

Core sets in Autism Spectrum Disorder (ASD) - Proposal of instruments according to the physiotherapist's view

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ABSTRACT

Autism Spectrum Disorder (ASD) is a disorder that results in physical and functional changes in the brain, and is linked to motor development, language and behavior. This disorder can present several clinical manifestations that may vary from individual to individual. The etiology of ASD has not yet been defined and is still unknown to the scientific community, making early diagnosis difficult. To this end, the use of the International Classification of Health Functioning and Disability (ICF) is essential for a broad assessment, respecting individuality and facilitating the collection of health-related information. To facilitate and increase the use of the ICF, the Core-sets were created, which aim to evaluate and document the functionality of individuals, providing a standardization in the evaluation, which will influence an effective and well-designed treatment. This study selected a Core-set for the ASD population belonging to the WHO Core-sets database and identified components assigned to the Physical Therapist to assess associated with assessment instruments. It was possible to identify specific codes for the Physical Therapy professional in relation to the measurement instruments found in the current scientific literature, however, we emphasize the need to include more codes in the Core Sets related to Physical Therapy, evidencing the importance of this professional in the management and conduct of this population.

Keywords: Autism, International Classification of Functioning and Disability in Health, Core sets, Paediatric physiotherapy.

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INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that impacts individuals' cognitive ability and social interactions. This disorder can present several clinical manifestations that may vary from individual to individual (Schiariti; Mahdi; Bölte, 2018). The etiology of ASD has not yet been defined, and it is still unknown to the scientific community, making early diagnosis difficult because it is not associated with a single cause (Griesi-Oliveira, Sertie, 2017). The challenges for the patient and the family of the child who receives the diagnosis of ASD are impactful, considering that this will directly interfere in the daily life and quality of life of all. The clinical manifestations vary according to the severity of the signs and symptoms presented by each individual, so the measure to assess functionality should be particular and individualized (De Schipper *et al.*, 2015).

In 2001, with the general objective of classifying and promoting a universal and standardized language among multidisciplinary professionals, the WHO developed the International Health Classification (ICF), which aims to delineate functionality and disability in a given health condition (World Health Organization-ICF, 2008), allowing the recording of the individual's functional status in different contexts. thus measuring their capacity and limitations, facilitating the direction of conducts and providing monitoring of evolution (Battistella, Brito, 2002; Nubila, 2010). Being made up of two parts, the first is designated for functionality and disability, subdivided into body and activity and participation, The first is divided into "body structure" and "body functionality" referring to the physiological functions of the system, while body structure refers to the anatomical parts. The activities part relates tasks or actions of the individual, participation would be the involvement in a life context. The second part correlates to the Contextual Factors, which are personal and environmental factors, the first is not categorized in the ICF due to its great social and cultural heterogeneity, while the environmental factors say about the individual's insertion environment (Cechetto, Oliveira, 2021; World Health Organization (ICF), 2008)

Following a biopsychosocial model, its application becomes complex in clinical practice, since it provides a system that consists of more than 1400 categories in relation to people's health in different contexts around its existence (World Health Organization-ICF, 2008; Brazilian; Moreira; Buchalla, 2013). In order to facilitate its use, multicenter studies have developed and validated a set of categories that reproduce specifically the functionality of people with a certain health status, called *Core-sets*, being made available in two ways, comprehensive and abbreviated (Riberto, 2011; World Health Organization (ICF), 2008).

The *Core sets* are designed for several professionals, where each component will be evaluated based on its specialty, for the area of physical therapy, "body functions" and "activity and participation" are mainly evaluated, with essential items to be analyzed, contributing to cognitive, motor, and social development, for a general improvement in the quality of life seeking greater



independence for these patients (Rodrigues, Lima, Monteiro, 2020; Riberto, 2011). It is noteworthy that the ICF is a classification instrument and not an evaluation (Brazilian; Moreira; Buchalla, 2013).

Physiotherapy seeks to achieve motor, physical and psychological skills, allowing the child to achieve greater independence. In this way, areas of concentration and social interaction will be activated, through received motor stimuli, gross motor coordination, motor skills, balance, sensitivity and tonicity (Ferreira et al., 2016).

Because of this, this study aims to identify the components present in the *Core Sets for individuals with ASD that are assigned to the physical therapist to evaluate and which* instruments are appropriate to perform the assessment and targeted intervention for these individuals.

METHODOLOGY

A literature search was conducted *on Core sets for ASD focused on physical therapy in journals available on the main search platforms, such as Scielo, Co- chrane, Pubmed, Pedro, using the following descriptors: autism, ICF*, Core sets, pediatric physical therapy. The selected articles ranged from 2013 to 2023. As an inclusion criterion, we used research regarding the use of core sets for the ASD population, as well as their importance in clinical practice. The data analysis was elaborated in the light of the scientific evidence found in the debates between the authors in their statements.

After searching the literature, we used the database provided by the WHO regarding the *Core Sets* related to the ASD population. Our research was designed to facilitate the use of this classification as a complement to the evaluation of this population.

The core sets are accessed through the *ICF-based* website (2020), free of charge and available in seven different languages, with the aim of covering the largest number of professionals worldwide. It has an interactive purpose by selecting the most pertinent categories in each case, it consists of stages, the first being the selection of the desired core sets through the pre-filling of a form, which in turn is separated by groups with the theme: musculoskeletal, cardiopulmonary, neurological, neurodevelopmental and psychiatric, and others.

After searching for the *core-sets*, one was selected so that we could separate the codes that best fit the competencies of the physiotherapy professional. In order to define the appropriate measurement tools for the definitions of each code of the *core set* for children with ASD, simple searches were performed in the following databases: COSMIN, PubMed, SciElo and Cochrane, for studies that brought measurement tools indicated by the best available scientific evidence.



RESULTS

This study proposed the search for Core Sets *on the* ICF-based *website* (ICF Core Sets, 2020), where an active search for Core sets specific to the ASD population was carried out. In this stage, five Core sets were found referring to the ASD population, namely: *comprehensive autism, common summary autism, children brief autism (0-5 years), summary for children/young people with autism (6-16 years), summary for adults with autism.* To be developed, they followed a careful approach proposed by the WHO in 4 stages: literature review, research with experts, interviews with focus groups, and clinical investigation (Schipper E. et al, 2015; Piuco, 2023).

After the search, codes were selected from the *Comprehensive Core Set*, following the skills and competence of the physiotherapist professional, who acts in the face of gains in functionality and independence, with a focus on motor behavior. The *Comprehensive Core set* serves as a guide in the multidisciplinary assessment, given the number of aspects it contains. Because of this, it is important to divide the categories according to the skills and competencies of each professional (Riberto, 2011) (APPENDIX 1)

To guide the choice of codes, measurement tools were selected to assess the domains of "body structures and function" and "activity and participation" of the ICF that correspond to physical therapy. For the "Environmental Factors" domain as it was not Once a measurement instrument was found to evaluate the selected codes, questions were elaborated based on the description of the code.

BODY FUNCTION

In the item "touch functions", he chose to use esthesiometry, which is a quantitative test to evaluate the sensory tactile performance, to verify the degree of cutaneous sensitivity by means of nylon monofilaments to light touch and pressure. (Bell-Krotoski, 1995). In the item "sensory functions related to temperature and other stimuli", the evaluation will be based on the Nottingham Sensory Assessment instrument, which has four subscales and 20 items. The subscales are tactile sensation, proprioception, stereognosia, and discrimination between two points (Lima et al, 2010; Riquelme, Hatem, Montoya, 2018). For thermal sensitivity, use test tubes with hot (approximately 45°C) and cold (approximately 25°) water (Bar- reto et al, 2017; Ministry of Health, 2017).

For the items "psychomotor functions" and Functions related to movement control, the Motor Development Scale (MDS) was found. It is used to comprehensively assess children in relation to the domains of psychomotor skills (fine motor skills, global motor skills, balance, body schema, spatial organization, temporal organization and laterality) at the age of 2 to 11 years, allowing the comparison of chronological age and motor age in a quantitative way. (Santos et al., 2019; Neto, 2002).



ACTIVITY AND PARTICIPATION

For the items of the Activities and Participation component, only the Functional Independence Measure (FIM) scale was used, due to its easy and quick applicability, comprising not only motor activities, but also cognitive and communication-related aspects. It aims to quantitatively assess a person's care for performing a series of tasks of daily living. (Ferreira et al, 2016; Riberto et al, 2004)

ENVIRONMENTAL FACTORS

The items "Products and technologies for personal use in daily life" and "Products and technology for communication" were selected because they are factors that influence physical therapy management. For them, questions were elaborated based on the description of the core set code, because they could not find instruments that specifically evaluate these codes.

A representation of the chosen measurement tools was made, yes as their reference, which are shown in Table 1.

	BODY	FUNCTION
<u>Codes</u>	<u>Measurement tool</u>	<u>Reference</u>
B265-Touch Functions	Esthesiometry	Bell-Krotoski,1995
B147-Psychomotor functions	EDM	Santos et al.,2019; Neto, 2002
B270-Functions sensory, relaci- Stormy	Nottinghan	Lima et al., 2010; Ri- quelme, Hatem, Montoya 2018; Bar- reto et al, 2017; Mi- nistério da sa- úde, 2017
ratura and others	Thermal- En- Tubes	
stimuli	Leave	
B760-Functions related to the Mo- control A T	EDM	Santos et al.,2019; Neto, 2002
	ACTIVITY AN	D PARTICIPATION
<u>Codes</u>	<u>Measurement tool</u> <u>dida</u>	<u>Reference</u>
D510-Lavar-se	MIF	Ferreira et al, 2016; Riberto et al,2004



D520 - Caring for Body Parts	MIF	Ferreira et al, 201	6; Riberto et al, 2004
D530-Go to the Toilet	MIF	Ferreira et al, 201	6; Riberto et al, 2004
D540-Dress Up	MIF	Ferreira Riberto	et al, 2016; et al,2004
D550-Eat	MIF	Ferreira Riberto	et al, 2016; et al,2004
	ENVIRONME	NTAL FACTORS	
<u>Codes</u>	<u>Measurement tool</u>	<u>Reference</u>	<u>CIF Qualifier</u>
E115-Products and technologies for personal use in daily life	"How much does the use of equipment for daily activities facilitate or hinder?"	Question formulated based on the definition of the CIF code.	Complete Facilitator - makes it completely easier Considerable facilitator – eases considerably Moderate facilitator – moderately facilitates Mild facilitator – eases slightly No facilitator/barrier – neither facilitates nor hinders Mild barrier – Slightly hampers
E125-Products and technology for communication	"How much do children's communication aids facilitate or hinder?"	Question formulated based on the definition of the ICF code.	Complete Facilitator - makes it completely easier Considerable facilitator – eases considerably Moderate facilitator – moderately facilitates Mild facilitator – eases slightly No facilitator/barrier – neither facilitates nor hinders Mild barrier – Slightly hampers

Source: Author (2023)



DISCUSSION

In this study, we present codes found in the *comprehensive Core-sets* for the ASD population that are assigned to the physical therapist to assess, along with instruments that assist in this assessment. ASD is a health condition that persists throughout life, so its symptoms and needs may vary over the years (Billstedt; Carina Gillberg; Gillberg, 2007; Seltzer et al., 2003), so the comprehensive core set of ASD are more applicable throughout life, while the abbreviated ones are specific to developmental stages. The *Core-sets* generally cover several aspects that will influence the function of the body, activities performed by individuals and their participation in the routine, as well as environmental and personal factors and their alterations in relation to the functionality of this individual (Oliveira et al; 2016; World Health Organization (ICF), 2008; Riberto, 2011).

