

## ICF DOCUMENTATION FORM for the COMPREHENSIVE ICF CORE SET for OBSTRUCTIVE PULMONARY DISEASES

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

<b>BODY FUNCTIONS</b> = physiological functions of body systems (including psychological functions)  <i>How much impairment does the person have in...</i>		No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable
<b>b130</b>	<b>Energy and drive functions</b>	0	1	2	3	4	8	9
	<p><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></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>b134</b>	<b>Sleep functions</b>	0	1	2	3	4	8	9
	<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>b152</b>	<b>Emotional functions</b>	0	1	2	3	4	8	9
	<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>b1522</b>	<b>Range of emotion</b>	0	1	2	3	4	8	9
	<p><b>Mental functions that produce the spectrum of experience of arousal of affect or feelings such as love, hate, anxiousness, sorrow, joy, fear and anger.</b></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p>							

<b>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>b2801</b>	<b>Pain in body part</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 felt in a specific part, or parts, of the body.</b>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>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>b430</b>	<b>Haematological system functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of blood production, oxygen and metabolite carriage, and clotting.</b> <i>Inclusions: functions of the production of blood and bone marrow; oxygen-carrying functions of blood; blood-related functions of spleen; metabolite-carrying functions of blood; clotting; impairments such as in anaemia, haemophilia and other clotting dysfunctions</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); immunological system functions (b435); exercise tolerance functions (b455)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>b435</b>	<b>Immunological system functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							

<b>b440</b>	<b>Respiration functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of inhaling air into the lungs, the exchange of gases between air and blood, and exhaling air.</b> <i>Inclusions: functions of respiration rate, rhythm and depth; impairments such as apnoea, hyperventilation, irregular respiration, paradoxical respiration and bronchial spasm and as in pulmonary emphysema.</i> <i>Exclusions: respiratory muscle functions (b445); additional respiratory functions (b450); exercise tolerance functions (b455)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>b445</b>	<b>Respiratory muscle 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 muscles involved in breathing.</b> <i>Inclusions: functions of thoracic respiratory muscles; functions of the diaphragm; functions of accessory respiratory muscles</i> <i>Exclusions: respiration functions (b440); additional respiratory functions (b450); exercise tolerance functions (b455)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>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 physical endurance, aerobic capacity, stamina and fatigability</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>b460</b>	<b>Sensations associated with cardiovascular and respiratory functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensations such as missing a heart beat, palpitation and shortness of breath.</b> <i>Inclusions: sensations of tightness of chest, feelings of irregular beat, dyspnoea, air hunger, choking, gagging and wheezing</i> <i>Exclusion: sensation of pain (b280)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							
<b>b530</b>	<b>Weight maintenance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of maintaining appropriate body weight, including weight gain during the developmental period.</b> <i>Inclusions: functions of maintenance of acceptable Body Mass Index (BMI); impairments such as underweight, cachexia, wasting, overweight, emaciation and such as in primary and secondary obesity</i> <i>Exclusions: assimilation functions (b520); general metabolic functions (b540); endocrine gland functions (b555)</i>							
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation							
	<b>Description of the problem:</b>							

<b>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>
	<p><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></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>b740</b>	<b>Muscle endurance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions related to sustaining muscle contraction for the required period of time.</b>  <i>Inclusions: functions associated with sustaining muscle contraction for isolated muscles and muscle groups, and all muscles of the body; impairments such as in myasthenia gravis</i>  <i>Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)</i></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>b780</b>	<b>Sensations related to muscles and 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>Sensations associated with the muscles or muscle groups of the body and their movement.</b>  <i>Inclusions: sensations of muscle stiffness and tightness of muscles, muscle spasm or constriction, and heaviness of muscles</i>  <i>Exclusion: sensation of pain (b280)</i></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>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>												
<b>s720</b>	<b>Structure of shoulder 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>												
<b>s760</b>	<b>Structure of trunk</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> <i>P = performance of...</i> <i>C = capacity in...</i>		No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable	
d230	Carrying out daily routine	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day. <i>Inclusions: managing and completing the daily routine; managing one's own activity level</i> <i>Exclusion: undertaking multiple tasks (d220)</i> <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> P:  C:									
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> P:  C:									
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> P:  C:									
d410	Changing basic body position	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. <i>Inclusions: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity</i> <i>Exclusion: transferring oneself (d420)</i> <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> P:  C:									

