

**ICF DOCUMENTATION FORM for the  
BRIEF ICF CORE SET for CARDIOPULMONARY CONDITIONS for  
PATIENTS IN POST-ACUTE CARE**

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

∞ Category from the Generic Set not included in the Brief ICF Core Set for Cardiopulmonary Conditions for Patients in Post-Acute Care

<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>b114</b>	<b>Orientation functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of knowing and ascertaining one's relation to self, to others, to time and to one's surroundings.</b> <i>Inclusions: functions of orientation to time, place and person; orientation to self and others; disorientation to time, place and person</i> <i>Exclusions: consciousness functions (b110); attention functions (b140); memory functions (b144)</i> <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>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>
	<p><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></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>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>
	<p><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></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>b152<sup>∞</sup></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>
	<p><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></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>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>
	<p><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></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>b280<sup>∞</sup></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>
	<p><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></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>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>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>b450</b>	<b>Additional respiratory functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Additional functions related to breathing, such as coughing, sneezing and yawning.</b> <i>Inclusions: functions of blowing, whistling and mouth breathing</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>b510</b>	<b>Ingestion 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 taking in and manipulating solids or liquids through the mouth into the body.</b> <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>								
<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>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>s430</b>	<b>Structure of respiratory system</b>	<b>Extent</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>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
d177	Making decisions	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Making a choice among options, implementing the choice, and evaluating the effects of the choice, such as selecting and purchasing a specific item, or deciding to undertake and undertaking one task from among several tasks that need to be done. <i>Exclusions: thinking (d163); solving problems (d175)</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>									
d230 <sup>∞</sup>	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> <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>									
d240	Handling stress and other psychological demands	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction or crises, such as driving a vehicle during heavy traffic or taking care of many children. <i>Inclusions: handling responsibilities; handling stress and crisis</i> <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>									
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> <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>									

d420	Transferring oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><b>Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.</b>  <i>Inclusion: transferring oneself while sitting or lying</i>  <i>Exclusion: changing basic body position (d410)</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>								
d450	Walking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><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.</b>  <i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i>  <i>Exclusions: transferring oneself (d420); moving around (d455)</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>								
d455 <sup>∞</sup>	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><b>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.</b>  <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i>  <i>Exclusions: transferring oneself (d420); walking (d450)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b>  <b>C:</b></p>								
d460	Moving around in different locations	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p><b>Walking and moving around in various places and situations, such as walking between rooms in a house, within a building or down the street of a town.</b>  <i>Inclusions: moving around within the home, crawling or climbing within the home; walking or moving within buildings other than the home, and outside the home and other buildings</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b>  <b>C:</b></p>								

d465	Moving around using equipment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Moving the whole body from place to place, on any surface or space, by using specific devices designed to facilitate moving or create other ways of moving around, such as with skates, skis, or scuba equipment, or moving down the street in a wheelchair or a walker.  <i>Exclusions: transferring oneself (d420); walking (d450); moving around (d455); using transportation (d470); driving (d475)</i></p> <p><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>									
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><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>									
d850 <sup>∞</sup>	Remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.  <i>Inclusions: self-employment, part-time and full-time employment</i></p> <p><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>									
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.  <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><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>									

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	<b>Products or substances for personal consumption</b> 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>	+4	+3	+2	+1	0	1	2	3	4	8	9
e115	<b>Products and technology for personal use in daily living</b> 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>	+4	+3	+2	+1	0	1	2	3	4	8	9
e125	<b>Products and technology for communication</b> 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> <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>	+4	+3	+2	+1	0	1	2	3	4	8	9
e155	<b>Design, construction and building products and technology of buildings for private use</b> Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for private use, including those adapted or specially designed. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
e245	<b>Time-related changes</b> Natural, regular or predictable temporal change. <i>Inclusions: day/night and lunar cycles</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>	+4	+3	+2	+1	0	1	2	3	4	8	9
e250	<b>Sound</b> A phenomenon that is or may be heard, such as banging, ringing, thumping, singing, whistling, yelling or buzzing, in any volume, timbre or tone, and that may provide useful or distracting information about the world. <i>Inclusions: sound intensity; sound quality</i> <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>	+4	+3	+2	+1	0	1	2	3	4	8	9



<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>
	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.											
	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:											
<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>
	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.											
	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:											
<b>e455</b>	<b>Individual attitude of health-related 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>
	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.											
	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:											
<b>e465</b>	<b>Social norms, practices and ideologies</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>
	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.											
	Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	Description of the facilitator/barrier:											

## Functioning Profile Cardiopulmonary Conditions in Post-Acute Care (Brief version)

BODY FUNCTIONS		Impairment								
		0	1	2	3	4				
b110	Consciousness functions									
b114	Orientation functions									
b130	Energy and drive functions									
b134	Sleep functions									
b140	Attention functions									
b152	Emotional functions									
b260	Proprioceptive function									
b280	Sensation of pain									
b410	Heart functions									
b430	Haematological system functions									
b450	Additional respiratory functions									
b510	Ingestion functions									
b810	Protective functions of the skin									
b820	Repair functions of the skin									
BODY STRUCTURES		Impairment								
		0	1	2	3	4				
s430	Structure of respiratory system									
ACTIVITIES AND PARTICIPATION		Difficulty								
		0	1	2	3	4				
d177	Making decisions	P								
		C								
d230	Carrying out daily routine	P								
		C								
d240	Handling stress and other psychological demands	P								
		C								
d410	Changing basic body position	P								
		C								
d420	Transferring oneself	P								
		C								
d450	Walking	P								
		C								
d455	Moving around	P								
		C								
d460	Moving around in different locations	P								
		C								
d465	Moving around using equipment	P								
		C								
d540	Dressing	P								
		C								
d850	Remunerative employment	P								
		C								
d910	Community life	P								
		C								
ENVIRONMENTAL FACTORS		Facilitator			Barrier					
		+4	+3	+2	+1	0	1	2	3	4
e110	Products or substances for personal consumption									
e115	Products and technology for personal use in daily living									
e125	Products and technology for communication									
e155	Design, construction and building products and technology of buildings for private use									
e245	Time-related changes									
e250	Sound									
e415	Individual attitudes of extended family members									
e420	Individual attitude of friends									
e455	Individual attitude of health-related professionals									
e465	Social norms, practices and ideologies									

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