

# ICF CHECKLIST

## Version 2.1a, Clinician Form

### for International Classification of Functioning, Disability and Health

This is a checklist of major categories of the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization. The ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or social work). The checklist should be used along with the ICF or ICF Pocket version.

**H 1.** When completing this checklist, use all information available. Please check those used:

**[1] written records    [2] primary respondent    [3] other informants    [4] direct observation**

If medical and diagnostic information is not available it is suggested to complete appendix 1: Brief Health Information (p 9-10) which can be completed by the respondent.

**H 2. Date** \_\_\_/\_\_\_/\_\_\_ **H 3. Case ID** \_\_\_, \_\_\_, \_\_\_ **H 4. Participant No.** \_\_\_, \_\_\_, \_\_\_  
Day Month Year CE or CS Case No. 1<sup>st</sup> or 2<sup>nd</sup> Evalu FTC Site Participant

#### A. DEMOGRAPHIC INFORMATION

**A.1 NAME (optional)** First \_\_\_\_\_ FAMILY \_\_\_\_\_

**A.2 SEX** (1) [ ] Female (2) [ ] Male

**A.3 DATE OF BIRTH** \_\_/\_\_/\_\_ (date/month/year)

**A.4 ADDRESS (optional)**

**A.5 YEARS OF FORMAL EDUCATION** \_\_

**A.6 CURRENT MARITAL STATUS:** (Check only one that is most applicable)

(1) Never married [ ] (4) Divorced [ ]  
(2) Currently Married [ ] (5) Widowed [ ]  
(3) Separated [ ] (6) Cohabiting [ ]

**A.7 CURRENT OCCUPATION** (Select the single best option)

(1) Paid employment [ ] (6) Retired [ ]  
(2) Self-employed [ ] (7) Unemployed (health reason) [ ]  
(3) Non-paid work, such as volunteer/charity [ ] (8) Unemployed (other reason) [ ]  
(4) Student [ ] (9) Other [ ]  
(5) Keeping house/House-maker [ ] (please specify) \_\_\_\_\_

**A.8 MEDICAL DIAGNOSIS of existing Main Health Conditions,** *if possible give ICD Codes.*

1. No Medical Condition exists  
2. .... ICD code: .. .  
3. .... ICD code: .. .  
4. .... ICD code: .. .  
5. A Health Condition (disease, disorder, injury ) exists, however its nature or diagnosis is not known

## **PART 1a: IMPAIRMENTS of BODY FUNCTIONS**

- Body functions are the physiological functions of body systems (including psychological functions).
- Impairments are problems in body function as a significant deviation or loss.

### ***First Qualifier: Extent of impairments***

**0 No impairment** means the person has no problem

**1 Mild impairment** means a problem that is present less than 25% of the time, with an intensity a person can tolerate and which happens rarely over the last 30 days.

**2 Moderate impairment** means that a problem that is present less than 50% of the time, with an intensity, which is interfering in the persons day to day life and which happens occasionally over the last 30 days.

**3 Severe impairment** means that a problem that is present more than 50% of the time, with an intensity, which is partially disrupting the persons day to day life and which happens frequently over the last 30 days.

**4 Complete impairment** means that a problem that is present more than 95% of the time, with an intensity, which is totally disrupting the persons day to day life and which happens every day over the last 30 days.

**8 Not specified** means there is insufficient information to specify the severity of the impairment.

**9 Not applicable** means it is inappropriate to apply a particular code (e.g. b650 Menstruation functions for woman in pre-menarche or post-menopause age).