d430	Lifting and carrying objects	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another.</p> <p><i>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history      <input type="checkbox"/> Patient-reported questionnaire      <input type="checkbox"/> Clinical examination      <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p>P:</p> <p>C:</p>									
d450	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>P:</p> <p>C:</p>									
d455	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.</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>P:</p> <p>C:</p>									
d460	Moving around in different locations	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.</p> <p><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></p> <p><input type="checkbox"/> Case history      <input type="checkbox"/> Patient-reported questionnaire      <input type="checkbox"/> Clinical examination      <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p>P:</p> <p>C:</p>									
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>P:</p> <p>C:</p>									

d470	Using transportation	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using transportation to move around as a passenger, such as being driven in a car or on a bus, rickshaw, jitney, animal-powered vehicle, or private or public taxi, bus, train, tram, subway, boat or aircraft. <i>Inclusions: using human-powered transportation; using private motorized or public transportation</i> <i>Exclusions: moving around using equipment (d465); driving (d475)</i>									
<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> P:  C:									
d475	Driving	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Being in control of and moving a vehicle or the animal that draws it, travelling under one's own direction or having at one's disposal any form of transportation, such as a car, bicycle, boat or animal-powered vehicle. <i>Inclusions: driving human-powered transportation, motorized vehicles, animal-powered vehicles</i> <i>Exclusions: moving around using equipment (d465); using transportation (d470)</i>									
<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> P:  C:									
d4750	Driving human-powered transportation	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Driving a human-powered vehicle, such as a bicycle, tricycle, or rowboat.									
<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> P:  C:									
d510	Washing oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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>									
<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> P:  C:									
d540	Dressing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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>									
<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> P:  C:									

d570	Looking after one's health	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, including using condoms, getting immunizations and regular physical examinations.</p> <p><i>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>									
d620	Acquisition of goods and services	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Selecting, procuring and transporting all goods and services required for daily living, such as selecting, procuring, transporting and storing food, drink, clothing, cleaning materials, fuel, household items, utensils, cooking ware, domestic appliances and tools; procuring utilities and other household services.</p> <p><i>Inclusions: shopping and gathering daily necessities</i></p> <p><i>Exclusion: acquiring a place to live (d610)</i></p> <p><b>Sources of information:</b></p> <p><input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b></p> <p><b>P:</b></p> <p><b>C:</b></p>									
d640	Doing housework	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons.</p> <p><i>Inclusions: washing and drying clothes and garments; cleaning cooking area and utensils; cleaning living area; using household appliances, storing daily necessities and disposing of garbage</i></p> <p><i>Exclusions: acquiring a place to live (d610); acquisition of goods and services (d620); preparing meals (d630); caring for household objects (d650); caring for others (d660)</i></p> <p><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>									
d650	Caring for household objects	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Maintaining and repairing household and other personal objects, including house and contents, clothes, vehicles and assistive devices, and caring for plants and animals, such as painting or wallpapering rooms, fixing furniture, repairing plumbing, ensuring the proper working order of vehicles, watering plants, grooming and feeding pets and domestic animals.</p> <p><i>Inclusions: making and repairing clothes; maintaining dwelling, furnishings and domestic appliances; maintaining vehicles; maintaining assistive devices; taking care of plants (indoor and outdoor) and animals</i></p> <p><i>Exclusions: acquiring a place to live (d610); acquisition of goods and services (d620); doing housework (d640); caring for others (d660); remunerative employment (d850)</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>									