According to Silva and Mulick (2009), the child diagnosed with ASD needs the responsible professional to analyze and assess whether a referral is necessary. This referral will include a multidisciplinary team, including health professionals (speech therapists, physicians, physiotherapists, occupational therapists, psychologists), education and social assistance. This team will work together to investigate and develop biopsychosocial planning and reassessments, seeking to build a single model that can be interpreted by all areas, describing the individual from the beginning and throughout their development in all biopsychosocial aspects, promoting a better quality of life (Ferreira et al, 2016;)

According to Cazorla González, Cornellá I Canals (2014), children with ASD will have to deal with deficits related to social interaction, communication, and flexibility of reasoning, and may also present motor impairments, which are amenable to physical therapy treatments. Therefore, it is necessary to apply the biopsychosocial model in physiotherapy, which involves the personalization of treatment based on a comprehensive understanding of the patient, taking into account not only physical symptoms, but also emotions, thoughts, and social context. This may result in a more effective and comprehensive approach to the treatment of musculoskeletal, neuromuscular and other conditions related to physiotherapy. Thus, the presence of a physical therapist in early intervention is of paramount importance, as it promotes brain plasticity and reflects positively on development, leading to an improvement in quality of life, providing a better adaptation of the child in the social environment and especially in their independence (Santos; Mascarenhas; Oliveira, 2021; Ferreira et al, 2016).

In Body Function in code b265 (touch functions), esthesiometry was used to evaluate sensory tactile performance (Bell-Krotoski, 1995). Ben-Sasson et al. (2009) reviewed the literature data on the symptoms of sensory modulation in individuals with ASD and found that these individuals have significant sensory disorders. For b270 (sensory functions related to temperature and other stimuli) the Nottingham Sensory Assessment instrument was selected (Lima et al, 2010). Riquelme, Hatem,



Montoya (2018), in their study on eight-week somatosensory therapy in children with ASD, evaluated the function of tactile functionality with aesthesiometry, while the other functions such as stereognostic, proprioception and pain threshold were evaluated according to the Nottingham instrument. The scale has not been shown to be reliable in the evaluation of thermal sensitivity, probably due to the lack of standardization of the features that cause hyper- or hypotomy, which ends up being little explored by sensory measurement instruments (Lima et al, 2010). Test tubes with hot and cold water were selected to assess thermal sensitivity, as this test is recommended by the Ministry of Health in leprosy patients, including children, since one of the symptoms of the disease is the decrease or absence of thermal sensitivity (Barreto et al, 2017; Ministry of Health, 2017).

For codes b147 (psychomotor functions) and b760 (functions related to voluntary movement control), the Motor Development Scale (Neto, 2002) was selected because it encompasses the assessment through selective control, performing active movements as requested. In Gusman et al (2020), MDS was used to assess motor function in children with ASD, proving to be a good option for motor assessment for children, as it covers the main domains of psychomotricity, in addition, the instrument allows simultaneous comparison of motor age with the chronological age of children aged 2 to 11 years (Santos et al., 2019; Neto, 2002).

The MIF (Ferreira et al, 2016; Riberto et al, 2004;) was fully used to evaluate the functionality of the codes selected in the Activities and Participation component, since it is related to the ICF model that measures disability patterns. Ferreira, et al (2016) used the FIM to assess the level of independence of patients with autism in their study, as it is a scale that is easy to apply, known among health professionals, and accessible. In the study, after the physical therapy intervention, the patients demonstrated that there was an increase in the level of independence.

For the Environmental Factors component, the codes that would somehow influence physical therapy conducts were selected. The influence of qualified environmental factors on the comprehensive core set of the ICF demonstrate in a global way the facilities or barriers imposed by the family, school, social and health environment in which the individual is inserted (World Health Organization - ICF, 2008). A specific scale was not selected for this compositent, but the questions were formulated according to the description of the item in the ICF itself. No other functional assessment instrument specifically evaluates these items, so a detailed description of what is assessed in each item will allow for less variation in responses (Oliveira; Caldas; Riberto, 2016).

The forms of application of the ICF have been different in several areas Carvalho, Koifman and Bergmann (2013) searched for appropriate instruments to measure the *core set codes* for breast cancer. The authors searched manually and for validated and translated instruments for the Brazilian population that covered the 58 codes of the *Core sets*. In this study, the tools found were adapted for the qualifiers in order to cover as many codes as possible. Thus, this method may allow the



applicability of the ICF in clinical practice and in the comparison between populations. Oliveira, Caldas and Riberto (2016) carried out the application of the *Core-sets summarized in a child with cerebral palsy, in* which they searched for instruments established in the literature that promoted the qualification of each code of the *Core-sets*, and for those who did not have an instrument, they formulated questions in a simple and direct way. This allowed a better evaluation of the patient's evolution towards rehabilitation.

In this study, it was observed that there was a lack of some codes in *the comprehensive Coreset* that belong to the components Activity and Participation and Body Function, which are important for the physical therapist's assessment of gait and balance, since children with ASD may present these motor alterations (Bo, 2015; Azevedo, Gusmão, 2016). They are: D410 (Change the basic position of the body), D415 (Maintain the position of the body), D420 (Auto transfers), D450 (Walking), D455 (Moving), B730 (Functions related to muscle strength), B770 (Functions related to gait function). These items can be added to the clinical assessment and can also be performed using standardized instruments, such as the Paediatric Balance Scale (PES) (Ries et al., 2012) and the Hammersmith Neonatal Neurological Assessment (HINNE) (Correr; Pfeifer, 2023), since they are instruments that encompass these codes.

It was difficult to find more articles that used the *ICF Core-sets* of children with ASD. This can be explained by the fact that health professionals make little use of the ICF, since they find it difficult to understand and apply, as described by Andrade et al. (2017). The study included 186 health professionals who received an electronic questionnaire consisting of questions about the level of knowledge of the ICF, its use, and its applicability. As a result, it was found that it is little known by health professionals, although there is greater knowledge about ICF among physical therapists. This was also reported in the study by Pernambuco, Lana and Polese (2018), which evaluated the profile of physiotherapists and occupational therapists in the state of Minas Gerais on ICF and its application in clinical practice through a questionnaire. Most of them reported that they were aware of the ICF, but did not apply it in their daily professional lives, even though they recognized that its use is viable. The studies highlight the need for greater dissemination, use and learning about the classification.

The purpose of this study was to search for instruments that would help in the multidisciplinary assessment of children with ASD, as well as some of the studies cited. The search for appropriate measurement tools for the items of *the Core-sets* for the physical therapist to evaluate was carried out in a manual and simple way, as in the study by Carvalho, Koifman and Bergman (2013), and it was found greater difficulty in instruments that evaluated the items proposed in the Environmental Factors component.



CONCLUSION

After the searches, it was possible to identify the codes assigned to the physical therapist to evaluate the ASD population using the biopsychosocial model of the ICF, and most of the codes were related to measurement instruments found in the current scientific literature. However, we emphasize the absence of some important codes for the evaluation of the physical therapist, so we recommend adding codes belonging to other core sets in order to improve the selected core set and expand its use among physical therapy professionals.

We hope that our study can disseminate the use of core sets among physical therapists working in the ASD population, in order to broaden the focus of the assessment with the biopsychosocial view of the ICF.



REFERENCES

- Andrade, L. E. L., et al. (2017). Avaliação do nível de conhecimento e aplicabilidade da Classificação Internacional de Funcionalidade, Incapacidade e Saúde. Saúde em Debate, 41(114), 812-823. http://www.scielo.br/sci-elo.php?script=sci_abstract&pid=S0103-11042017000300812&lng=en&nrm=iso&tlng=pt
- Azevedo, A., & Gusmão, M. A. (2016). Importância da fisioterapia motora no acompanhamento de crianças autistas. Revista Eletrônica Atualiza Saúde, 3(3), 76-83. http://atualizarevista.com.br/wp-content/uploads/2016/01/Re- vista-Atualiza- Saude-v-3-n-3.pdf
- 3. Barreto, J. G., et al. (2017). Leprosy in Children. Current Infectious Disease Reports, 19(6).
- 4. Battistella, L. R., & Brito, C. M. M. DE. (2002). International Classification of Functioning Disability and Health (ICF). Acta Fisiátrica, 9(2).
- 5. Bell-Krotoski, J. A., et al. (1995). Threshold Detection and Semmes-Weinstein Monofilaments. Journal of Hand Therapy, 8(2), 155–162.
- 6. Ben-Sasson, A., et al. (2009). A Meta-Analysis of Sensory Modulation Symptoms in Individuals with Autism Spectrum Disorders. Journal of Autism and Developmental Disorders, 39(1), 1–11.
- 7. Billstedt, E., et al. (2007). Autism in adults: symptom patterns and early childhood predictors. Use of the DISCO in a community sample followed from childhood. Journal of Child Psychology and Psychiatry, 48(11), 1102–1110.
- 8. Bo, J. (2015). Motor Functioning in Children with Autism Spectrum Disorder. Acta Psychopathologica, 01(02).
- 9. Brasil. Ministério da Saúde. (2017). Secretaria de Vigilância em Saúde. Departamento de Vigilância das Doenças Transmissíveis. Guia prático sobre a hanseníase. Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Vigilância das Doenças Transmissíveis. https://bvsms.saude.gov.br/bvs/publicacoes/guia_pratico_hanseniase.pdf
- 10. Brasileiro, I. DE C., Moreira, T. M. M., & Buchalla, C. M. (2013). Classificação Internacional de Funcionalidade, Incapacidade e Saúde e seu uso no Brasil. Acta fisiátrica, 37–41.
- 11. Carvalho, F. N. DE, Koifman, R. J., & Bergmann, A. (2013). International Classification of Functioning, Disability, and Health in women with breast cancer: a proposal for measurement instruments. Cadernos de Saúde Pública, 29(6), 1083–1093.
- 12. Cazorla Gonzalez, J. J., & Cornella I Canals, J. (2014). Las posibilidades de la fisioterapia en el tratamiento multidisciplinar del autismo. Rev Pediatr Aten Primaria, 16(61), e37-e46. http://scielo.isciii.es/sci-elo.php?script=sci_arttext&pid=S1139-76322014000100016&lng=es&nrm=iso
- 13. Cechetto, & Oliveira. (2021). Construção de um instrumento baseado no core set da Classificação Internacional de Funcionalidade, Incapacidade e Saúde para condições cardiopulmonares agudas.



- 14. Correr, M. T., & Pfeifer, L. I. (2023). Cultural adaptation and reliability assessment of the Hammersmith neonatal neurological examination for Brazilian newborns at risk of cerebral palsy. Arquivos de Neuro-Psiquiatria, 81(1), 47–54.
- 15. De Schipper, E., et al. (2015). Ability and Disability in Autism Spectrum Disorder: A Systematic Literature Review Employing the International Classification of Functioning, Disability and Health-Children and Youth Version. Autism Res, 8(6), 782–794. https://doi.org/10.1002/aur.1485
- 16. Ferreira, J. T. C., et al. (2016). Efeitos da fisioterapia em crianças autistas: estudo de séries de casos. Cadernos de Pós-Graduação em Distúrbios do Desenvolvimento, 16(2).
- 17. Griesi-Oliveira, K., & Sertié, A. L. (2017). Autism spectrum disorders: an updated guide for genetic counseling. Einstein (São Paulo), 15(2), 233–238.
- Gusman, S., et al. (2020). Aplicação Da Escala De Desenvolvimento Motor Em Crianças Com Transtorno Do Espectro Autista: Um Estudo Exploratório. Cadernos de Educação, Saúde e Fisioterapia, 7(15).
- 19. ICF Core Sets. (Acesso em 11, nov. 2023). https://www.icf-core-sets.org
- 20. Lima, D. H. F., et al. (2010). Versão Brasileira da Avaliação Sensorial de Nottingham: validade, concordância e confiabilidade. Brazilian Journal of Physical Therapy, 14(2), 166–174.
- 21. Neto, R. F. (2002). Escala de Desenvolvimento Motor. https://edisciplinas.usp.br/pluginfile.php/4133098/mod_resource/content/1/Aula_11_EDM.pdf
- 22. Nubila, H. B. V. D. (2010). Uma introdução à CIF: classificação internacional de funcionalidade, incapacidade e saúde. Revista Brasileira de Saúde Ocupacional, 35(121), 122–123.
- 23. Oliveira, R. P. DE, Caldas, C. A. C. T., & Riberto, M. (2016). Application of the ICF-CY Brief Core Set for cerebral palsy on a school age child. Acta Fisiátrica, 23(1).
- 24. Organização Mundial da Saúde (OMS). (2008). CIF: Classificação Internacional de Funcionalidade, Incapacidade e Saúde. Edusp.
- 25. Pernambuco, A. P., Lana, R. de C., & Polese, J. C. (2018). Knowledge and use of the ICF in clinical practice by physiotherapists and occupational therapists of Minas Gerais. Fisioterapia e Pesquisa, 25(2), 134-142. http://www.scielo.br/scielo.php?script=sci_abstract&pid=S1809-29502018000200134&lng=pt&nrm=iso&tlng=en
- 26. Piucco, M. H. (2023). Core sets no Transtorno do espectro autismo (TEA). Trabalho de Conclusão de Curso (Graduação em Fisioterapia) Universidade Estadual do Centro Oeste.
- 27. Riberto, M., et al. (2004). Validação da versão brasileira da Medida de Independência Funcional. Acta fisiátrica, 72–76.
- 28. Riberto, M. (2011). Core sets da Classificação Internacional de Funcionalidade, Incapacidade e Saúde. Revista Brasileira de Enfermagem, 64(5), 938–946.
- 29. Ries, L. G. K., et al. (2012). Cross-cultural adaptation and reliability analysis of the Brazilian version of Pediatric Balance Scale (PBS). Brazilian Journal of Physical Therapy, 16(3), 205–215.