<b><i>Short List of Body Functions</i></b>	<b><i>Qualifier</i></b>
<b>b1. MENTAL FUNCTIONS</b>	
<b>b110</b> Consciousness	
<b>b114</b> Orientation ( <i>time, place, person</i> )	
<b>b117</b> Intellectual ( <i>incl. Retardation, dementia</i> )	
<b>b130</b> Energy and drive functions	
<b>b134</b> Sleep	
<b>b140</b> Attention	
<b>b144</b> Memory	
<b>b152</b> Emotional functions	
<b>b156</b> Perceptual functions	
<b>b164</b> Higher level cognitive functions	
<b>b167</b> Language	
<b>b2. SENSORY FUNCTIONS AND PAIN</b>	
<b>b210</b> Seeing	
<b>b230</b> Hearing	
<b>b235</b> Vestibular ( <i>incl. Balance functions</i> )	
<b>b280</b> Pain	
<b>b3. VOICE AND SPEECH FUNCTIONS</b>	
<b>b310</b> Voice	
<b>b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS</b>	
<b>b410</b> Heart	
<b>b420</b> Blood pressure	
<b>b430</b> Haematological ( <i>blood</i> )	
<b>b435</b> Immunological ( <i>allergies, hypersensitivity</i> )	
<b>b440</b> Respiration ( <i>breathing</i> )	
<b>b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS</b>	
<b>b515</b> Digestive	
<b>b525</b> Defecation	
<b>b530</b> Weight maintenance	
<b>b555</b> Endocrine glands ( <i>hormonal changes</i> )	
<b>b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS</b>	
<b>b620</b> Urination functions	

<b>b640</b> Sexual functions	
<b>b7. NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS</b>	
<b>b710</b> Mobility of joint	
<b>b730</b> Muscle power	
<b>b735</b> Muscle tone	
<b>b765</b> Involuntary movements	
<b>b8. FUNCTIONS OF THE SKIN AND RELATED STRUCTURES</b>	
<b>ANY OTHER BODY FUNCTIONS</b>	

## **Part 1 b: IMPAIRMENTS of BODY STRUCTURES**

- Body structures are anatomical parts of the body such as organs, limbs and their components.
- Impairments are problems in structure as a significant deviation or loss.

<b>First Qualifier: Extent of impairment</b>	<b>Second Qualifier: Nature of the change</b>
<p><b>0 No impairment</b> means the person has no problem</p> <p><b>1 Mild impairment</b> means a problem that is present less than 25% of the time, with an intensity a person can tolerate and which happens rarely over the last 30 days.</p> <p><b>2 Moderate impairment</b> means that a problem that is present less than 50% of the time, with an intensity, which is interfering in the persons day to day life and which happens occasionally over the last 30 days.</p> <p><b>3 Severe impairment</b> means that a problem that is present more than 50% of the time, with an intensity, which is partially disrupting the persons day to day life and which happens frequently over the last 30 days.</p> <p><b>4 Complete impairment</b> means that a problem that is present more than 95% of the time, with an intensity, which is totally disrupting the persons day to day life and which happens every day over the last 30 days.</p> <p><b>8 Not specified</b> means there is insufficient information to specify the severity of the impairment.</p> <p><b>9 Not applicable</b> means it is inappropriate to apply a particular code (e.g. b650 Menstruation functions for woman in pre-menarche or post-menopause age).</p>	<p><b>0</b> No change in structure</p> <p><b>1</b> Total absence</p> <p><b>2</b> Partial absence</p> <p><b>3</b> Additional part</p> <p><b>4</b> Aberrant dimensions</p> <p><b>5</b> Discontinuity</p> <p><b>6</b> Deviating position</p> <p><b>7</b> Qualitative changes in structure, including accumulation of fluid</p> <p><b>8</b> Not specified</p> <p><b>9</b> Not applicable</p>

<b><i>Short List of Body Structures</i></b>	<b>First Qualifier: Extent of impairment</b>	<b>Second Qualifier: Nature of the change</b>
<b>s1. STRUCTURE OF THE NERVOUS SYSTEM</b>		
<b>s110</b> Brain		
<b>s120</b> Spinal cord and peripheral nerves		
<b>s2. THE EYE, EAR AND RELATED STRUCTURES</b>		
<b>s3. STRUCTURES INVOLVED IN VOICE AND SPEECH</b>		
<b>s4. STRUCTURE OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS</b>		
<b>s410</b> Cardiovascular system		
<b>s430</b> Respiratory system		
<b>s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS</b>		