d660	Assisting others	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others. <i>Inclusions: assisting others with self-care, movement, communication, interpersonal relations, nutrition and health maintenance</i> <i>Exclusion: remunerative employment (d850)</i>									
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem P:  C:									
d770	Intimate relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners. <i>Inclusions: romantic, spousal and sexual relationships</i>									
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem P:  C:									
d845	Acquiring, keeping and terminating a job	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Seeking, finding and choosing employment, being hired and accepting employment, maintaining and advancing through a job, trade, occupation or profession, and leaving a job in an appropriate manner. <i>Inclusions: seeking employment; preparing a resume or curriculum vitae; contacting employers and preparing interviews; maintaining a job; monitoring one's own work performance; giving notice; and terminating a job</i>									
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem P:  C:									
d850	Remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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>									
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem P:  C:									
d910	Community life	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
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</i> <i>Exclusions: non-remunerative employment (d855); recreation and leisure (d920); religion and spirituality (d930); political life and citizenship (d950)</i>									
Sources of information: <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
Description of the problem P:  C:									

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

Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure.

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

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

**Sources of information:**

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

**Description of the problem**

**P:**

**C:**

ENVIRONMENTAL FACTORS		Complete facilitator	Substantial facilitator	Moderate facilitator	Mild facilitator	No barrier/facilitator	Mild barrier	Moderate barrier	Severe barrier	Complete barrier	Not specified	Not applicable
= make up the physical, social and attitudinal environment in which people live and conduct their lives  <b>How much of a facilitator or barrier does the person experience with respect to...</b>												
e110	Products or substances for personal consumption	+4	+3	+2	+1	0	1	2	3	4	8	9
Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e115	Products and technology for personal use in daily living	+4	+3	+2	+1	0	1	2	3	4	8	9
Equipment, products and technologies used by people in daily activities, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal use</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e120	Products and technology for personal indoor and outdoor mobility and transportation	+4	+3	+2	+1	0	1	2	3	4	8	9
Equipment, products and technologies used by people in activities of moving inside and outside buildings, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e150	Design, construction and building products and technology of buildings for public use	+4	+3	+2	+1	0	1	2	3	4	8	9
Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for public use, including those adapted or specially designed. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												
e155	Design, construction and building products and technology of buildings for private use	+4	+3	+2	+1	0	1	2	3	4	8	9
Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for private use, including those adapted or specially designed. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>												

e225	<b>Climate</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Meteorological features and events, such as the weather.</b> <i>Inclusions: temperature, humidity, atmospheric pressure, precipitation, wind and seasonal variations</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
e245	<b>Time-related changes</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Natural, regular or predictable temporal change.</b> <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>											
e2450	<b>Day/night cycles</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Natural, regular and predictable changes from day through to night and back to day, such as day, night, dawn and dusk.</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>											
e260	<b>Air quality</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Characteristics of the atmosphere (outside buildings) or enclosed areas of air (inside buildings), and which may provide useful or distracting information about the world.</b> <i>Inclusions: indoor and outdoor air quality</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
e310	<b>Immediate family</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Individuals related by birth, marriage or other relationship recognized by the culture as immediate family, such as spouses, partners, parents, siblings, children, foster parents, adoptive parents and grandparents.</b> <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
e320	<b>Friends</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.</b> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											
e340	<b>Personal care providers and personal assistants</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Individuals who provide services as required to support individuals in their daily activities and maintenance of performance at work, education or other life situation, provided either through public or private funds, or else on a voluntary basis, such as providers of support for home-making and maintenance, personal assistants, transport assistants, paid help, nannies and others who function as primary caregivers.</b> <i>Exclusions: immediate family (e310); extended family (e315); friends (e320); general social support services (e5750); health professionals (e355)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b>											

<b>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>e410</b>	<b>Individual attitudes of immediate family members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>General or specific opinions and beliefs of immediate family members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e420</b>	<b>Individual attitude of friends</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>General or specific opinions and beliefs of friends about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
<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>
	<p>General or specific opinions and beliefs of health professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e460</b>	<b>Societal attitudes</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>General or specific opinions and beliefs generally held by people of a culture, society, subcultural or other social group about other individuals or about other social, political and economic issues that influence group or individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b></p>											
<b>e540</b>	<b>Transportation 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 enabling people or goods to move or be moved from one location to another.</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>e555</b>	<b>Associations and organizational services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>Services, systems and policies relating to groups of people who have joined together in the pursuit of common, noncommercial interests, often with an associated membership structure.</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>											