- Riquelme, I., Hatem, S. M., & Montoya, P. (2018). Reduction of Pain Sensitivity after Somatosensory Therapy in Children with Autism Spectrum Disorders. Journal of Abnormal Child Psychology, 46(8), 1731–1740.
- 31. Rodrigues, J. A. L., Lima, L. DE, & Monteiro, V. H. F. (2020). Atuação Da Fisioterapia no Transtorno do Espectro Autista. Revista Científica, 1(1).
- 32. Santos, G. T. DA S., Mascarenhas, M. S., & Oliveira, E. C. DE. (2021). A contribuição da fisioterapia no desenvolvimento motor de crianças com transtorno do espectro autista. Cadernos de Pós-Graduação em Distúrbios do Desenvolvimento, 21(1), 129–143.
- 33. Schiariti, V., Mahdi, S., & Bölte, S. (2018). International Classification of Functioning, Disability and Health Core Sets for cerebral palsy, autism spectrum disorder, and attention-deficithyperactivity disorder. Developmental Medicine & Child Neurology, 60(9), 933–941.
- 34. Seltzer, M. M., et al. (2003). The Symptoms of Autism Spectrum Disorders in Adolescence and Adulthood. Journal of Autism and Developmental Disorders, 33(6), 565–581.
- 35. Silva, M., & Mulick, J. A. (2009). Diagnosticando o transtorno autista: aspectos fundamentais e considerações práticas. Psicologia: Ciência e Profissão, 29(1), 116–131.



ANNEX 1 – Comprehensive Core Set for Autism

ICF-based Documentation Form

Reminder: The categories of the Generic Set are indicated by the letter (G).

PATIE	NT INFORMATION								
						2			
BODY F Physiolog How mu	UNCTIONS jical functions of body systems (including psychological function ch impairment does the person have in	ns)	No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable
	I		0	1	2	3	4	8	9
o114	Orientation functions								
	General mental functions of knowing and ascertaining one's relat Inclusions: functions of orientation to time, place and person; orientatia Exclusions: consciousness functions (b110); attention functions (b140 Sources of information: Case history Patient reported questionnaire	tion to self on to self D); memor	If, to ot and oth y function I examin	hers, to ers; disc ons (b14 nation	time an rientatio 4)	nd to on on to time	e, place	and per	gs. son on
)	Description of the problem.		0	1	2	3	4	8	9
b117	Intellectual functions								
	Exclusions: memory functions (b144); thought functions (b160); higher Sources of information: Case history Patient reported questionnaire [Description of the problem:	Clinica	l exami	nation	(0104)	Tech	inical inv	estigati	on
6400	Old-Investment of the store		0	1	2	3	4	8	8
	General mental functions, as they develop over the life span, requ functions that lead to the formation of the interpersonal skills nee both meaning and purpose. Inclusions: such as in autism	uired to u eded to e	ndersta stablish	and and	constr ocal so	uctively	ractions	te the r s, in ten	nental ns of
	Case history Patient reported questionnaire Description of the problem:	Clinica	l exami	nation		Tech	nical inv	estigati	on
8		8	0	1	2	3	4	8	9
b125	Dispositions and intra-personal functions								
	romothers. These behavioural and responses styles are develop of temperament and personality functions. Remark: The codes on Dispositions and Intra-personal functions codes on expression of Temperament and Personality functions either or both. The taxonomic properties of these codes and their be developed through research. Inclusion: functions of adaptability, responsivity, activity level, predicta persistence and approachability Exclusions: intellectual functions (b117); energy and drive functions (b psychomotor functions (b147); emotional functions (b152) Sources of information:	cristics);	elated t sers ma	o the ay use ed to	ay be fo	Dundatio	onal for	later p	atterns
	Case history Patient reported questionnaire Description of the problem:	Clinica	l exami	nation		Tech	nical inv	estigati	on

b126		0	1	2	3	4	8	9				
and the second se	Temperament and personality functions											
	General mental functions of constitutional disposition of the individ set of mental characteristics that makes the individual distinct from Inclusions: functions of extraversion, introversion, agreeableness, consci experience; optimism; novelty seeking; confidence; trustworthiness	ual to react others. entiousness	in a par psychic	ticular v and em	vay to sit	tuations ability, a	, includ nd open	ding th				
	Exclusions: intellectual functions (b117); energy and drive functions (b130); psychomotor functions (b147); emotional functions (b152) Sources of information: Case history Patient reported questionnaire Clinical examination Technical investigation											
	Case history Patient reported questionnaire	Clinical exa	nination		L lech	inical inv	estigation	on				
31	beschption of the problem.	0	1	2	3	4	8	9				
b130	Energy and drive functions (G)											
	General mental functions of physiological and psychological mecha satisfying specific needs and general goals in a persistent manner. Inclusions: functions of energy level, motivation, appetite, craving (includ control Exclusions: consciousness functions (b110); temperament and personali	ing craving fi	cause ti or substi b126); s	ne indivi inces that leep fund	dual to n at can be ctions (b1	nove to abusedj 134); psy	wards) and im vchomot	pulse				
	Tunctions (D147); emotional functions (D152) Sources of information: Case history Patient reported questionnaire Clinical examination Technical investigation											
	Description of the problem:											
3		0	1	2	3	4	8	9				
b134	Sleep functions											
	in insomnia, hypersomnia and narcolepsy						20000000	ich as				
	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110): energy and drive functions (b147) Sources of information:	(b130); atter	tion fun	ctions (b	140); psy	chomoto	or functio	ons				
	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110); energy and drive functions (b147) Sources of information: Case history Patient reported questionnaire Description of the problem:	(b130); atter Clinical exar	tion fun	ctions (b	140): psy	chomoto	or functio	ons				
3	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110); energy and drive functions (b147) Sources of information: Case history Patient reported questionnaire Description of the problem:	(b130); atter Clinical exar 0	tion fun	ctions (b	140); psy	chomoto inical inv	or functionestigation	ons on				
b140	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110); energy and drive functions (b147) Sources of information: Case history Patient reported questionnaire Description of the problem:	(b130); atter Clinical example 0	tion fun	2	140): psy	nical inv	vestigation 8	ons on 9				
b140	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110); energy and drive functions (b147) Sources of information: Case history Patient reported questionnaire Description of the problem: Attention functions Specific mental functions of focusing on an external stimulus or int Inclusions: functions of sustaining attention, shifting attention, dividing att Exclusions: consciousness functions (b110); energy and drive functions (psychomotor functions (b147); perceptual functions (b156) Sources of information: Case history Patient reported questionnaire	(b130); atter Clinical example of the second	nination 1 ence fo ng atten function	2 ctions (b 2 c the req tion; con is (b134)	140): psy	riod of f n; distrait y functio	estigations (b144	ons on 4);				
b140	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110); energy and drive functions (b147) Sources of information: Case history Patient reported questionnaire Description of the problem: Attention functions Specific mental functions of focusing on an external stimulus or int Inclusions: functions of sustaining attention, shifting attention, dividing att Exclusions: consciousness functions (b110); energy and drive functions (psychomotor functions (b147); perceptual functions (b156) Sources of information: Case history Patient reported questionnaire Description of the problem:	(b130); atter Clinical exar 0 ernal experi tention, shar (b130); sleep Clinical exar	nination 1 ence fo ng atten function	2 the req tion; con is (b134)	140): psy	riod of f n; distract y functio	estigation estigation lime. ctibility ns (b14- restigation	ons on 4);				
b140	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110); energy and drive functions (b147) Sources of information: Case history Patient reported questionnaire Description of the problem: Attention functions Specific mental functions of focusing on an external stimulus or inte Inclusions: functions of sustaining attention, shifting attention, dividing att Exclusions: consciousness functions (b110); energy and drive functions (psychomotor functions (b147); perceptual functions (b156) Sources of information: Case history Patient reported questionnaire Description of the problem:	(b130); atter Clinical example of the second	tion fun nination 1 ence fo ng atten function nination	2 The req tion; con is (b134)	140): psy	riod of f n; distract y functio	estigation 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
b140 b144	in insomnia, hypersomnia and narcolepsy Exclusions: consciousness functions (b110); energy and drive functions (b147) Sources of information: Case history Patient reported questionnaire Description of the problem: Attention functions Specific mental functions of focusing on an external stimulus or int Inclusions: functions of sustaining attention, shifting attention, dividing att Exclusions: consciousness functions (b110); energy and drive functions (psychomotor functions (b147); perceptual functions (b156) Sources of information: Case history Patient reported questionnaire Description of the problem: Memory functions	(b130); atter Clinical exar ernal experi tention, shar (b130); sleep Clinical exar 0	tion fun nination	2 the req tion; con is (b134)	140): psy Tech 3 uired pe centration ; memony Tech 3 1 1	riod of f rical inv riod of f rical inv functio	estigation estigation time. ctibility ns (b14- estigation 8 1 1 1 1 1 1 1 1 1 1 1 1 1	ons 9 4); 9 9 00				



