

**ICF DOCUMENTATION FORM for the  
COMPREHENSIVE ICF CORE SET for PATIENTS WITH NEUROLOGICAL CONDITIONS  
IN ACUTE CARE**

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

∞ Category from the Generic Set not included in the Comprehensive ICF Core Set for Patients with Neurological Conditions in 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>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>General mental functions of 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>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>General mental functions of 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>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>General mental functions of 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>
	<b>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.</b> <i>Inclusions: functions of amount of sleeping, and onset, maintenance and quality of sleep; functions involving the sleep cycle, such as in insomnia, hypersomnia and narcolepsy</i> <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b>							

<b>b140</b>	<b>Attention functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>b147</b>	<b>Psychomotor 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 control over both motor and psychological events at the body level.</b>  <i>Inclusions: functions of psychomotor control, such as psychomotor retardation, excitement and agitation, posturing, catatonia, negativism, ambitendency, echopraxia and echolalia; quality of psychomotor function</i>  <i>Exclusions: consciousness functions (b110); orientation functions (b114); intellectual functions (b117); energy and drive functions (b130); attention functions (b140); mental functions of language (b167); mental functions of sequencing complex movements (b176)</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</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>b156</b>	<b>Perceptual 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 recognizing and interpreting sensory stimuli.</b>  <i>Inclusions: functions of auditory, visual, olfactory, gustatory, tactile and visuospatial perception, such as a hallucination or illusion</i>  <i>Exclusions: consciousness functions (b110); orientation functions (b114); attention functions (b140); memory functions (b144); mental functions of language (b167); seeing and related functions (b210-b229); hearing and vestibular functions (b230-b249); additional sensory functions (b250-b279)</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>b167</b>	<b>Mental functions of language</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 recognizing and using signs, symbols and other components of a language.</b>  <i>Inclusions: functions of reception and decryption of spoken, written or other forms of language such as sign language; functions of expression of spoken, written or other forms of language; integrative language functions, spoken and written, such as involved in receptive, expressive, Broca's, Wernicke's and conduction aphasia</i>  <i>Exclusions: attention functions (b140); memory functions (b144); perceptual functions (b156); thought functions (b160); higher-level cognitive functions (b164); calculation functions (b172); mental functions of complex movements (b176); Chapter 2 Sensory Functions and Pain; Chapter 3 Voice and Speech Functions</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>b180</b>	<b>Experience of self and time 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 awareness of one's identity, one's body, one's position in the reality of one's environment and of time.</b>  <i>Inclusions: functions of experience of self, body image and time</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>b210</b>	<b>Seeing functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Sensory functions relating to sensing the presence of light and sensing the form, size, shape and colour of the visual stimuli.</b>  <i>Inclusions: visual acuity functions; visual field functions; quality of vision; functions of sensing light and colour, visual acuity of distant and near vision, monocular and binocular vision; visual picture quality; impairments such as myopia, hypermetropia, astigmatism, hemianopia, colour-blindness, tunnel vision, central and peripheral scotoma, diplopia, night blindness and impaired adaptability to light</i>  <i>Exclusion: perceptual functions (b156)</i></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>b215</b>	<b>Functions of structures adjoining the eye</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of structures in and around the eye that facilitate seeing functions.</b>  <i>Inclusions: functions of internal muscles of the eye, eyelid, external muscles of the eye, including voluntary and tracking movements and fixation of the eye, lachrymal glands, accommodation, pupillary reflex; impairments such as in nystagmus, xerophthalmia and ptosis</i>  <i>Exclusions: seeing functions (b210); Chapter 7 Neuromusculoskeletal and Movement-related Functions</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>b230</b>	<b>Hearing 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>Sensory functions relating to sensing the presence of sounds and discriminating the location, pitch, loudness and quality of sounds.</b>  <i>Inclusions: functions of hearing, auditory discrimination, localization of sound source, lateralization of sound, speech discrimination; impairments such as deafness, hearing impairment and hearing loss</i>  <i>Exclusions: perceptual functions (b156) and mental functions of language (b167)</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>b235</b>	<b>Vestibular 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>Sensory functions of the inner ear related to position, balance and movement.</b>  <i>Inclusions: functions of position and positional sense; functions of balance of the body and movement</i>  <i>Exclusion: sensations associated with hearing and vestibular functions (b240)</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>b240</b>	<b>Sensations associated with hearing and vestibular functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Sensations of dizziness, falling, tinnitus and vertigo.</b>  <i>Inclusions: sensations of ringing in ears, irritation in ear, aural pressure, nausea associated with dizziness or vertigo</i>  <i>Exclusions: vestibular functions (b235); sensation of pain (b280)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history      <input type="checkbox"/> Patient-reported questionnaire      <input type="checkbox"/> Clinical examination      <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p>							