<b>s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM</b>		
s610 Urinary system		
s630 Reproductive system		
<b>s7. STRUCTURE RELATED TO MOVEMENT</b>		
s710 Head and neck region		
s720 Shoulder region		
s730 Upper extremity ( <i>arm, hand</i> )		
s740 Pelvis		
s750 Lower extremity ( <i>leg, foot</i> )		
s760 Trunk		
<b>s8. SKIN AND RELATED STRUCTURES</b>		
<b>ANY OTHER BODY STRUCTURES</b>		

## **PART 2: ACTIVITY LIMITATIONS & PARTICIPATION RESTRICTION**

- *Activity is the execution of a task or action by an individual.. Participation is involvement in a life situation.*
- *Activity limitations are difficulties an individual may have in executing activities. Participation restrictions are problems an individual may have in involvement in life situations.*

*The **Performance qualifier** indicates the extent of Participation restriction by describing the persons actual performance of a task or action in his or her current environment. Because the current environment brings in the societal context, performance can also be understood as "involvement in a life situation" or "the lived experience" of people in the actual context in which they live. This context includes the environmental factors – all aspects of the physical, social and attitudinal world that can be coded using the Environmental. The Performance qualifier measures the difficulty the respondent experiences in doing things, assuming that they want to do them.*

*The **Capacity qualifier** indicates the extent of Activity limitation by describing the person ability to execute a task or an action. The Capacity qualifier focuses on limitations that are inherent or intrinsic features of the person themselves. These limitations should be direct manifestations of the respondent's health state, **without the assistance**. By assistance we mean the help of another person, or assistance provided by an adapted or specially designed tool or vehicle, or any form of environmental modification to a room, home, workplace etc.. The level of capacity should be judged relative to that normally expected of the person, or the person's capacity before they acquired their health condition.*

**Note:** Use Appendix 2 if needed to elicit information on the Activities and Participation of the individual

<b>First Qualifier: Performance</b> <i>Extent of Participation Restriction</i>	<b>Second Qualifier: Capacity (without assistance)</b> <i>Extent of Activity limitation</i>
<p><b>0 No difficulty</b> means the person has no problem</p> <p><b>1 Mild difficulty</b> means a problem that is present less than 25% of the time, with an intensity a person can tolerate and which happens rarely over the last 30 days.</p> <p><b>2 Moderate difficulty</b> means that a problem that is present less than 50% of the time, with an intensity, which is interfering in the persons day to day life and which happens occasionally over the last 30 days.</p> <p><b>3 Severe difficulty</b> means that a problem that is present more than 50% of the time, with an intensity, which is partially disrupting the persons day to day life and which happens frequently over the last 30 days.</p> <p><b>4 Complete difficulty</b> means that a problem that is present more than 95% of the time, with an intensity, which is totally disrupting the persons day to day life and which happens every day over the last 30 days.</p> <p><b>8 Not specified</b> means there is insufficient information to specify the severity of the difficulty.</p> <p><b>9 Not applicable</b> means it is inappropriate to apply a particular code (e.g. b650 Menstruation functions for woman in pre-menarche or post-menopause age).</p>	