		0		1	2	3	4	8	9		
b147	Psychomotor functions]								
	Specific mental functions of control over both motor and psychological events at the body level. Inclusions: functions of psychomotor control, such as psychomotor retardation, excitement and agitation, posturing, catatonia, negativism, ambitendency, echopraxia and echolalia; quality of psychomotor function Exclusions: consciousness functions (b110); orientation functions (b114); intellectual functions (b117); energy and drive functions (b130); attention functions (b140); mental functions of language (b187); mental functions of sequencing complex movements (b176)										
	Sources of information:	ical exa	min	ation	i i	Tech	nical inv	estigatio	on		
	Description of the problem:										
		0		1	2	3	4	8	9		
b152	Emotional functions (G)] [
	Specific mental functions related to the feeling and affective componen Inclusions: functions of appropriateness of emotion, regulation and range of e hate, tension, anxiety, joy, sorrow; lability of emotion; flattening of affect Exclusions: temperament and personality functions (b126); energy and drive Sources of information;	ts of the emotion, function	e pr ; aff ns (l	rocess lect; sad p130)	es of th Iness, h	e mind. appines	s, love, t	fear, ang	ger,		
	Case history Patient reported questionnaire Clin	ical exa	min	ation	1	Tech	nical inv	estigatio	on		
	Description of the problem.	0		1	2	2	4	0	0		
		0	1	-	-	-	-	-	8		
b156	Perceptual functions			Ш							
	functions of language (b167); seeing and related functions (b210-b229); hear sensory functions (b250-b279) Sources of information: Case history Patient reported questionnaire Clin	ing and	ves	stibular ation	function	s (b230	-b249); a	addition:	al		
	Description of the problem:	1		-		1.000		1.000	1		
AC 1998	New second lines	0	-	1	2	3	4	8	9		
b160	Thought functions										
	Specific mental functions related to the ideational component of the minimulation inclusions: functions of pace, form, control and content of thought; goal-direct functions; logical thought functions, such as pressure of thought, flight of ideat circumstantiality, delusions, obsessions and compulsions Exclusions: intellectual functions (b117); memory functions (b144); psychomochigher-level cognitive functions (b164); mental functions of language (b167); Sources of information: □ Case history □ Patient reported questionnaire □ Clin Description of the problem:	nd. cted thouses, thouse otor func- calculat ical exa	ugh ght ctior ion	t function block, in ns (b14 function	ons, nor noohere 7); pero ns (b172	n-goal dii noce of th eptual fu 2) Tech	nctions	ought angenti (b156); restigatio	ality,		
2.822		0		-	2	3	4	8	8		
b164	Higher-level cognitive functions Specific mental functions especially dependent on the frontal lobes of the such as decision-making, abstract thinking, planning and carrying out provide the second	the brain plans, n cutive f ent, insi ions of l ical exa	n, in nen fund ight ang	ncludin tal flex ctions. and juc uage (b	g comp ibility, a Igemen 167); c	blex goa and deci t; concep alculation	I-direct iding wh ot format n function	ed beha hich tion, ms (b17	2)		
	Description of the problem:								-		

			0	1	2	3	4	8	9	
b167	Mental functions of language									
	Specific mental functions of recognizing and using signs, Inclusions: functions of reception and decryption of spoken, wr expression of spoken, written or other forms of language; integ receptive, expressive, Broca?s, Wemicke?s and conduction ap	symbols and of itten or other forr rative language t ohasia	ther cor ms of lar function	nponent nguage s s, spoke	s of a la such as s n and w	anguage sign lang ritten, su	e. guage; f ich as in	unctions volved i	of n	
	Exclusions: attention functions (b140); memory functions (b144 cognitive functions (b164); calculation functions (b172); mental and Pain; Chapter 3 Voice and Speech Functions Sources of information:	 perceptual fur functions of con 	nctions (nplex m	b156); th overnent	ought fi s (b176)	Inctions Chapte	(b160); er 2 Sen	higher-l sory Fur	evel actions	
	Case history Patient reported questionnaire Description of the problem:		al exami	nation]	Tech	nical inv	estigatio	'n	
LOCE	Touch function				2	3	4	8	9	
0265	Sensory functions of sensing surfaces and their texture or Inclusions: functions of touching, feeling of touch; impairments hyperaesthesia Exclusions: sensory functions related to temperature and other	r quality. such as numbre stimuli (b270)	kss, ana	esthesia	, tingling	, paraes	thesia a	ind		
	Sources of information: Case history Patient reported questionnaire Description of the problem:	Clinica	al exami	nation	[Tech	nical inv	estigatio	n	
			0	1	2	3	4	8	9	
b270	Sensory functions related to temperature and other	stimuli								
	Sensory functions of sensing temperature, vibration, pressure and noxious stimulus. Inclusions: functions of being sensitive to temperature, vibration, shaking or oscillation, superficial pressure, deep pressure, burning sensation or a noxious stimulus Exclusions: touch functions (b205); sensation of pain (b280)									
	Sources of information: Case history Patient reported questionnaire Description of the problem:	Clinica	al exami	nation	[Tech	nical inv	estigatio	n	
			0	1	2	3	4	8	9	
b330	Fluency and rhythm of speech functions									
	stammering, duttering, bradylalia and tachylalia Exclusions: mental functions of language (b167); voice function Sources of information: Case history Patient reported questionnaire Description of the problem:	ns (b310); articul	ation fur al exami	nctions (l	6320) [_ Tech	nical inv	estigatio	n	
			0	1	2	3	4	8	9	
	Functions associated with control over and coordination of Inclusions: functions of control of simple voluntary movements movements, supportive functions of arm or leg, right left motor such as control and coordination problems, e.g. dysdiadochoki Exclusions: muscle power functions (b730); involuntary movem Sources of information: Case history Patient reported questionnaire Description of the problem:	of voluntary mov and of complex : coordination, ey nesia nent functions (bi Clinic:	vement voluntar e hand (765); ga al exami	s. y moven coordinal it patterr ination	nents, co tion, eye function [cordinati foot coo ns (b770	on of vo ordinatio)) nical inv	luntary n; impai	irments	
L705	laure laure and an and familie and				2	3	4	8	9	
0765	Functions of unintentional, non- or semi-purposive involut Inclusions: involuntary contractions of muscles; impairments su chorea, athetosis, vocal tics, dystonic movements and dyskine Exclusions: control of voluntary movement functions (b780); ga Sources of information:	ntary contractio uch as tremors, ti sia ait pattern functio	ins of a ics, mar ins (b77	muscle merisms 0)	or grou	p of mu ypies, m	scles. otor per	severati	on,	
	Case history Patient reported questionnaire Description of the problem:		al exami	nation	l	_ Tech	nical inv	estigatio	n	
BODY S	TRUCTURES al parts of the body such as organs, limbs and their comp	oonents	spairment	impairment	rate impairment	e inpairment	piete impairment	pec iffed	pp licath le	
How mu	ch impairment does the person have in the		0 No in	РШИ 1	900W 2	CO Seve	liwo 4	co Not s	C Nota	
s110	Structure of brain	Extent								
	Sources of information:	Nature* Location**			3					
	Case history Patient reported questionnaire Description of the problem:	Clinica	al exami	nation	[Tech	nical inv	estigatio	n	
* 0=no di 7=quali ** 0=more	hange in structure, 1=total absence, 2=partial absence, 3=additional tative changes in structure, 8=not specified, 9=not applicable e than one region, 1=right, 2=left, 3=both sides, 4=front, 5=back, 6=j	l part, 4=aberran proximal, 7=dista	t dimen: Il, 8=not	sion, 5=c specifie	discontin d, 9=not	uity, 6= applical	deviatin ble	g positic	n,	

ACTIVITIE	S AND PARTICIPA	TION										
Execution of	f a task or action by an	individual and involvement in a l	ife situation			Â		ĮĮ,				
How much	difficulty does the p	erson have in the		≥	III	difficu	ficulty	difficu	pe	able		
P = perf	ormance of			Ifficut	difficu	erate (ne dift	plete (specifi	applic		
C = can	acity in			P oN	PIIN	Mod	Seve	E Com	Not	Vot a		
o – capt	and a man			0	-	2	3	4	8	9		
			P									
d110	Watching				╞╧							
	Lising the sense of seei	ng intentionally to experience visual	stimuli such							ding		
	Sources of informatio	on:	Suman, Suon	as wat	anny a :	sporting	revenue		ren piay	nig.		
	Case history	Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	n		
	Description of the pro	oblem:		-					-			
	1		_	0	1	2	3	4	8	8		
d115	Listoning		Р									
uns	Listening		С									
	Using the sense of hear	ing intentionally to experience audit	tory stimuli, su	ch as li	istening	to a rad	dio, mus	ic or a	lecture.			
	Sources of informatio	on:					7					
	Description of the pro	Patient reported questionnaire		al examination Technical inv						vestigation		
	Description of the pro-	Juleni.		0	1	2	3	4	8	9		
			р									
d130	Copying				느							
			С									
	Imitating or mimicking a	as a basic component of learning, su	uch as copying	j a gest	ure, a s	ound or	the lett	ers of a	n alpha	bet.		
	Case history	Patient reported guestionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	n		
	Description of the pro	oblem:							-			
	•			0	1	2	3	4	8	9		
			Р									
d132	Acquiring information	n	с									
	Obtaining facts about p	ersons, things and events, such as	asking why, w	hat, wh	ere and	how, as	king for	names				
	Exclusions: learning cond	epts (d137); acquiring skills (d155)										
	Sources of informatio	on: Defect constant constituencies				г	_			_		
	Description of the pro	blem:		e exam	nation		_ Tech	nical inv	esugano	m		
				0	1	2	3	4	8	9		
			Р									
d137	Acquiring concepts			믐	믐							
	D. I. i	the standard sector is a standard sector in the standard sector in the standard sector is a standard sector in the standard sector in the standard sector is a standard sector in the standard sector in the standard sector is a standard sector in the standard sector in the standard sector is a standard sector in the standard sector in the standard sector in the standard sector in the standard sector is a standard sector in the standard sector in th	C.	ĻĽĽ								
	or events.	e to understand and use basic and c	omplex conce	pts rela	ted to t	ne chara	acteristi	cs of th	ings, pe	ersons		
	Sources of information	on:	_				_					
	Case history	Patient reported questionnaire	Clinica	al exarni	nation	l	_ Tech	nical inv	estigatio	n		
	Description of the pro	oblem:		0		2	2		•	0		
				v		-	3	*	•			
d140	Learning to read		P									
	l i		С									
	Developing the compete characters and alphabe	ence to read written material (includ ts. sounding out words with correct	ing Braille) wit	h fluen	cy and a ndersta	ecurac; nding w	y, such ords an	as reco d phras	gnizing ses.			
	Sources of informatio	DI:	_					- prints				
1	Case history	Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	n		

			_	0	1	2	3	4	8	9
d145	Learning to write		Р							
			С	ĻĻ	ĽĽ	ΙU.			ĻĻ	
	Developing the competer (including Braille writing	ence to produce symbols that repres a), such as spelling effectively and u	sent sounds, w Isina correct a	ords or ramma	phrase	s in ord	er to co	onvey m	eaning	
	Sources of information	on:					_			
	Case history	Patient reported questionnaire	Clinica	l exami	nation	L	Tech	nical inv	estigatio	n
	Description of the pro-	obiem:		0	1	2	3	4	8	0
			D						Ē	
d155	Acquiring skills			<u> </u>		⊢⊢				
			С	ĽĽ.						
	Developing basic and c the acquisition of a skil	omplex competencies in integrated : , such as manipulating tools or play	sets of actions ing games like	or task chess	is so as	to initia	ite and i	follow t	hrough	with
	Inclusion: acquiring basic	and complex skills								
	Sources of information	on: Patient reported questionnaire	Clinica	l evami	nation	г	Tech	nical inv	estinatio	\$
	Description of the pro	blem:		CARTIN	auon	L	Text	incer inv	esugane	
				0	1	2	3	4	8	9
			Р							
d160	Focusing attention		c							
	Intentionally focusing o	n specific stimuli, such as by filterin	o out distracti	na nois	es.					
	Sources of information	on:		0						
	Case history	Patient reported questionnaire	Clinica	l exami	nation	L	_ Tech	nical inv	estigatio	n
	Description of the pro-	obiem:		0	1	2	3	4	8	0
			Р	Ē					Ū.	Ū,
d161	Directing attention		c							
	Intentionally maintainin	attention to specific actions or tas	ks for an appr	opriate	length (of time				
	Exclusions: sustaining att	ention (b1400); undertaking a single ta	sk (d210);							
	undertaking a complex ta d 163	sk (d220)								
	Sources of information	on:								
	Case history	Patient reported questionnaire	Clinica	l exami	nation	[Tech	nical inv	estigatio	n
	Description of the pro	oblem:		0	1	2	2	4	0	0
			P				~	-	•	•
d163	Thinking		· ·							
			С							
	Formulating and manip creating fiction, proving	ulating ideas, concepts and images, a theorem playing with ideas, brain	whether goal- storming_me	oriente	d or not	, either ; ring, so	alone o eculatio	r with o	thers, s flecting	uch as
	Exclusions: solving proble	ems (d175); making decisions (d177)	istorning, me	anaang	, ponde	g, sp	coulatil	gorie	neoung	
	Sources of information	on: Patient monthed questionnaire	Clinics	l ovami	action	г	Tech	nical inu	octiontic	5
	Description of the pro	blem:	Cinica	exam	auon	L	_ recri	nical inv	esugan	
				0	1	2	3	4	8	9
			Р							
d166	Reading		c							
	Performing activities in	volved in the comprehension and in	termretation of	written			books	instruct		
	newspapers in text or B	raille), for the purpose of obtaining	general knowle	edge or	specific	e inform	ation.			
	Exclusion: learning to rea	ad (d140)								
	Case history	Patient reported questionnaire	Clinica	l exami	nation	[Tech	nical inv	estigatio	n
	Description of the pr	oblem:							-	

