

## Original articles

# Clinical application of the International Classification of Functioning, Disability and Health (ICF) in children and adolescents from a public hearing rehabilitation service

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## ABSTRACT

**Purpose:** to develop an International Classification of Functioning, Disability and Health (ICF) Checklist for clinical application in the rehabilitation of children and adolescents presented with hearing loss, to describe the biopsychosocial profile of participants and present the results of the use of ICF by speech therapists.

**Methods:** a descriptive cross-sectional observational research, with quantitative and qualitative analyses. The study was conducted with five speech therapists, eight children aged 7 to 10 years and eight adolescents between 11 and 18 years old, diagnosed with moderate to profound bilateral hearing loss. Data collection included interviews, analysis of medical records and a questionnaire for the speech therapists. Exploratory data analysis was performed using summary measures and descriptive analysis of the profile of participants.

**Results:** an ICF Checklist for clinical use in Hearing Rehabilitation was created. With its application, deficiencies related to hearing, speech and language functions were observed, with considerable difficulties in expressive and receptive language skills, learning and communication and access barriers related to communication and health services.

**Conclusion:** the use of the Checklist expands the aspects observed by professionals, allows identification of the subjects' needs, and enables the recording and monitoring of worsening, stabilization or progress of the biopsychosocial aspects in the rehabilitation process.

**Keywords:** International Classification of Functioning, Disability and Health; Hearing Loss; Needs Assessment; Health Status Indicators; Speech, Language and Hearing Sciences

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## INTRODUCTION

The International Classification of Functioning, Disability and Health (ICF) is recognized by the World Health Organization (WHO) as an international standard for describing and measuring health, functioning and disability in individual and population scales, and is accepted as one of the social classifications of the United Nations, considered part of the uniform rules for the equity and opportunities for individuals with disabilities<sup>1</sup>.

The ICF approach represents a change in thinking about and working with disability and impairment, being relevant to the monitoring of living conditions, i.e., it contributes to the knowledge and monitoring of health determinants related to biological, behavioral and environmental issues, and to promote social inclusion policies. It is an integrative model that presents a multi-factorial understanding of functionality and disability, integrating the biomedical approach with the social approach, which broadly contemplates aspects of human functionality. The biomedical model considers disability as a problem caused by the disease and the care aims at curing or adapting the individual, with medical care as the main issue. Conversely, the social model does not consider disability as an attribute of the individual, but a condition created by the social environment. Therefore, facing the problem requires social action and is a collective responsibility for integrating the individual into society. The ICF is based on the integration of these two models, resulting in a “biopsychosocial” approach<sup>1</sup>.

This Classification aims to provide a standard language and framework for the description of health and its related states. It can be applied in research to measure results, classify aspects of functionality or impact of environmental factors, as a clinical tool to identify needs, match treatments with specific conditions and evaluate the rehabilitation results<sup>2</sup>. The WHO also suggests its application to favor communication between different users, such as health professionals and managers, and to compare data between countries and health services at different times over time, besides providing a coding scheme for health information systems and the implementation of public policies for people with disabilities<sup>3</sup>. The ICF is a tool capable of establishing dialogue between the various public policies for equitable access to social and health policies and can serve as basis for evaluation instruments, e.g., for granting the Continued Provision Benefit for Persons with Disabilities (BPC)<sup>4</sup>.

The ICF addresses the following components: body functions, body structures, activities and participation, environmental and personal factors. Each component can be described in positive and negative terms. Also, its structure offers a hierarchical coding in which the categories represent classification units. The ICF categories only have meaning and can be considered complete when accompanied by a qualifier, which indicates if there is involvement and its magnitude. Therefore, utilization of the Classification does not consist in just selecting categories; rather, it chooses the qualifier that best describes the functionality and disability of the subject in a certain analyzed situation<sup>5</sup>.

Classification is an evolving construct, which has been improved as it is used. There is no standard format or pre-established rules for its application. Thus, it still represents a challenge because it is considered extensive and complex, yet its acceptance and use as a reference and classification framework has been facilitated by the growing evidence on its validity in various scenarios, such as in clinical practices, teaching and research<sup>6</sup>.

Concerning the purpose of improving and expanding its use, the WHO proposed alternative instruments based on the selection of categories from the complete Classification, which serve as minimum standards for the assessment and documentation of functionality and health in specific conditions<sup>7</sup>. The possibility of generating instruments according to an area or profession, with several categories to facilitate their use, is shown as a possible path to greater knowledge, dissemination and use of the Classification in clinical practice<sup>8</sup>. Also, authors suggest training professionals and academics and intensifying the use of ICF in public health systems<sup>6</sup>.

Utilization of the ICF allows to describe the level of functionality of people with disabilities, to understand the relationship between target problems selected within the assessment, their activity limitations and participation restrictions, and the relevant contextual factors that can worsen or reduce the disability impact. Considering the same clinical diagnosis, each person may present different deficiencies, difficulties, barriers or facilitators, and it is fundamental to plan individual-centered care procedures. The application of ICF allows a personalized reading with an integral approach for care planning according to the specific needs and context of each case.

Thus, it contributes to classify an individual's disability level and allows rehabilitation professionals

to establish a therapeutic plan including more effective strategies to meet the actual needs in the context of hearing loss<sup>9</sup>.

According to an estimate of the WHO World Hearing Report (2021), 1.5 billion people of the world's population live with some degree of hearing loss, and 430 million people have disabling hearing loss. Among these, 34 million are children. It is estimated that 2.5 billion people worldwide will live with some degree of hearing loss by 2050 and around 700 million of these people will need access to hearing care and rehabilitation services. Also, the report warned that an estimated 1.1 billion teenagers and young adults are putting their hearing health at risk due to recreational exposure to harmful volume by the use of personal audio devices<sup>10</sup>.