<b><i>Short List of A&amp;P domains</i></b>	<b><i>Performance Qualifier</i></b>	<b><i>Capacity Qualifier</i></b>
<b>d1. LEARNING AND APPLYING KNOWLEDGE</b>		
d110 Watching		
d115 Listening		
d140 Learning to read		
d145 Learning to write		
d150 Learning to calculate ( <i>arithmetic</i> )		
d175 Solving problems		
<b>d2. GENERAL TASKS AND DEMANDS</b>		
d210 Undertaking a single task		
d220 Undertaking multiple tasks		
<b>d3. COMMUNICATION</b>		
d310 Communicating with -- receiving -- spoken messages		
d315 Communicating with -- receiving -- non-verbal messages		
d330 Speaking		
d335 Producing non-verbal messages		
d350 Conversation		
<b>d4. MOBILITY</b>		
d430 Lifting and carrying objects		
d440 Fine hand use ( <i>picking up, grasping</i> )		
d450 Walking		
d465 Moving around using equipment ( <i>wheelchair, skates, etc.</i> )		
d470 Using transportation ( <i>car, bus, train, plane, etc.</i> )		
d475 Driving ( <i>riding bicycle and motorbike, driving car, etc.</i> )		
<b>d5. SELF CARE</b>		
d510 Washing oneself ( <i>bathing, drying, washing hands, etc</i> )		
d520 Caring for body parts ( <i>brushing teeth, shaving, grooming, etc.</i> )		
d530 Toileting		
d540 Dressing		
d550 Eating		
d560 Drinking		
d570 Looking after one`s health		
<b>d6. DOMESTIC LIFE</b>		
d620 Acquisition of goods and services ( <i>shopping, etc.</i> )		
d630 Preparation of meals ( <i>cooking etc.</i> )		
d640 Doing housework ( <i>cleaning house, washing dishes laundry, ironing, etc.</i> )		
d660 Assisting others		
<b>d7. INTERPERSONAL INTERACTIONS AND RELATIONSHIPS</b>		
d710 Basic interpersonal interactions		
d720 Complex interpersonal interactions		
d730 Relating with strangers		
d740 Formal relationships		
d750 Informal social relationships		
d760 Family relationships		
d770 Intimate relationships		
<b>d8. MAJOR LIFE AREAS</b>		

<b>d810</b> Informal education		
<b>d820</b> School education		
<b>d830</b> Higher education		
<b>d850</b> Remunerative employment		
<b>d860</b> Basic economic transactions		
<b>d870</b> Economic self-sufficiency		
<b>d9. COMMUNITY, SOCIAL AND CIVIC LIFE</b>		
<b>d910</b> Community Life		
<b>d920</b> Recreation and leisure		
<b>d930</b> Religion and spirituality		
<b>d940</b> Human rights		
<b>d950</b> Political life and citizenship		
<b>ANY OTHER ACTIVITY AND PARTICIPATION</b>		

## **PART 3: ENVIRONMENTAL FACTORS**

- *Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.*

**Qualifier in environment:  
Barriers or facilitator**

**0** No barriers  
**1** Mild barriers  
**2** Moderate barriers  
**3** Severe barriers  
**4** Complete barriers

**0** No facilitator  
**+1** Mild facilitator  
**+2** Moderate facilitator  
**+3** Substantial facilitator  
**+4** Complete facilitator

<b><i>Short List of Environment</i></b>	<b><i>Qualifier barrier or facilitator</i></b>
<b>e1. PRODUCTS AND TECHNOLOGY</b>	
e110 For personal consumption ( <i>food, medicines</i> )	
e115 For personal use in daily living	
e120 For personal indoor and outdoor mobility and transportation	
e125 Products for communication	
e150 Design, construction and building products and technology of buildings for public use	
e155 Design, construction and building products and technology of buildings for private use	
<b>e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT</b>	
e225 Climate	
e240 Light	
e250 Sound	
<b>e3. SUPPORT AND RELATIONSHIPS</b>	
e310 Immediate family	
e320 Friends	
e325 Acquaintances, peers, colleagues, neighbours and community members	
e330 People in position of authority	
e340 Personal care providers and personal assistants	
e355 Health professionals	
e360 Health related professionals	
<b>e4. ATTITUDES</b>	
e410 Individual attitudes of immediate family members	
e420 Individual attitudes of friends	
e440 Individual attitudes of personal care providers and personal assistants	
e450 Individual attitudes of health professionals	
e455 Individual attitudes of health related professionals	
e460 Societal attitudes	
e465 Social norms, practices and ideologies	
<b>E5. SERVICES, SYSTEMS AND POLICIES</b>	
e525 Housing services, systems and policies	
e535 Communication services, systems and policies	
e540 Transportation services, systems and policies	
e550 Legal services, systems and policies	
e570 Social security, services, systems and policies	
e575 General social support services, systems and policies	
e580 Health services, systems and policies	
e585 Education and training services, systems and policies	
e590 Labour and employment services, systems and policies	
<b>ANY OTHER ENVIRONMENTAL FACTORS</b>	

## **Part 4: OTHER CONTEXTUAL INFORMATION**

**4.1** Give a thumbnail sketch of the individual and any other relevant information.

**4.2** Include any **Personal Factors** as they impact on functioning (e.g. lifestyle, habits, social background, education, life events, race/ethnicity, sexual orientation and assets of the individual).