			0	1	2	3	4	8	9			
d170	Writing	P										
		С										
	Using or producing symbols or language to convey informa drafting a letter. Exclusion: learning to write (d145)	tion, such as j	produci	ing a wr	itten red	cord of e	events (or ideas	or			
	Sources of information: Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	m			
	Description of the problem:											
			0	1	2	3	4	8	9			
d175	Solving problems	P C										
	Finding solutions to questions or situations by identifying a evaluating potential effects of solutions, and executing a ch	nd analysing i	such a	develop s in res	oing opt	ions an a disput	d soluti e betwe	ons, en two				
	people. Inclusions: solving simple and complex problems											
	Exclusions: thinking (d163); making decisions (d177)											
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	on			
	Description of the problem:		_		_							
		_	0		2	3	4	8	8			
d177	Making decisions	P										
		С										
	Making a choice among options, implementing the choice, and evaluating the effects of the choice, such as selecting and purchasing a specific item, or deciding to undertake and undertaking one task from among several tasks that need to be done.											
	Sources of information:		al exami	nation	г Г	Tech	nical inv	estinatio	~			
	Description of the problem:					1001		congen				
			0	1	2	3	4	8	9			
		Р										
d210	Undertaking a single task	с		H								
	Carrying out simple or complex and coordinated actions rel	ated to the me	ental an	d physi	cal com	ponents	ofasi	ngle tas	sk,			
	such as initiating a task, organizing time, space and materia completing and sustaining a task. Inclusions: undertaking a simple or complex task; undertaking a Sustained and the subject of the subject task is a subject to the subject task is a subject task.	als for a task, p single task inde	epender	task per	formand a group	ce, and	carrying	g out,				
	Sources of information:	king decisions	(a177),	uncerta	king mui	upie tasi	(022U	0				
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	on			
	Description of the problem:		0	1	2	2	4	•	0			
					-		-	-	-			
d220	Undertaking multiple tasks	P C										
	Carrying out simple or complex and coordinated actions as sequence or simultaneously. Inclusions: undertaking multiple tasks; completing multiple tasks Evolutions: activities (d155); solving problems (d175); mail	components o	of multi	ple, inte	grated a	and con	in a gro	sks in up				
	Sources of information:		al exami	nation	ng a sil	Tech	nical inv	estinativ	20			
	Description of the problem:		- south fill					- Jugath				

d230 Carrying out daily routine (G) P	4 8 9
d230 Carrying out daily routine (G) P	irements of hout the day.
Carrying out simple or complex and coordinated actions in order to plan, manage and complete the required day-to-day procedures or duties, such as budgeting time and making plans for separate activities through Inclusions: managing and completing the daily routine; managing one's own activity level Exclusion: undertaking multiple tasks (d220) Sources of information: Case history Patient reported questionnaire Case history O 1 2 3	irements of hout the day.
Carrying out simple or complex and coordinated actions in order to plan, manage and complete the required day-to-day procedures or duties, such as budgeting time and making plans for separate activities through Inclusions: managing and completing the daily routine; managing one's own activity level Exclusion: undertaking multiple tasks (d220) Sources of information: Case history Patient reported questionnaire Clinical examination Technic Description of the problem: 0 1 2 3	irements of hout the day.
Gay-to-day procedures or duties, such as budgeting time and making plans for separate activities through Inclusions: managing and completing the daily routine; managing one's own activity level Exclusion: undertaking multiple tasks (d220) Sources of information: □ Case history □ Patient reported questionnaire □ Clinical examination □ Technic Description of the problem: 0 1 2 3	nout the day.
Exclusion: undertaking multiple tasks (d220) Sources of information: Case history Patient reported questionnaire Description of the problem: 0 1 2 3	
Sources of information: Case history Patient reported questionnaire Clinical examination Technic Description of the problem: 0 1 2 3	
Case history Patient reported questionnaire Clinical examination Technik Description of the problem: 0 1 2 3	
Description of the problem: 0 1 2 3	cal investigation
0 1 2 3	
	4 8 9
Carrying out simple or complex and coordinated actions to manage and control the psychological deman	ds required to carry
out tasks demanding significant responsibilities and involving stress, distraction or crises, such as drivin	ng a vehicle during
heavy traffic or taking care of many children.	
Indusions: handling responsibilities; handling stress and crisis	
Sources of information:	ical investigation
Description of the problem:	cal investigation
	4 8 9
d250 Managing one's own behaviour	
Carrying out simple or complex and coordinated actions in a consistent manner in Response to new situa	ations, persons or
experiences, such as being quiet in a library.	
Sources of information:	ical investigation
Description of the problem:	oai investigation
0 1 2 3	4 8 9
d310 Communicating with - receiving - spoken messages	
Comprehending literal and implied meanings of messages in spoken language, such as understanding the	hat a statement
asserts a fact or is an idiomatic expression.	
Sources of information:	ical investigation
Description of the problem:	ta mesoganan
0 1 2 3	4 8 9
d315 Communicating with - receiving - nonverbal messages	빌빌빌
Comprehending the literal and implied meanings of messages conveyed by gestures, symbols and drawing	ngs, such as
realizing that a child is tired when she rubs her eyes or that a warning bell means that there is a fire.	
Inclusions: communicating with - receiving - body gestures, general signs and symbols, drawings and photograph: Sources of information:	15
Case bistory Patient reported questionnaire Clinical evamination Tachair	ical investigation
Description of the problem:	4 0 0
Description of the problem: 0 1 2 3	4 0 8
Description of the problem: 0 1 2 3	
d330 Speaking	
d330 Speaking I i adem reported questionnaire I i adem reported questionnaire	
d330 Producing words, phrases and longer passages in spoken messages with literal and implied meaning, sur	Ch as expressing a
d330 Speaking P 0 1 2 3 P 0 0 1 2 3 P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+ o 0 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
Image: instance Image: instance	cal investigation

									0				
			0		4	3	4	8	8				
d331	Pre-talking	P				H	H						
	Vocalizing when sucres of another parton in the provincel on	C											
	babbling; babbling in turn-taking activities. Vocalizing in res turn-taking procedure.	ponse to spec	ech thro	ough im	itating s	speech-	sounds	in a	ciose,				
	Sources of information:		al exami	nation	ſ	Tech	nical inv	estigatio	20				
	Description of the problem:												
	-		0	1	2	3	4	8	9				
1005		Р											
0335	Producing nonverbal messages	С											
	Using gestures, symbols and drawings to convey messages	, such as sha	king on	e's head	d to ind	icate dis	sagreen	nent or					
	drawing a picture or diagram to convey a fact or complex ide Inclusion: producing body gestures, signs, symbols, drawings an	ea. Id photographs											
	Sources of information:					_							
	Case history Patient reported questionnaire		al exami	nation	l	_ Tech	nical inv	estigatio	n				
	besorption of the problem.		0	1	2	3	4	8	9				
		Р											
d350	Conversation		⊢⊢		믐	╞╧	믐						
	Stating succession and anding an interchange of the orbits	C											
	forms of language, with one or more people one knows or who are strangers, in formal or casual settings. Inclusions: starting, sustaining and ending a conversation; conversing with one or many people												
	Sources of information:												
	Case history Patient reported questionnaire	Clinica	al exami	nation	l	Tech	nical inv	estigatio	m				
	Description of the problem.		0	1	2	3	4	8	9				
		Р											
d360	Using communication devices and techniques	c	┢		片	片	片		H				
	Using devices, techniques and other means for the purposes	s of communi	cating,	such as	calling	a friend	d on the	teleph	one.				
	Inclusions: using telecommunication devices, using writing maching	ines and comm	nunicati	on techn	iques								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	m				
	Description of the problem:							-					
	1		0	1	2	3	4	8	9				
d470	Using transportation	Р											
04/0	Using transportation	С											
	Using transportation to move around as a passenger, such a	s being drive	n in a c	ar or on	a bus,	ricksha	w, jitne	y.					
	animar-powered venicle, or private or public taxi, bus, train, t Inclusions: using human-powered transportation; using private m	otorized or pub	, boat o blic trans	e airceat sportatio	n. n								
	Exclusions: moving around using equipment (d485); driving (d47	5)											
	Sources of information: Case history Patient reported questionnaire		al exami	nation	[Tech	nical inv	estigatio	m				
	Description of the problem:												
			0	1	2	3	4	8	9				
1175	Driving	Р											
04/5	Unving	С											
	Being in control of and moving a vehicle or the animal that d disposal any form of transportation, such as a car, bicycle, b	raws it, travel oat or animal	ling un -power	der one ed vehic	?s own de.	directio	on or ha	ving at	one?s				
	Inclusions: driving human-powered transportation, motorized veh	icles, animal-p	owered	vehicles	5								
	Sources of information:	ortation (d470))										
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	n				
	Description of the problem:												
	1100												

		_	0	1	2	3	4	8	8
d510	Washing oneself	Р							
		С							
	Washing and drying one?s whole body, or body parts, using	water and ap	propria	ite clear	ning and	drying	materi	als or	
	methods, such as bathing, showering, washing hands and fe	et, face and f	hair, an	d drying	with a	towel.			
	Evolusions: caring for body parts, the whole body, and drying onese Evolusions: caring for body parts (d520): toileting (d530)								
	Sources of information:								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	n
	Description of the problem:								
			0	1	2	3	4	8	9
		Р							
d520	Caring for body parts							님는	
		С							
	Looking after those parts of the body, such as skin, face, tee	th, scalp, nail	s and g	jenitals,	that re	quire m	ore tha	n washii	ng and
	drying. Inclusions: caring for skin, teeth, hair, finger and toe nails								
	Exclusions: washing oneself (d510): toileting (d530)								
	Sources of information:								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	restigatio	n
	Description of the problem:								
			0	1	2	3	4	8	9
		P							
d530	Toileting	C							
		L.	ĽĽ,	LL.	ĽĽ,	<u>μ</u>	ĽĽ.		<u> </u>
	Planning and carrying out the elimination of human waste (m	enstruation,	urinatio	on and o	lefecation	on), and	l cleanii	ng ones	elf
	Inclusions: regulating urination, defecation and menstrual care								
	Exclusions: washing oneself (d510); caring for body parts (d520)								
	Sources of information: Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical in	vestigatio	m
	Description of the problem:								
			0	1	2	3	4	8	9
		Р							
d540	Dressing			⊢⊢	⊢⊢	⊢⊢		님는	<u> </u>
		С							
	Carrying out the coordinated actions and tasks of putting on	and taking o	ff cloth	es and f	ootwea	r in seq	uence a	and in k	eeping
	with climatic and social conditions, such as by putting on, ad	ljusting and r	emovir	ig shirts	s, skirts,	, blouse	is, pant	5,	
	Inclusions: putting on or taking off clothes and footwear and choose	sing appropria	te doth	ing	pers.				
	Sources of information:								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	n
	Description of the problem:								
			0	1	2	3	4	8	9
		Р							
d550	Eating							믐	
		C							
	Carrying out the coordinated tasks and actions of eating food it is authorable acceptable wave, outfing or broaking food into	d that has be	en serv	ed, brin	ging it t	o the m	outh an	d consu	uming
	having meals, feasting or dining.	pieces, oper	ing por	ues ano	cans, t	using ea	aang in	piemen	ь,
	Exclusion: drinking (d560)								
	Sources of information:	_			_	_			
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	restigatio	on
	Description of the problem:								

