by people in activities of sending and receiving information, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for communication</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e135	Products and technology for employment Equipment, products and technologies used for employment to facilitate work activities. <i>Inclusion: general and assistive products and technology for employment</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9
e150	Design, construction and building products and technology of buildings for public use Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for public use, including those adapted or specially designed. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i> Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation Description of the facilitator/barrier:	+4	+3	+2	+1	0	1	2	3	4	8	9

e155	Design, construction and building products and technology of buildings for private use	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>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></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e225	Climate	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Meteorological features and events, such as the weather. <i>Inclusions: temperature, humidity, atmospheric pressure, precipitation, wind and seasonal variations</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e310	Immediate family	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Individuals related by birth, marriage or other relationship recognized by the culture as immediate family, such as spouses, partners, parents, siblings, children, foster parents, adoptive parents and grandparents. <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e320	Friends	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e340	Personal care providers and personal assistants	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Individuals who provide services as required to support individuals in their daily activities and maintenance of performance at work, education or other life situation, provided either through public or private funds, or else on a voluntary basis, such as providers of support for home-making and maintenance, personal assistants, transport assistants, paid help, nannies and others who function as primary caregivers. <i>Exclusions: immediate family (e310); extended family (e315); friends (e320); general social support services (e5750); health professionals (e355)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e345	Strangers	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Individuals who are unfamiliar and unrelated, or those who have not yet established a relationship or association, including persons unknown to the individual but who are sharing a life situation with them, such as substitute teachers, co-workers or care providers.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e355	Health professionals	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>All service providers working within the context of the health system, such as doctors, nurses, physiotherapists, occupational therapists, speech therapists, audiologists, orthotist-prosthetists, medical social workers. <i>Exclusion: other professionals (e360)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											

e360	Other professionals	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>All service providers working outside the health system, including lawyers, social workers, teachers, architects and designers. <i>Exclusion: health professionals (e355)</i></p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e410	Individual attitudes of immediate family members	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of immediate family members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e420	Individual attitude of friends	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of friends about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e425	Individual attitudes of acquaintances, peers, colleagues, neighbours and community members	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of acquaintances, peers, colleagues, neighbours and community members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e450	Individual attitudes of health professionals	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of health professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e460	Societal attitudes	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs generally held by people of a culture, society, subcultural or other social group about other individuals or about other social, political and economic issues, that influence group or individual behaviour and actions.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e540	Transportation services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Services, systems and policies for enabling people or goods to move or be moved from one location to another.</p> <p>Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											

e570	Social security services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Services, systems and policies aimed at providing income support to people who, because of age, poverty, unemployment, health condition or disability require public assistance that is funded either by general tax revenues or contributory schemes.</p> <p><i>Exclusion: economic services, systems and policies (e565)</i></p> <p>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											
e580	Health services, systems and policies	+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>Sources of information:</p> <p><input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation</p> <p>Description of the facilitator/barrier:</p>											

Functioning Profile Rheumatoid Arthritis (Comprehensive version)

BODY FUNCTIONS		Impairment					
		0	1	2	3	4	
b130	Energy and drive functions						
b134	Sleep functions						
b152	Emotional functions						
b180	Experience of self and time functions						
b1801	Body image						
b280	Sensation of pain						
b2800	Generalized pain						
b2801	Pain in body part						
b28010	Pain in head and neck						
b28013	Pain in back						
b28014	Pain in upper limb						
b28015	Pain in lower limb						
b28016	Pain in joints						
b430	Haematological system functions						
b455	Exercise tolerance functions						
b510	Ingestion functions						
b640	Sexual functions						
b710	Mobility of joint functions						
b7102	Mobility of joint generalized						
b715	Stability of joint functions						
b730	Muscle power functions						
b740	Muscle endurance functions						
b770	Gait pattern functions						
b780	Sensations related to muscles and movement functions						
b7800	Sensation of muscle stiffness						
BODY STRUCTURES		Impairment					
		0	1	2	3	4	
s299	Eye, ear and related structures, unspecified						
s710	Structure of head and neck region						
s720	Structure of shoulder region						
s730	Structure of upper extremity						
s73001	Elbow joint						
s73011	Wrist joint						
s7302	Structure of hand						
s73021	Joints of hand and fingers						
s73022	Muscles of hand						
s750	Structure of lower extremity						
s75001	Hip joint						
s75011	Knee joint						
s7502	Structure of ankle and foot						
s760	Structure of trunk						
s7600	Structure of vertebral column						
s76000	Cervical vertebral column						
s770	Additional musculoskeletal structures related to movement						
s810	Structure of areas of skin						
ACTIVITIES AND PARTICIPATION		Difficulty					
		0	1	2	3	4	
d170	Writing	P					
		C					
d230	Carrying out daily routine	P					
		C					
d360	Using communication devices and techniques	P					
		C					
d410	Changing basic body position	P					
		C					
d415	Maintaining a body position	P					
		C					

[illegible]

[illegible]