**Appendix 1:**

**BRIEF HEALTH INFORMATION**

**Self Report**

**Clinician Administered**

X.1 Height : \_\_\_/\_\_\_/\_\_\_ cm (or inches)

X.2 Weight: \_\_\_/\_\_\_/\_\_\_ kg (or pounds)

X.3 Dominant Hand (prior to health condition): Left  Right  Both hands equally

X.4 How do you rate your physical health in the past month?

Very good  Good  Moderate  Bad  Very bad

X.5 How do you rate your mental and emotional health in the past month?

Very good  Good  Moderate  Bad  Very bad

X.6 Do you currently have any disease(s) or disorder(s) ?

NO  YES

If YES, please specify: \_\_\_\_\_

X.7 Did you ever have any significant injuries that had an impact on your level of functioning?

NO  YES

If YES, please specify \_\_\_\_\_

X.8 Have you been hospitalized in the last year?

NO  YES

If YES, please specify reason(s) and for how long?

1. \_\_\_\_\_; \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_ days
2. \_\_\_\_\_; \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_ days
3. \_\_\_\_\_; \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_ days

X.9 Are you taking any medication ( either prescribed or over the counter)?

NO  YES

If YES, please specify major medications

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**X.10** Do you smoke?

NO

YES

**X.11** Do you consume alcohol or drugs?

NO

YES

*If YES, please specify average daily quantity*

Tobacco: \_\_\_\_\_

Alcohol: \_\_\_\_\_

Drugs: \_\_\_\_\_

**X.12** Do you use any assistive device such as glasses, hearing aid, wheelchair, etc.?

NO

YES

*If YES, please specify*

\_\_\_\_\_

**X.13** Do you have any person assisting you with your self care, shopping or other daily activities?

NO

YES

*If YES, please specify person and assistance they provide*

\_\_\_\_\_

**X.14** Are you receiving any kind of treatment for your health?

NO

YES

*If YES, please specify:*

\_\_\_\_\_

**X.15** Additional significant information on your past and present health:

\_\_\_\_\_

\_\_\_\_\_

**X.16** IN THE PAST MONTH, have you cut back (i.e. reduced) your usual activities or work because of your *health condition*? (a disease, injury, emotional reasons or alcohol or drug use)

NO

YES

If yes, how many days? \_\_\_\_\_

**X.17** IN THE PAST MONTH, have you been totally unable to carry out your usual activities or work because of your *health condition*? (a disease, injury, emotional reasons or alcohol or drug use)

NO

YES

If yes, how many days? \_\_\_\_\_

## **Appendix 2:**

### **GENERAL QUESTIONS FOR PARTICIPATION & ACTIVITIES**

*The following probes are proposed as a guide to help the examiner when interviewing the respondent about problems in functioning and life activities, in terms of the distinction between capacity and performance. Take into account all personal information known about the respondent and ask any additional probes as necessary. Probes should be rephrased as open-ended questions if necessary to elicit greater information.*

*Under each domain there are two kinds of probes:*

*The first probe tries to get the respondent to focus on his or her **capacity** to do a task or action, and in particular to focus on limitations in capacity that are **inherent or intrinsic features of the person** themselves. These limitations should be direct manifestations of the respondent's health state, without the assistance. By **assistance** we mean the help of another person, or assistance provided by an adapted or specially designed tool or vehicle, or any form of environmental modification to a room, home, workplace and so on. The level of capacity should be judged relative to that normally expected of the person, or the person's capacity before they acquired their health condition.*

*The second probe focuses on the respondent's **actual performance** of a task or action in the person's actual situation or surroundings, and elicits information about the effects of environmental barriers or facilitators. It is important to emphasize that you are only interested in the extent of difficulty the respondent has in doing things, **assuming that they want to do them**. Not doing something is irrelevant if the person chooses not to do it.*

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#### **I. Mobility**

(Capacity)

- (1) In your present state of health, how much difficulty do you have walking long distances (such as a kilometer or more) without assistance?
  - (2) How does this compare with someone, just like yourself only without your health condition?
- (Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

- (1) In your present surroundings, how much of a problem do you actually have in walking long distances (such as a kilometer or more)?
- (2) Is this problem walking made worse, or better, by your actual surroundings?
- (3) Is your capacity to walk long distances without assistance more or less than what you actually do in your present surroundings?