e575	<b>General social support services, systems and policies</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Services, systems and policies aimed at providing support to those requiring assistance in areas such as shopping, housework, transport, self-care and care of others in order to function more fully in society.</b> <i>Exclusions: personal care providers and personal assistants (e340); social security services, systems and policies (e570); health services, systems and policies (e580)</i>											
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	<b>Description of the facilitator/barrier:</b>											
e580	<b>Health services, systems and policies</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle.</b> <i>Exclusion: general social support services, systems and policies (e575)</i>											
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	<b>Description of the facilitator/barrier:</b>											
e585	<b>Education and training services, systems and policies</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Services, systems and policies for the acquisition, maintenance and improvement of knowledge, expertise and vocational or artistic skills. See UNESCO's International Standard Classification of Education (ISCED-1997).</b>											
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	<b>Description of the facilitator/barrier:</b>											
e590	<b>Labour and employment services, systems and policies</b>	+4	+3	+2	+1	0	1	2	3	4	8	9
	<b>Services, systems and policies related to finding suitable work for persons who are unemployed or looking for different work, or to support individuals already employed who are seeking promotion.</b> <i>Exclusion: economic services, systems and policies (e565)</i>											
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	<b>Description of the facilitator/barrier:</b>											

## Functioning Profile Obstructive Pulmonary Diseases (Comprehensive version)

BODY FUNCTIONS			Impairment				
			0	1	2	3	4
b130	Energy and drive functions						
b134	Sleep functions						
b152	Emotional functions						
b1522	Range of motion						
b280	Sensation of pain						
b2801	Pain in body part						
b310	Voice functions						
b410	Heart functions						
b430	Haematological system functions						
b435	Immunological system functions						
b440	Respiration functions						
b445	Respiratory muscle functions						
b450	Additional respiratory functions						
b455	Exercise tolerance functions						
b460	Sensations associated with cardiovascular and respiratory functions						
b530	Weight maintenance functions						
b730	Muscle power functions						
b740	Muscle endurance functions						
b780	Sensations related to muscles and movement functions						
BODY STRUCTURES			Impairment				
			0	1	2	3	4
s410	Structure of cardiovascular system						
s430	Structure of respiratory system						
s710	Structure of head and neck region						
s720	Structure of shoulder region						
s760	Structure of trunk						
ACTIVITIES AND PARTICIPATION			Difficulty				
			0	1	2	3	4
d230	Carrying out daily routine	P					
		C					
d240	Handling stress and other psychological demands	P					
		C					
d330	Speaking	P					
		C					
d410	Changing basic body position	P					
		C					
d430	Lifting and carrying objects	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					
d470	Using transportation	P					
		C					
d475	Driving	P					
		C					
d4750	Driving human-powered transportation	P					
		C					
d510	Washing oneself	P					
		C					
d540	Dressing	P					
		C					
d570	Looking after one's health	P					
		C					
d620	Acquisition of goods and services	P					
		C					
d640	Doing housework	P					
		C					

d650	Caring for household objects	P								
		C								
d660	Assisting others	P								
		C								
d770	Intimate relationships	P								
		C								
d845	Acquiring, keeping and terminating a job	P								
		C								
d850	Remunerative employment	P								
		C								
d910	Community life	P								
		C								
d920	Recreation and leisure	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									
e120	Products and technology for personal indoor and outdoor mobility and transportation									
e150	Design, construction and building products and technology of buildings for public use									
e155	Design, construction and building products and technology of buildings for private use									
e225	Climate									
e245	Time-related changes									
e2450	Day/night cycles									
e260	Air quality									
e310	Immediate family									
e320	Friends									
e340	Personal care providers and personal assistants									
e355	Health professionals									
e410	Individual attitudes of immediate family members									
e420	Individual attitude of friends									
e450	Individual attitudes of health professionals									
e460	Societal attitudes									
e540	Transportation services, systems and policies									
e555	Associations and organizational services, systems and policies									
e575	General social support services, systems and policies									
e580	Health services, systems and policies									
e585	Education and training services, systems and policies									
e590	Labour and employment services, systems and policies									

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