			-		-				
			0	1	2	3	4	8	9
d570	Looking after one's health	P							
		С							
	Ensuring physical comfort, health and physical and ment appropriate level of physical activity, keeping warm or co using condoms, getting immunizations and regular physi Inclusions: ensuring one's physical comfort; managing diet ar	tal well-being, su ool, avoiding ham ical examinations ind fitness; maintair	ch as b ns to he i. ing one	y maint: ealth, fo e's health	aining a Ilowing 1	balanc safe se	ed diet, x practi	and an ces, inc	luding
	Sources of information: Case history Patient reported questionnaire	Clinica	l exami	ination	(Tech	nical inv	vestigatio	m
	Description of the problem:								
			0	1	2	3	4	8	9
d571	Looking after one's safety	P		므					
	Avoiding risks that can lead to physical injury or harm. A	voiding potential	ly haza	rdous s	ituation	s such	as misu	ising fir	e or
	running into traffic. Sources of information:								
	Case history Patient reported questionnaire	Clinica	l exami	nation		Tech	nical inv	/estigatio	n
	Description of the problem:		-						
			0	1	2	3	4	8	9
d620	Acquisition of goods and services	Р				Ш			
		С							
	appliances and tools; procuring utilities and other house Inclusions: shopping and gathering daily necessities Exclusion: acquiring a place to live (d010) Sources of information:	hold services.	usenon	u itemis,	uterisii	5, 0001	ng ware	e, donie	300
	Case history Patient reported questionnaire	Clinica	l exami	ination	[Tech	nical inv	vestigatio	on
	Description of the problem:								
			0	1	2	3	4	8	9
d630	Prenaring meals	P							
0000	r repaining means	С							
	Planning, organizing, cooking and serving simple and co selecting edible food and drink, getting together ingredie and drinks, and serving the food. Inclusions: preparing simple and complex meals Exclusions: eating (d550); drinking (d560); acquisition of good objects (d550); caring for others (d680).	mplex meals for ints for preparing ds and services (d	oneself meals, 820); do	f and oth , cookin bing hou:	hers, su g with h sework (ch as b leat and (d640); c	y makin I prepar aring fo	ig a mer ing colo r housel	hu, I foods hold
	Sources of information: Case history Patient reported questionnaire	Clinica	l exami	nation	[Tech	nical inv	vestigatio	m
	Description of the problem:			_					
			0	1	2	3	4	8	9
		P							
0640	Doing housework	С							
	Managing a household by cleaning the house, washing or garbage, such as by sweeping, mopping, washing count garbage; tidying rooms, closets and drawers; collecting, using brooms, brushes and vacuum cleaners; using was inclusions: washing and drying clothes and garments; cleanin appliances, storing daily necessities and disposing of garbage	lothes, using hou ers, walls and oth washing, drying, shing machines, o ng cooking area an e	folding driers a d utens	aces; co g and irons ind irons ils; clear	nces, st ollecting oning cl s. ning livin	oring fo g and di othes; c	od and sposing leaning using ho	disposi g of hou g footwe	ng of sehold ear;
	Exclusions: acquiring a place to live (d610); acquisition of goo objects (d650); caring for others (d660)	ods and services (o	(620);	preparin	g meals	(d630);	caring fi	or house	noid
	Exclusions: acquiring a place to live (d810); acquisition of goo objects (d850); caring for others (d860) Sources of information: Case history Patient reported questionnaire	ods and services (d620); Il exami	preparin	g meals	(d630);	caring fi	or house vestigatio	on

			0	1	2	3	4	8	9
		D						Ē	
d650	Caring for household objects				닏		닏	닏	
		С	ĽĽ	ļЦ	ЦЦ			$ \Box $	
	Maintaining and repairing household and other personal obje	ects, includin	g house	e and co	ontents,	clothes	s, vehic	les and	
	plumbing, ensuring the proper working order of vehicles, wa	tering plants.	anpap aroom	ing and	feeding	i pets a	nd dom	estic ar	9 nimals.
	Inclusions: making and repairing dothes; maintaining dwelling, fu	mishings and	domesti	c applia	nces; m	aintainin	g vehicl	es; mair	taining
	assistive devices; taking care of plants (indoor and outdoor) and a	animals							
	Exclusions: acquiring a place to live (d610); acquisition of goods a	and services (d620); d	loing hou	usework	(d640);	caring f	or other	5
	(doou); remunerative employment (dbou) Sources of information:								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigati	on
	Description of the problem:								
			0	1	2	3	4	8	9
		р							
d660	Assisting others								
		С							
	Assisting household members and others with their learning	, communica	ting, se	f-care,	movem	ent, wit	hin the	house o	x
	outside; being concerned about the well-being of household	members an	d others	5.					
	Inclusions: assisting others with self-care, movement, communica Evolution: complexition employment (d950)	ation, interpers	ional rel	ations, n	utrition	and heal	ith main	tenance	
	Sources of information:								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigati	on
	Description of the problem:								
	·		0	1	2	3	4	8	9
		Р							
d710	Basic interpersonal interactions							12	
		С							
	Interacting with people in a contextually and socially approp	riate manner,	such a	s by sh	owing c	onsider	ration a	nd este	em
	when appropriate, or responding to the feelings of others.	in relationship		ondina ta	oriticier	n and se	ano leice	se in	
	relationships; and using appropriate physical contact in relationsh	in reaconship ips	is, resp.	mang a	Gilludai				
	Sources of information:								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	/estigati	on
	Description of the problem:								
			0	1	2	3	4	8	9
		Р							
d720	Complex interpersonal interactions	c							
	Maintaining and passaging interactions with other passle in								
	regulating emotions and impulses, controlling verbal and ph	a contextuan	y anu s sion a	ocially a	lenende	ate ma	nner, so social i	nteracti	ons
	and acting in accordance with social rules and conventions.	121001 099103							
	Inclusions: forming and terminating relationships; regulating beha	viours within i	nteractio	ons; inter	racting a	ccordin	g to soci	ial rules;	and
	maintaining social space								
	Sources of information:	Clinic:	al exami	nation	ſ	Tech	nical in	esticati	~
	Description of the problem:		a exami	nauon		_ real	nical in	esugau	
	besonption of the problem.		0	1	2	2	4	8	0
								۲. The second s	
d730	Relating with strangers	P							
	reclaung man sa angers	С							
	Engaging in temporary contacts and links with strangers for	specific purp	oses, s	uch as	when as	sking fo	r direct	ions or	
	making a purchase.								
	Sources of information:				,	-			
	Case history Patient reported questionnaire	Clinica	al exami	nation	l	Tech	nical inv	estigati	on
	Description of the problem:								

I			0	1	2	3	4	8	9
		Р	Π						
d740	Formal relationships	с			片	片		片	
	Creating and maintaining specific relationships in formal se	ttings, such a	s with e	mploye	rs, prof	iessiona	Is or se	rvice	
	providers. Inclusions: relating with persons in authority, with subordinates a	and with equals							
	Sources of information:					_			
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	m
	Description of the problem.		0	1	2	3	4	8	9
		Р							
d750	Informal social relationships	c		HH	片	片		片	
	Entering into relationships with others, such as casual relat	tionships with	people	living in	the sa	me com	munity	or resid	lence,
	or with co-workers, students, playmates or people with similar	ilar backgroun	ds or p	rofessio	ons.				-
	Inclusions: informal relationships with friends, neighbours, acqua Sources of information:	aintances, co-in	habitan	ts and p	eers				
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	estigatio	n
	Description of the problem:				2	2			
							-		- -
d760	Family relationships	P			닏	냳			
		С		ļĻĻ	ĽĽ,	ΙU.	ĽĽ		L L
	Creating and maintaining kinship relationships, such as wit adopted family and step-relationships, more distant relation	h members of Iships such as	the nuc secon	lear fan d cousir	nily, ext ns or leg	tended f gal guar	amıly, f dians.	oster ar	nd
	Inclusions: parent-child and child-parent relationships, sibling an	d extended fan	nily relat	ionships					
	Sources of information:	Clinica	al exami	nation	[Tech	nical inv	estigatio	m
	Description of the problem:						-		
			0	1	2	3	4	8	9
d770	Intimate relationships	P							
		С							
	Creating and maintaining close or romantic relationships be	etween individ	uals, su	ich as h	usband	and wit	fe, love	s or se	xual
	Inclusions: romantic, spousal and sexual relationships								
	Sources of information:	Clinica	al exami	nation	1	Tech	nical inv	octiontic	2
	Description of the problem:		exam	nauon		_ rear	ncarin	esugan	
			0	1	2	3	4	8	9
1000		P							
d820	School education	С							
	Gaining admission to school, engaging in all school-related	l responsibiliti	es and	privileg	es, and	learning	the co	urse m	aterial,
	subjects and other curriculum requirements in a primary or regularly, working cooperatively with other students, taking	secondary ed direction from	ucation teach	progra	mme, in anizing	studvir	attend	ing sch complet	ing ing
	assigned tasks and projects, and advancing to other stages	of education.	T CEROTA		an an a	, stadyn	gana		
	Sources of information:		e exami	nation	I	Tech	nical inv	estigatio	~
	Description of the problem:								
	·		0	1	2	3	4	8	9
4025	Veetievel terining	P							
0620	vocational training	С							
	Engaging in all activities of a vocational programme and lea	arning the curr	iculum	materia	l in pre	paration	for em	ployme	nt in a
	trade, job or profession. Sources of information:								
	Case history Patient reported questionnaire	Clinica	al exami	nation	[Tech	nical inv	restigatio	m
	Description of the problem:								

		_	0	1	2	3	4	8	8
d830	Higher education	P			ЦЦ	ЦЦ			
		С			ļĻ	ļĻĻ	LU.	ĽĽĽ,	
	Engaging in the activities of advanced educational program	mes in univers diplomas, cert	sities, c ificates	olleges and off	and pro	ofession	ns suc	ols and h as	1
	completing a university bachelor's or master's course of stu	dy, medical s	chool o	r other	professi	ional se	hool.		
	Case history Patient reported questionnaire	Clinica	l exami	nation	[Tech	nical inv	estigatio	m
	Description of the problem:			_			_	_	
			0	1	2	3	4	8	9
d845	Acquiring, keeping and terminating a job	P							
		С							
	Seeking, finding and choosing employment, being hired and	accepting en	nploym	ent, mai	ntaining	g and ac	Ivancin	g throu	gh a
	job, trade, occupation or protession, and leaving a job in an inclusions: seeking employment: preparing a resume or curriculu	appropriate n um vitae: conta	anner. cting er	nnlovers	and pre	enaring i	nterview	s: maint	aining
	a job; monitoring one's own work performance; giving notice; and	l terminating a	job	inpro yers	and pro	-pering -		2, 116411	
	Sources of information:					_			
	Case history Patient reported questionnaire	Clinica	l exami	nation	L	Tech	nical inv	estigatio	m
	Description of the problem.		0	1	2	2	4	9	0
		D				۰.			
d850	Remunerative employment (G)	-	<u> </u>		⊢⊢				
		С			ļΠ		LЦ.		
	employee, full or part time, or self-employed, such as seekin job, attending work on time as required, supervising other w or in groups. Inclusions: self-employment, part-time and full-time employment	ig employmen orkers or beir	tano g ng supe	etting a rvised,	job, do and per	ing the l forming	required prequired	d tasks ed tasks	or the s alone
	Sources of information:		l overni	nation	г	Took	nicol inu	ortiontic	_
	Description of the problem:		CAGIN	Report	L	Tean		esugan	
			0	1	2	3	4	8	9
		Р							
d860	Basic economic transactions	с				h			
	Engaging in any form of simple economic transaction, such goods or services; or saving money	as using mon	ey to p	urchase	food o	r barteri	ing, exc	hangin	,
	Sources of information:	_				_			
	Case history Patient reported questionnaire	Clinica	l exami	nation	[Tech	nical inv	estigatio	m
	Description of the problem:								
					4	3	4	8	8
d870	Economic self-sufficiency	Р							
		С							
	Having command over economic resources, from private or and future needs	public source	s, in or	der to e	nsure e	conomi	c secur	ity for p	resent
	Inclusions: personal economic resources and public economic er	ntitlements							
	Sources of information:								
	Case history Patient reported questionnaire	Clinica	l exami	nation	L	Tech	nical inv	estigatio	m
	Description of the needlows								
	Description of the problem:		0	1	2	2	4	9	0
	Description of the problem:		0	1	2	3	4	8	9
d880	Description of the problem: Engagement in play	P	0	1	2	3	4	8	8
d880	Description of the problem: Engagement in play	P C		1	2 	3	4	8	9
d880	Description of the problem: Engagement in play Purposeful, sustained engagement in activities with objects.	P C toys, materia	0	1	2	3	4	8	9
d880	Description of the problem: Engagement in play Purposeful, sustained engagement in activities with objects, Sources of information: Case history Patient reported questionnaire	P C toys, materia	0	1	2	3 g onese	4	8	9