<b>b260</b>	<b>Proprioceptive function</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Sensory functions of sensing the relative position of body parts.</b> <i>Inclusions: functions of statesthesia and kinaesthesia</i> <i>Exclusions: vestibular functions (b235); sensations related to muscles and movement functions (b780)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b265</b>	<b>Touch function</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Sensory functions of sensing surfaces and their texture or quality.</b> <i>Inclusions: functions of touching, feeling of touch; impairments such as numbness, anaesthesia, tingling, paraesthesia and hyperaesthesia</i> <i>Exclusions: sensory functions related to temperature and other stimuli (b270)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b270</b>	<b>Sensory functions related to temperature and other stimuli</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Sensory functions of sensing temperature, vibration, pressure and noxious stimulus.</b> <i>Inclusions: functions of being sensitive to temperature, vibration, shaking or oscillation, superficial pressure, deep pressure, burning sensation or a noxious stimulus</i> <i>Exclusions: touch functions (b265); sensation of pain (b280)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b280</b>	<b>Sensation of pain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Sensation of unpleasant feeling indicating potential or actual damage to some body structure.</b> <i>Inclusions: sensations of generalized or localized pain in one or more body part, pain in a dermatome, stabbing pain, burning pain, dull pain, aching pain; impairments such as myalgia, analgesia and hyperalgesia</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b310</b>	<b>Voice functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of the production of various sounds by the passage of air through the larynx.</b> <i>Inclusions: functions of production and quality of voice; functions of phonation, pitch, loudness and other qualities of voice; impairments such as aphonia, dysphonia, hoarseness, hypernasality and hyponasality</i> <i>Exclusions: mental functions of language (b167); articulation functions (b320)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b410</b>	<b>Heart functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of pumping the blood in adequate or required amounts and pressure throughout the body.</b> <i>Inclusions: functions of heart rate, rhythm and output; contraction force of ventricular muscles; functions of heart valves; pumping the blood through the pulmonary circuit; dynamics of circulation to the heart; impairments such as tachycardia, bradycardia and irregular heart beat and as in heart failure, cardiomyopathy, myocarditis and coronary insufficiency</i> <i>Exclusions: blood vessel functions (b415); blood pressure functions (b420); exercise tolerance functions (b455)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								