## **II. Self Care**

(Capacity)

(1) In your present state of health, how much difficulty do you have washing yourself, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your own home, how much of a problem do you actually have washing yourself?

(2) Is this problem made worse, or better, by the way your home is set up or the specially adapted tools you use?

(3) Is your capacity to wash yourself without assistance more or less than what you actually do in your present surroundings?

## **III. Domestic Life**

(Capacity)

(1) In your present state of health, how much difficulty do you have cleaning the floor of your where you live, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your own home, how much of a problem do you actually have cleaning the floor?

(2) Is this problem made worse, or better, by the way your home is set up or the specially adapted tools you use?

(3) Is your capacity to clean your floor without assistance more or less than what you actually do in your present surroundings?

#### **IV. Interpersonal Interactions**

(Capacity)

(1) In your present state of health, how much difficulty do you have making new friends, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your present situation, how much of a problem do you actually have making friends?

(2) Is this problem making friends made worse, or better, by anything (or anyone) in your surroundings?

(3) Is your capacity to make friends, without assistance, more or less than what you actually do in your present surroundings?

#### **V. Major Life Areas**

(Capacity)

(1) In your present state of health, how much difficulty do you have getting done all the work you need to do for your job, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your present surroundings, how much of a problem do you actually have getting done all the work you need to do for your job?

(2) Is this problem fulfilling your job requirements made worse, or better, by the way the work environment is set up or the specially adapted tools you use?

(3) Is your capacity to do your job, without assistance, more or less than what you actually do in your present surroundings?

## **VI. Community, Social and Civic Life**

### **(Capacity)**

(1) In your present state of health, how much difficulty do you have participating in community gatherings, festivals or other local events, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

### **(Performance)**

(1) In your community, how much of a problem do you actually have participating in community gatherings, festivals or other local events?

(2) Is this problem made worse, or better, by the way your community is arranged or the specially adapted tools, vehicles or whatever you use?

(3) Is your capacity to participate in community events, without assistance, more or less than what you actually do in your present surroundings?

**Appendix 3:**

**GUIDELINES FOR THE USE OF ICF CHECKLIST VERSION 2.1A**

- 1. This is a checklist of major categories of International Classification of Functioning, Disability and Health (ICF) of the World Health Organization . The ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or social work).*
- 2. This version (2.1a) is for use by a clinician, health or social care professional.*
- 3. The checklist should be used along with the ICF full or short version which is scheduled for publication in September 2001. Until then the ICIDH-2 Final Draft, full version, WHO, 2001 will serve as reference document for the ICF checklist. The raters should familiarize themselves with the ICIDH-2 Final Draft by attending a brief educational programme or self-taught curriculum.*
- 4. All information from written records, primary respondent, other informants and direct observation can be used to fill in the checklist. Please record all sources of information used on the first page.*
- 5. Parts 1 to 3 should be filled in by writing the qualifier code against each of the function, structure, activity and participation term that shows some problem for the case being evaluated. Appropriate codes for the qualifiers are given on the relevant pages.*
- 6. Comments can be made regarding any information that can serve as the additional qualifier or that is thought to be significant for the case being evaluated.*
- 7. Part 4 (Environment) has both negative (barrier) and positive (facilitator) qualifier codes. For all positive qualifier codes, please use a plus (+) sign before the code.*
- 8. The categories given in the checklist have been selected from the ICF and are not exhaustive. If you need to use a category that you do not find listed here, use the space at the end of each dimension to record these.*