			0	1	2	3	4	8	9
d910	Community life	Р							
	commany me	С							
	Engaging in all aspects of community social life, such as enga	aging in cha	ritable	organiza	tions, s	service	clubs o	r profes	sional
	social organizations.								
	Inclusions: informal and formal associations; ceremonies								
	Exclusions: non-remunerative employment (d855); recreation and citizenship (d850)	leisure (d920	0); religi	on and s	piritualit	ty (d930)	; politica	al life an	d
	Sources of information:	_				_			
	Case history Patient reported questionnaire	Clinica	al exami	nation	l	Tech	nical inv	/estigatio	n
	Description of the problem:								
			0	1	2	3	4	8	9
		Р							
d920	Recreation and leisure	С							
	Engaging in any form of play, recreational or leisure activity, s	uch as info	rmal or	organiz	ed play	and sp	orts, pr	ogramm	ies of
	physical fitness, relaxation, amusement or diversion, going to	art galleries	s, muse	ums, ci	nemas	or theat	res; eng	gaging i	n
	crafts or hobbies, reading for enjoyment, playing musical inst	ruments; sig	htseei	ng, touri	sm and	l travelli	ng for p	pleasure	2.
	Inclusions: play, sports, arts and culture, crafts, hobbies and social	izing		-					
	Exclusions: riding animals for transportation (d480); remunerative a	and non-rem	unerativ	e work (d850 an	d d855);	; religio	n and	
	spirituality (d930); political life and citizenship (d950)								
	Sources of information: Case history Patient reported questionnaire	Clinica	al exami	ination	[Tech	nical inv	vestigatio	on
	Description of the problem:								
			0	1	2	3	4	8	9
		D							
d940	Human rights								
0040	Turnar rights	С							
	Enjoying all nationally and internationally recognized rights the	at are accor	rded to	people	by virtu	e of the	ir huma	inity alo	ne,
	such as human rights as recognized by the United Nations Un	iversal Decl	aration	of Hum	an Righ	its (1948	3) and t	he Unite	ed
	Nations Standard Rules for the Equalization of Opportunities f	or Persons	with Di	sabilitie	s (1993)); the rig	jht to		
	self-determination or autonomy; and the right to control over of	one's destin	y .						
	Exclusion: Political life and citizenship (d950)								
	Sources of information: Case history Patient reported questionnaire	Clinica	al exami	ination	[Tech	nical inv	estigatio	on
	Description of the problem:							-	

		_					_	_	_				-
ENVIRO	NMENTAL FACTORS												
Make up t live and co	he physical, social and attitudinal environment in which people onduct their lives.		tator	litator	tator.		litator		-		er		
How muc with resp	ch of a facilitator or barrier does the person experience sect to		lete facili	an tial fac	ate facili	acilitator	mier / fac	arrier	ate barri	e barrier	lete barri	ecified	op licable
You can a if applicat	also rate environmental factors as both a facilitator and barri ole.	er	Comp	Subst	Moder	Mildfa	No ba	Mildb	Moder	Seven	Comp	Not sp	Not ap
			+4	+3	+2	+1	0	1	2	3	4	8	9
e110	Products or substances for personal consumption												
	Any natural or human-made object or substance gathered, proces	sec	dorr	nanu	factu	red fo	r inge	estion	1.				
	Inclusions: food, drink and drugs												
	Sources of information:	1 0	linios	d ava	minat	ion			Toohni	ical in	unctio	ation	
	Description of the facilitator/barrier:		annea	a exa	TITIC	on			eann	carin	vesug	auon	
	besonption of the nonitationbarrier.		+4	+3	+2	+1	0	1	2	3	4	8	9
-445	Descharte and technology for any second way in drift, living	-	<u> </u>			—	Ē	Ŀ.			-	Ē	Ē
e115	Products and technology for personal use in daily living		Ц	ЦЦ			ЦŲ	Ш	Ш		Ц	Ц	Ш
	Equipment, products and technologies used by people in daily ac located in on or near the person using them	tivi	ties,	inclu	dingt	hose	adap	ted o	r spe	cially	desig	jned,	
	Inclusions: general and assistive products and technology for personal	use											
	Sources of information:	_						_					
	Case history Patient reported questionnaire	0	linica	al exa	minat	ion			[echni	ical in	vestig	ation	
	Description of the facilitator/barrier:												
			+4	+3	+2	+1	0	1	2	3	4	8	9
e125	Products and technology for communication												
	Equipment, products and technologies used by people in activitie	s o	f sen	ding	and r	eceiv	ing in	form	ation,	inclu	ding	those	e
	adapted or specially designed, located in, on or near the person u	sin	g the	m.									
	Inclusions: general and assistive products and technology for commun	icat	ion										
	Case history Patient reported questionnaire	1 0	linica	al exa	minat	ion			Techni	ical in	vestio	ation	
	Description of the facilitator/barrier:												
			+4	+3	+2	+1	0	1	2	3	4	8	9
o130	Products and technology for education												
6100	Equipment products processor pathods and technology used f								L Tico	L L L			
	those adapted or specially designed.	ora	equi	SILIOI	TOLK	nowie	age,	expe	use	JI SKI	n, inc	ludin	9
	Inclusion: general and assistive products and technology for education												
	Sources of information:	_						_					
	Case history Patient reported questionnaire	0	linica	al exa	minat	on			echn	cal in	vestig	ation	
	Description of the facilitator/barrier:	_		_	_	-			_	_			
		_	+4	+3	+2	+1	0	1	2	3	4	8	9
e240	Light												
	Electromagnetic radiation by which things are made visible by eit	her	sunl	ight o	r arti	ficial	lighti	ng (e	.g. ca	ndles	, oil c	r par	affin
	lamps, fires and electricity), and which may provide useful or dist	ract	ting i	nform	natio	1 abo	ut the	worl	d.				
	Sources of information:												
	Case history Patient reported questionnaire	0	linica	al exa	minat	ion			Techni	ical in	vestig	ation	
	Description of the facilitator/barrier:												
			+4	+3	+2	+1	0	1	2	3	4	8	9
e250	Sound												
	A phenomenon that is or may be heard, such as banging, ringing,	thu	Impi	ng, si	nging	j, whi	stling	, yell	ing o	buzz	ing, i	n any	ý
	volume, timbre or tone, and that may provide useful or distracting	inf	iorma	ation	abou	t the v	world						
	Inclusions: sound intensity, sound quality Sources of information:												
	Case history Patient reported questionnaire] (linica	al exa	minat	ion			Techni	ical in	vestio	ation	
	Description of the facilitator/barrier:												