<b>b415</b>	<b>Blood vessel functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of transporting blood throughout the body.</b>  <i>Inclusions: functions of arteries, capillaries and veins; vasomotor function; functions of pulmonary arteries, capillaries and veins; functions of valves of veins; impairments such as in blockage or constriction of arteries; atherosclerosis, arteriosclerosis, thromboembolism and varicose veins</i>  <i>Exclusions: heart functions (b410); blood pressure functions (b420); haematological system functions (b430); exercise tolerance functions (b455)</i></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>b420</b>	<b>Blood pressure functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of maintaining the pressure of blood within the arteries.</b>  <i>Inclusions: functions of maintenance of blood pressure; increased and decreased blood pressure; impairments such as in hypotension, hypertension and postural hypotension</i>  <i>Exclusions: heart functions (b410); blood vessel functions (b415); exercise tolerance functions (b455)</i></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>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>
	<p><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></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>b435</b>	<b>Immunological system functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of the body related to protection against foreign substances, including infections, by specific and non-specific immune responses.</b>  <i>Inclusions: immune response (specific and non-specific); hypersensitivity reactions; functions of lymphatic vessels and nodes; functions of cell-mediated immunity, antibody-mediated immunity; response to immunization; impairments such as in autoimmunity, allergic reactions, lymphadenitis and lymphoedema</i>  <i>Exclusion: haematological system functions (b430)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p>							
<b>b440</b>	<b>Respiration functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of inhaling air into the lungs, the exchange of gases between air and blood, and exhaling air.</b>  <i>Inclusions: functions of respiration rate, rhythm and depth; impairments such as apnoea, hyperventilation, irregular respiration, paradoxical respiration and bronchial spasm and as in pulmonary emphysema</i>  <i>Exclusions: respiratory muscle functions (b445); additional respiratory functions (b450); exercise tolerance functions (b455)</i></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>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>b455</b>	<b>Exercise tolerance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.</b> <i>Inclusions: functions of 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>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>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>b525</b>	<b>Defecation 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 elimination of wastes and undigested food as faeces and related functions.</b> <i>Inclusions: functions of elimination, faecal consistency, frequency of defecation; faecal continence, flatulence; impairments such as constipation, diarrhoea, watery stool and anal sphincter incompetence or incontinence</i> <i>Exclusions: digestive functions (b515); assimilation functions (b520); sensations associated with the 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>b535</b>	<b>Sensations associated with the digestive system</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Sensations arising from eating, drinking and related digestive functions.</b> <i>Inclusions: sensations of nausea, feeling bloated, and the feeling of abdominal cramps, fullness of stomach, globus feeling, spasm of stomach, gas in stomach and heartburn</i> <i>Exclusions: sensation of pain (b280); ingestion functions (b510); digestive functions (b515); defecation functions (b525)</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>b540</b>	<b>General metabolic functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of regulation of essential components of the body such as carbohydrates, proteins and fats, the conversion of one to another, and their breakdown into energy.</b> <i>Inclusions: functions of metabolism, basal metabolic rate, metabolism of carbohydrate, protein and fat, catabolism, anabolism, energy production in the body; increase or decrease in metabolic rate</i> <i>Exclusions: assimilation functions (b520); weight maintenance functions (b530); water, mineral and electrolyte balance functions (b545); thermoregulatory functions (b550); endocrine glands functions (b555)</i>								
<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>b545</b>	<b>Water, mineral and electrolyte balance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of the regulation of water, minerals and electrolytes in the body.</b> <i>Inclusions: functions of water balance, balance of minerals such as calcium, zinc and iron, and balance of electrolytes such as sodium and potassium; impairments such as in water retention, dehydration, hypercalcaemia, hypocalcaemia, iron deficiency, hypernatraemia, hyponatraemia, hyperkalaemia and hypokalaemia</i> <i>Exclusions: haematological system functions (b430); general metabolic functions (b540); endocrine gland functions (b555)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b620</b>	<b>Urination functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of discharge of urine from the urinary bladder.</b> <i>Inclusions: functions of urination, frequency of urination, urinary continence; impairments such as in stress, urge, reflex, overflow, continuous incontinence, dribbling, automatic bladder, polyuria, urinary retention and urinary urgency</i> <i>Exclusions: urinary excretory functions (b610); sensations associated with urinary functions (b630)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b710</b>	<b>Mobility of joint functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of the range and ease of movement of a joint.</b> <i>Inclusions: functions of mobility of single or several joints, vertebral, shoulder, elbow, wrist, hip, knee, ankle, small joints of hands and feet; mobility of joints generalized; impairments such as in hypermobility of joints, frozen joints, frozen shoulder, arthritis</i> <i>Exclusions: stability of joint functions (b715); control of voluntary movement functions (b760)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b715</b>	<b>Stability of joint functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions of the maintenance of structural integrity of the joints.</b> <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>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								
<b>b730</b>	<b>Muscle power functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<b>Functions related to the force generated by the contraction of a muscle or muscle groups.</b> <i>Inclusions: functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism</i> <i>Exclusions: functions of structures adjoining the eye (b215); muscle tone functions (b735); muscle endurance functions (b740)</i>								
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation								
<b>Description of the problem:</b>								

<b>b735</b>	<b>Muscle tone functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions related to the tension present in the resting muscles and the resistance offered when trying to move the muscles passively.</b>  <i>Inclusions: functions associated with the tension of isolated muscles and muscle groups, muscles of one limb, one side of the body and the lower half of the body, muscles of all limbs, muscles of the trunk, and all muscles of the body; impairments such as hypotonia, hypertonia and muscle spasticity</i>  <i>Exclusions: muscle power functions (b730); muscle endurance functions (b740)</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>b755</b>	<b>Involuntary movement reaction functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of involuntary contractions of large muscles or the whole body induced by body position, balance and threatening stimuli.</b>  <i>Inclusions: functions of postural reactions, righting reactions, body adjustment reactions, balance reactions, supporting reactions, defensive reactions</i>  <i>Exclusion: motor reflex functions (b750)</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>b760</b>	<b>Control of voluntary movement functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions associated with control over and coordination of voluntary movements.</b>  <i>Inclusions: functions of control of simple voluntary movements and of complex voluntary movements, coordination of voluntary movements, supportive functions of arm or leg, right left motor coordination, eye hand coordination, eye foot coordination; impairments such as control and coordination problems, e.g. dysdiadochokinesia</i>  <i>Exclusions: muscle power functions (b730); involuntary movement functions (b765); gait pattern functions (b770)</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>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>
	<p><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></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history      <input type="checkbox"/> Patient-reported questionnaire      <input type="checkbox"/> Clinical examination      <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p>							