7

1			+4	+3	+2	+1	0	1	2	3	4	8	9		
e310	Immediate family														
	Individuals related by birth, marriage or other relationship re	coanize		the c	ulture	as in	medi	ate fa	amily		l 🗆		es.		
	partners, parents, siblings, children, foster parents, adoptive	parents	and	gran	dpare	nts.									
	Exclusions: extended family (e315); personal care providers and	personal	assis	tants	(e34(D)									
	Sources of information: Case history Patient reported questionnaire		linica	al exa	minat	ion		Πī	echn	ical in	vestig	ation			
	Description of the facilitator/barrier:														
			+4	+3	+2	+1	0	1	2	3	4	8	9		
e315	Extended family														
	Individuals related through family or marriage or other relation aunts, uncles, nephews and nieces.	onships	reco	gnize	d by 1	the cu	lture	as ex	tend	ed far	nily, s	such	as		
	Sources of information:														
	Case history Patient reported questionnaire		linica	al exa	minat	ion		П	echn	ical in	vestig	ation			
	Description of the facilitator/barrier:														
			+4	+3	+2	+1	0	1	2	3	4	8	9		
e320	Friends														
	Individuals who are close and ongoing participants in relatio	oships o	hara	cteriz	red b	v trus	and	mutu	alsu	poort					
	Sources of information:														
	Case history Patient reported questionnaire		linica	al exa	minat	ion		ΠI	echn	ical in	vestig	ation			
	Description of the facilitator/barrier:														
			+4	+3	+2	+1	0	1	2	3	4	8	9		
e325	Acquaintances, peers, colleagues, neighbours and community members														
	Individuals who are familiar to each other as acquaintances,	peers, c	ollea	gues	, neig	hbou	s, an	d con	nmur	ity m	embe	rs in			
	situations of work, school, recreation, or other aspects of life	e, and wh	no sh	are d	lemoç	graphi	c fea	tures	such	as a	ge, ge	nder			
	religious creed or ethnicity or pursue common interests. Exclusions: associations and organizational services (e5550)														
	Exclusions: associations and organizational services (e0000)														
	Case history Patient reported questionnaire		linica	e exa	minat	ion		Пт	echn	ical in	vestio	ation			
	Description of the facilitator/barrier:					-									
			14	+3	+2	+1	0	1	2	2		0			
			_					-	-		4	•	9		
e330	People in positions of authority		Π							Π		,	9		
e330	People in positions of authority Individuals who have decision-making responsibilities for ot	hers and		hav		ially d	efine	 d influ			4	base	9 D d on		
e330	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, s substitute decision-makers, guardians or trustees.	hers and such as f	I who	have have	e soci emplo	ially d	efine supe	d influ	uenci rs, re	e or p	ower ower	base ders,	9 d on		
e330	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, s substitute decision-makers, guardians or trustees. Sources of information:	hers and such as t	I who teach	have have	e soci emplo	ially d oyers,	efine supe		uenci rs, re	e or p	4 ower is lea	base ders,	9 d on		
e330	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, s substitute decision-makers, guardians or trustees. Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier:	hers and such as t	I who teach	have ers, e	e soci emplo minat	ially d oyers,	efine supe		uenci rs, re	e or p ligiou	4 ower is lea	base ders,	9 d on		
e330	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, substitute decision-makers, guardians or trustees. Sources of information:	hers and such as t	I who teach	have ers, e	e soci emplo minat	ially d oyers, ion	efine supe		uence rs, re	e or p ligiou	4 ower Is lea	base ders, ation	9 d on		
e330	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, substitute decision-makers, guardians or trustees. Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier:	hers and such as t	J who teach	have ers, e	e soci emplo minat	ially d overs, ion +1	efine supe		uenci rs, re echn	e or p ligiou	4 ower is lea	base ders, ation	9 d on		
e330 e340	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, substitute decision-makers, guardians or trustees. Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier: Personal care providers and personal assistants	hers and such as f	J who teach	haw ers, o ers, o +3	minat	ially d oyers, ion +1	efine supe		uenco rs, re echn	e or p ligiou ical in	4 ower is lea	base ders, ation			
e330 e340	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, s substitute decision-makers, guardians or trustees. Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier: Personal care providers and personal assistants Individuals who provide services as required to support individuals the services aservices aservices aservices as required to support individuals the	hers and such as i	J who teach linic: +4	al exa	minat +2	ially d overs, ion +1	efine supe		uenci rs, re echni 2 tenar	e or p ligiou ical in 3	4 ower is lea vestig	base ders, ation 8			
e330 e340	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, substitute decision-makers, guardians or trustees. Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier: Personal care providers and personal assistants Individuals who provide services as required to support indir at work, education or other life situation, provided either thro as providers of support for home-making and maintenance.	hers and such as f	I who teach linica +4	al exa	minat +2	ially d overs, ion +1	efine supe	d influ rviso	iechn 2 tenar a vol	e or p ligiou ical in 3 nce of untar id hel	4 ower us lea vestig 4 f perfe y bas p. na	ation 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 d on 9 nce ich and		
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e330 e340	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, substitute decision-makers, guardians or trustees. Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier: Personal care providers and personal assistants Individuals who provide services as required to support indirat work, education or other life situation, provided either throas providers of support for home-making and maintenance, pothers who function as primary caregivers. Exclusions: immediate family (e310); extended family (e315); fried	hers and such as f ough pub personal nds (e32	I who teach 2linic: +4	haw ers, i al exa +3 ir dai r priv stant	e soci emplo minat +2	ially d overs, ion +1 tivities unds, nspor	efine supe s and or els t assi	d influence on a stant	2 uenci rs, re cechn 2 tenar a vol s, pa s (eő)	e or p ligiou ical in 3 untar id hel	4 ower us lea vestig 4 f perfi y bas p, na	base ders, ation 8 0 mma is, su nnies	9 d on 9 ch and		
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e330 e340	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, substitute decision-makers, guardians or trustees. Sources of information:	viduals i personal nds (e32	I who teach Clinica H Clinica H Clinica H Clinica H Clinica Clinica Clinica	+3 ir dai r priv stant	e soci emplo minat +2 ly act ate fu s, tra socia	ially d oyers, ion +1 tivitie: unds, nspor	0 a and or els t assi	d influence of the second seco	2 uenci rs, re echn 2 tenar a vol s, pa s (e5)	ical in 3 1000 (1000) 1000 (4 ower vs lea vestig 4 f perfr y bas p, na nealth	base ders, ation 8 orma s, su nnies	9 d on 9 ch ch ch		
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e330 e340 e355	People in positions of authority Individuals who have decision-making responsibilities for ot their social, economic, cultural or religious roles in society, substitute decision-makers, guardians or trustees. Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier: Personal care providers and personal assistants Individuals who provide services as required to support indirat work, education or other life situation, provided either threas providers of support for home-making and maintenance, pothers who function as primary caregivers. Exclusions: immediate family (e310); extended family (e315); frie professionals (e355) Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier:	hers and such as f ough put personal nds (e32	i who teach linics i who teach linics i who	+3 ir dai exa	e soci emplo minat +2 ily acte s, tra socia minat +2	ially d oyers, ion +1 tivitie: unds, nspor ion +1	0 0 0 0 0 0 0 0 0 0 0 0 0 0	d influr rviso	2 uenci rs, re iechn 2 tenar a vol s, pa s (e5) iechn 2 2	ical in ical in ical in ical in	4 ower s lea 4 f perfr y bas p, na health	base ders, ation	9 d on 9 nce nch s and		
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				.2	.2	.1	0	4	2	2		0 0
105			—	+>	+2	+1	-	-	-	~	-	
e465	Social norms, practices and ideologies		Ш	ļĻļ	Ц	Ц	Ц	Ш	Ш		ļĻļ	ЦŲ
	Customs, practices, rules and abstract systems of values an moral philosophies) that arise within social contexts and tha behaviours, such as social norms of moral and religious beh practices; norms governing rituals or social gatherings.	id norma it affect (haviour o	or cre or etic	ate so juette	; (e.g. ; relig	ideo I and jious	indiv doct	s, nor ridual rine a	mativ I prac nd re	ve wo tices sultin	rid vie and ig nor	ews and ms and
	Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier:		Olinica	al exar	ninatio	on		٦	echni	ical in	vestig	ation
			+4	+3	+2	+1	0	1	2	3	4	8 9
e525	Housing services, systems and policies											
	Services, systems and policies for the provision of shelters, Sources of information: Case history Patient reported questionnaire Description of the facilitator/barrier:	dwelling	gs or l	lodgin al exan	ng for ninatio	peop on	ole.	٦	echni	ical in	vestig	ation
	besonption of the faointaton barrier.		+4	+3	+2	+1	0	1	2	3	4	8 9
e535	Communication services, systems and policies											
	Services, systems and policies for the transmission and exc	hange o	finfo	rmatio	on.							
	Sources of information: Case history Patient reported questionnaire		Clinica	al exan	ninatio	on		٦	echni	ical in	vestig	ation
	Description of the facilitator/barrier:					. 1				0		
			+4	+3	+2	+1	0	1	2	3	4	8 9
e550	Legal services, systems and policies		$ \square$		Ш		\Box	Ш	\square			ШШ
	Services, systems and policies concerning the legislation ar	nd other	law o	f a co	untry							
	Sources of information: Case history Patient reported questionnaire		Clinica	al exar	ninatio	on		٦	echni	ical in	vestig	ation
	Description of the facilitator/barrier:				_		-		_	-		
- 500			#4	+3	+2	+1	0		2	3	4	8 9
e060	Media services, systems and policies		Ш	Ш	Ц		Ц	Ш	Ш		Ш	ЦЦ
	Services, systems and policies for the provision of mass con Sources of information:		ation :		gn rac	310, te	evis	<u>аоп, г</u>	news) Techni	paper	s and	internet.
	Description of the facilitator/barrier:			I CAG	TH KELO				conn	oar in	resug	actori
			+4	+3	+2	+1	0	1	2	3	4	8 9
e570	Social security services, systems and policies											
	Services, systems and policies aimed at providing income s health condition or disability require public assistance that i schemes.	upport t s fundeo	o peo I eith	ple wi er by (ho, be gener	al tax	e of a	age, p inues	orco	ty, un ontrib	emplo utory	oyment,
	Sources of information:											
	Case history Patient reported questionnaire		Clinica	al exan	ninatio	on		П	echni	cal in	vestig	ation
	Description of the facilitator/barrier:		-4	-2	12	±1	0	1	2	2	4	8 0
e575	General social support services, systems and policies	5										٥ľ٥
	Services, systems and policies aimed at providing support t housework, transport, self-care and care of others in order to Exclusions: personal care providers and personal assistants (e3 services, systems and policies (e580) Secures of information:	o those o functio 40); soci	n mo al sec	ring a re full urity s	ssista ly in s ervice	ince i iociet is, sys	n are ly. stems	as su and j	policie	s sho es (eð	oping, 70););	health
	Case history Patient reported questionnaire		Clinica	al exar	ninatio	on		٦	echni	ical in	vestig	ation

					•		0	0		0	0
	+4	+3	+2	+1	U	1	2	3	4	8	8
e360 Other professionals								$ \Box $			
All service providers working outside the health system, including s designers. Exclusion: health professionals (e355)	ocial	work	ers, I	awyer	s, tea	cher	s, arc	hitect	s and		
Sources of information:											
Case history Patient reported questionnaire		al exa	mna	tion			ecnn	ical in	vestig	ation	
Description of the facilitation barrier.		.2		.1	0	4	2	2	4	0	0
	E		72		Ľ,	Ŀ.	L_	Ľ,	_	-	Ē
e410 Individual attitudes of immediate family members				IП		Ш	Ш	Ш		Ш	Ш
General or specific opinions and beliefs of immediate family membe political and economic issues) that influence individual behaviour an Sources of information:	rs ab nd ac	out ti tions	ne pe	rson o	or abo	out ot	her n	atters	s (e.g.	soci	al,
Case history Patient reported questionnaire	Clinica	al exa	mina	tion			Techn	ical in	vestig	ation	
Description of the facilitator/barrier:											
	+4	+3	+2	+1	0	1	2	3	4	8	9
e415 Individual attitudes of extended family members				lп							
General or specific opinions and beliefs of extended family member		ut the			abou	t oth	erma			socia	
political and economic issues) that influence individual behaviour an	nd ac	tions							(g		
Sources of information:	Clinica	al exa	mina	tion			Techn	ical in	vestig	ation	
Description of the facilitator/barrier:											
	+4	+3	+2	+1	0	1	2	3	4	8	9
e420 Individual attitudes of friends											
General or specific opinions and beliefs of friends about the person economic issues) that influence individual behaviour and actions.	or ab	outo	ther	matte	rs (e.(J. 500	sial, p	olitica	al and	_	
Sources of information:	Clinica	al exa	mina	tion			Techn	ical in	vestig	ation	
Description of the facilitator/barrier:											
	+4	+3	+2	+1	0	1	2	3	4	8	9
e430 Individual attitudes of people in positions of authority											
General or specific opinions and beliefs of people in positions of au social, political and economic issues) that influence individual beha Social, political information:	viour	and a	out th actio	e pers ns.	ion of	rabo	ut oth	er ma	itters	(e.g.	
Case history Patient reported questionnaire	Clinica	al exa	mina	tion			Techn	ical in	vestig	ation	
Description of the facilitator/barrier:											
	+4	+3	+2	+1	0	1	2	3	4	8	9
e450 Individual attitudes of health professionals				iΠ						П	П
General or specific opinions and beliefs of health professionals abo and economic issues) that influence individual behaviour and actior	ut the	pers	ion o	r abou	t oth	er ma	tters	(e.g. :	social	, poli	tical
Sources of information:						_					
Case history Patient reported questionnaire	Clinica	al exa	mina	tion			echn	ical in	vestig	ation	
Description of the facilitator/barrier:					0	4	2	2	4		0
	+4	+3	+2	+1	•	1	2	3	4	•	
e455 Individual attitudes of other professionals								$ \Box$			
General or specific opinions and beliefs of health-related and other	orofe	ssion	als a	bout t	he pe	rson	or ab	out o	ther n	natter	s
(e.g. social, political and economic issues) that influence individual i Sources of information:	benav	nour	and	action	5.						
Case history Patient reported questionnaire	Clinica	al exa	mina	tion			Techn	ical in	vestig	ation	
Description of the facilitator/barrier:											
	+4	+3	+2	+1	0	1	2	3	4	8	9
e460 Societal attitudes		┢	┢	in	┢	╘	┢	┢			
General or specific opinions and beliefs generally held by people of									ي ادند		
about other individuals or about other social, political and economic actions.	issu	es th	at inf	luence	e grou	up or	indiv	idual	behav	viour	and
Sources of information:	Clinica	al exa	mina	tion			Techn	ical in	vestig	ation	

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		+4	+3	+2	+1	0	1	2	3	4	8	8
e580	Health services, systems and policies											
	Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting healthy lifestyle. Exclusion: general social support services, systems and policies (e575)						ing a					
	Sources of information: Case history Patient reported questionnaire Clinical examination Technical investigation											
Description of the facilitator/barrier:												
		+4	+3	+2	+1	0	1	2	3	4	8	9
e585	Education and training services, systems and policies											
	Services, systems and policies for the acquisition, maintenance and artistic skills. See UNESCO's International Standard Classification	l impi of Edi	oven	ent o n (IS	of knov CED-1	wledg 1997).	je, ex	pertis	se and	lvoc	ation	al or
	Sources of information:											
	Description of the facilitator/barrier:											
		+4	+3	+2	+1	0	1	2	3	4	8	9
e590	Labour and employment services, systems and policies											
	Services, systems and policies related to finding suitable work for p work, or to support individuals already employed who are seeking p Exclusion: economic services, systems and policies (e565)	erson	tion.	o are	unem	ploy	ed or	looki	ng foi	r diffe	rent	
	Sources of information: Case history Patient reported questionnaire Clinical examination Technical investigation											
	Description of the facilitator/barrier:											



ANNEX B – SELECTED CODES

<u>Codes</u>
b265-Touch Functions
b147-Psychomotor functions
b270-Sensory functions related to temperature and other stimuli
b760-Functions related to the control of voluntary movements
d510-Lavar-se
d520-Caring for Body Parts
d530-Go to the toilet
d540-Dress Up
d550-Eating
e115-Products and technologies for personal use in daily life
e125-Products and technology for communication