<b>BODY STRUCTURES</b> = anatomical parts of the body such as organs, limbs and their components  <i>How much impairment does the person have in the...</i>			No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable			
<b>s110</b>	<b>Structure of brain</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem:</b>												
<b>s120</b>	<b>Spinal cord and related structures</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem:</b>												
<b>s410</b>	<b>Structure of cardiovascular system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem:</b>												
<b>s430</b>	<b>Structure of respiratory system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem:</b>												
<b>s710</b>	<b>Structure of head and neck region</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem:</b>												

\* 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
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>									
d315	Communicating with - receiving - nonverbal messages	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Comprehending the literal and implied meanings of messages conveyed by gestures, symbols and drawings, such as realizing that a child is tired when she rubs her eyes or that a warning bell means that there is a fire. <i>Inclusions: communicating with - receiving - body gestures, general signs and symbols, drawings and photographs</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>									
d330	Speaking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Producing words, phrases and longer passages in spoken messages with literal and implied meaning, such as expressing a fact or telling a story in oral language <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>									
d335	Producing nonverbal messages	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using gestures, symbols and drawings to convey messages, such as shaking one's head to indicate disagreement or drawing a picture or diagram to convey a fact or complex idea. <i>Inclusion: producing body gestures, signs, symbols, drawings and photographs</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>									



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</p> <p><i>Inclusions: pulling or pushing objects; reaching; turning or twisting the hands or arms; throwing; catching</i></p> <p><i>Exclusion: fine hand use (d440)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								
d450 <sup>∞</sup>	Walking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p>Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards or sideways.</p> <p><i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i></p> <p><i>Exclusions: transferring oneself (d420); moving around (d455)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								
d455 <sup>∞</sup>	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
	<p>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.</p> <p><i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i></p> <p><i>Exclusions: transferring oneself (d420); walking (d450)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								
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.</p> <p><i>Exclusions: transferring oneself (d420); walking (d450); moving around (d455); using transportation (d470); driving (d475)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>								

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><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:  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><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:  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><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:  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><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:  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><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:  C:</p>								

d560	Drinking	P C	0 0	1 1	2 2	3 3	4 4	8 8	9 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.</p> <p><i>Exclusion: eating (d550)</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>									
d760	Family relationships	P C	0 0	1 1	2 2	3 3	4 4	8 8	9 9
<p>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins, or legal guardians.</p> <p><i>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</i></p> <p><b>Sources of information:</b>  <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 C	0 0	1 1	2 2	3 3	4 4	8 8	9 9
<p>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.</p> <p><i>Inclusions: self-employment, part-time and full-time employment</i></p> <p><b>Sources of information:</b>  <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>									
d940	Human rights	P C	0 0	1 1	2 2	3 3	4 4	8 8	9 9
<p>Enjoying all nationally and internationally recognized rights that are accorded to people by virtue of their humanity alone, such as human rights as recognized by the United Nations Universal Declaration of Human Rights (1948) and the United Nations Standard Rules for the Equalization of Opportunities for Persons with Disabilities (1993); the right to self-determination or autonomy; and the right to control over one's destiny.</p> <p><i>Exclusion: 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
<p>= make up the physical, social and attitudinal environment in which people live and conduct their lives</p> <p><i>How much of a facilitator or barrier does the person experience with respect to...</i></p>												
e110	Products or substances for personal consumption	+4	+3	+2	+1	0	1	2	3	4	8	9
<p>Any natural or human-made object or substance gathered, processed or manufactured for ingestion.</p> <p><i>Inclusions: food, drink and drugs</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e115	Products and technology for personal use in daily living	+4	+3	+2	+1	0	1	2	3	4	8	9
<p>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.</p> <p><i>Inclusions: general and assistive products and technology for personal use</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e120	Products and technology for personal indoor and outdoor mobility and transportation	+4	+3	+2	+1	0	1	2	3	4	8	9
<p>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.</p> <p><i>Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e125	Products and technology for communication	+4	+3	+2	+1	0	1	2	3	4	8	9
<p>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.</p> <p><i>Inclusions: general and assistive products and technology for communication</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
e150	Design, construction and building products and technology of buildings for public 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 public use, including those adapted or specially designed.</p> <p><i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												

<b>e240</b>	<b>Light</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p>Electromagnetic radiation by which things are made visible by either sunlight or artificial lighting (e.g. candles, oil or paraffin lamps, fires and electricity), and which may provide useful or distracting information about the world.  <i>Inclusions: light intensity; light quality; colour contrasts</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
<b>e250</b>	<b>Sound</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p>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></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
<b>e310</b>	<b>Immediate family</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p>Individuals related by birth, marriage or other relationship recognized by the culture as immediate family, such as spouses, partners, parents, parents, siblings, children, foster parents, adoptive parents and grandparents.  <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
<b>e315</b>	<b>Extended family</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p>Individuals related through family or marriage or other relationships recognized by the culture as extended family, such as aunts, uncles, nephews and nieces.  <i>Exclusion: immediate family (e310)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
<b>e320</b>	<b>Friends</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p>Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.</p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
<b>e355</b>	<b>Health professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p>All service providers working within the context of the health system, such as doctors, nurses, physiotherapists, occupational therapists, speech therapists, audiologists, orthotist-prosthetists, medical social workers.  <i>Exclusion: other professionals (e360)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												
<b>e360</b>	<b>Other professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
<p>All service providers working outside the health system, including lawyers, social workers, teachers, architects and designers.  <i>Exclusion: health professionals (e355)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>												



<b>e410</b>	<b>Individual attitudes of immediate family members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>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.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
<b>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>
	<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.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
<b>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>
	<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.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
<b>e450</b>	<b>Individual attitudes of health professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>General or specific opinions and beliefs of health professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
<b>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>
	<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.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
<b>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>
	<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.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
<b>e550</b>	<b>Legal services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Services, systems and policies concerning the legislation and other law of a country.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											

<b>e570</b>	<b>Social security services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>Services, systems and policies aimed at providing income support to people who, because of age, poverty, unemployment, health condition or disability require public assistance that is funded either by general tax revenues or contributory schemes.</p> <p><i>Exclusion: economic services, systems and policies (e565)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history      <input type="checkbox"/> Patient-reported questionnaire      <input type="checkbox"/> Clinical examination      <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e580</b>	<b>Health services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle.</p> <p><i>Exclusion: general social support services, systems and policies (e575)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history      <input type="checkbox"/> Patient-reported questionnaire      <input type="checkbox"/> Clinical examination      <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											

## Functioning Profile Neurological Conditions in Acute Care (Comprehensive version)

BODY FUNCTIONS		Impairment					
		0	1	2	3	4	
b110	Consciousness functions						
b114	Orientation functions						
b130	Energy and drive functions						
b134	Sleep functions						
b140	Attention functions						
b147	Psychomotor functions						
b152	Emotional functions						
b156	Perceptual functions						
b167	Mental functions of language						
b180	Experience of self and time functions						
b210	Seeing functions						
b230	Hearing functions						
b235	Vestibular functions						
b240	Sensations associated with hearing and vestibular functions						
b260	Proprioceptive function						
b265	Touch function						
b270	Sensory functions related to temperature and other stimuli						
b280	Sensation of pain						
b310	Voice functions						
b410	Heart functions						
b415	Blood vessel functions						
b420	Blood pressure functions						
b430	Haematological system functions						
b435	Immunological system functions						
b440	Respiration functions						
b450	Additional respiratory functions						
b455	Exercise tolerance functions						
b510	Ingestion functions						
b525	Defecation functions						
b535	Sensations associated with the digestive system						
b540	General metabolic functions						
b545	Water, mineral and electrolyte balance functions						
b620	Urination functions						
b710	Mobility of joint functions						
b715	Stability of joint functions						
b730	Muscle power functions						
b735	Muscle tone functions						
b755	Involuntary movement reaction functions						
b760	Control of voluntary movement functions						
b810	Protective functions of the skin						
BODY STRUCTURES		Impairment					
		0	1	2	3	4	
s110	Structure of brain						
s120	Spinal cord and related structures						
s410	Structure of cardiovascular system						
s430	Structure of respiratory system						
s710	Structure of head and neck region						

[illegible]

[illegible]

In Body Functions, Body Structures, Activities and Participation: 0 = no problem, 1 = mild problem, 2 = moderate problem, 3 = severe problem, 4 = complete problem; In Environmental Factors: 0 = no barrier/facilitator, 1 = mild barrier, 2 = moderate barrier, 3 = severe barrier, 4 = complete barrier, +1 = mild facilitator, +2 = moderate facilitator, +3 = substantial facilitator, +4 = complete facilitator, 8 = not specified, 9 = not applicable.  
P = Performance, C = Capacity