Hearing impairment consists of a sensory alteration of multifactorial origin, which may be caused by genetic or environmental factors and in some cases there is no well-defined etiological factor, classified as unknown cause. It can be congenital, when it occurs during pregnancy and is present from birth; or acquired, occurring after birth at any time in the course of life. It may occur suddenly or progressively, bilaterally or unilaterally and in mild, moderate, severe to profound degrees<sup>11</sup>. Besides the diversity related to hearing characteristics, people with hearing loss may also have different needs regarding the communication means, by speech or sign language and access to specialized health and education services.

Monitoring functionality in these cases is fundamental for the development of strategies and behaviors that address the integrality of subjects, changing the focus from health conditions with only organic parameters to the inclusion of biopsychosocial aspects. Thus, besides the hearing and language assessment protocols, among others already used in rehabilitation, the concept of ability should also be considered, which consists of what the individual is capable of doing in a neutral, uniform or standardized environment, without influences from the medium; and performance, which refers to what they can do in the current environment, considering the environmental factors present in daily life<sup>1</sup>.

The use of ICF in Speech-Language Pathology and Audiology has great potential and relevance due to the growing performance in public health and the need for methods with a biopsychosocial approach applied to the specialties of this profession. This study aims to contribute to favor the use of ICF in speech

therapy clinical practice for the rehabilitation of children and young people with hearing loss, providing professionals with a comprehensive view of the functionality and health profile, including the family and social context. Also, it aims at contributing to the elaboration of comprehensive care strategies and to the appropriate direction of intervention and conduct of professionals, seeking to mitigate the impact of hearing loss in the population, besides promoting health and improving quality of life.

Thus, this study aimed at selecting categories to elaborate an ICF Checklist, aiming at clinical application in the rehabilitation of children and adolescents with hearing loss, to describe the biopsychosocial profile of participants and to present the results of the use of ICF by speech therapists.

## METHODS

This is a cross-sectional, observational, descriptive study, with quantitative and qualitative approach. The research was approved by the Institutional Review Board of the Medical Sciences School of University of Campinas, Brazil, under report n. 775.117 and CAAE 33287214.8.0000.5404, according to Resolution 466-2012, CNS/MS.

Seven speech therapists were invited to participate in the study for application of the ICF and evaluation of its use, and 10 children were selected for Group 1 (G1) and 10 adolescents for Group 2 (G2), whose functional profiles were analyzed and described. The inclusion criteria were: speech therapists working in the field of hearing and language rehabilitation, with at least five years of experience; children and adolescents, aged 4 to 10 years and 11 to 18 years, respectively, with diagnosis of bilateral hearing loss, who attended the service in 2016. Exclusion criteria were considered for children and adolescents: diagnoses of syndromes, neurological and psychiatric disorders, multiple or severe visual impairment, and autism.

For application of the Classification and description of the biopsychosocial profile of participants, the medical records of children and adolescents who met the inclusion criteria were selected to be randomly analyzed. Participation in the study was subject to signing the Free Informed Consent Form. All participants, speech therapists and caretakers of the children and adolescents, signed the informed consent form.

In the first stage of the study, the researcher selected the ICF domains and categories. The domains related to aspects addressed in speech therapy assessments

in the rehabilitation of people with hearing loss were selected and all categories of the selected domains were presented to the participating speech therapists, and these professionals selected the categories they considered relevant to compose the Checklist. The selection was based on the choice of categories considered relevant in the monitoring of children and young individuals with hearing loss, with aspects related to hearing health, language development, as well as behavioral, social and environmental aspects. Besides the selection of domains and categories proposed in the study, the researcher prepared a cover sheet, an instruction sheet for application of the Classification, and a questionnaire to assess the use of ICF by speech therapists.

The cover page contains items for the identification and characterization of participants, including type and degree of hearing loss, time of diagnosis, type and model of electronic device, time of device use, type of communication (oral, Brazilian Sign Language – Libras, or bilingual), protocols or evaluation forms used. The instruction sheet for applying the Classification presents information related to how to complete the Checklist and the use of qualifiers, considering the recommendations of the ICF and the World Health Organization. The questionnaire includes questions to assess the use of ICF and the experience of speech therapists with its application. This material was printed and hand-delivered to each speech therapist at the moment of training.

During training, the speech therapists were individually guided by the researcher for 45 minutes on the approach and basic principles of the ICF, the concept of qualifiers, how to fill the information, and received written instructions, with the cover page and the selection of domains and categories in a structured manner to perform the classification.

Before applying the Classification in each case, the speech therapists evaluated the cover page and the selected domains and categories of the ICF and provided their opinion on the inclusion or exclusion of items characterizing the participants' profile, referring to personal factors, and categories for the definition of content to compose the Checklist. Personal factors are considered to describe the profile of participants, yet they are not coded. After applying the Checklist, the speech therapists indicated new cuts of categories based on practical experience and checked the similarity or non-applicability. Categories that received indication of exclusion by more than 50% of speech

therapists were excluded. The speech therapists participated in the selection of categories and qualifier in the application of the Checklist.

The categories were arranged in a chart in a structured manner, containing their respective definitions, with qualifiers and information sources (clinical history, questionnaire answered by the patient, clinical examination, technical investigation) to select and space for observations. Elaboration of the preliminary list with domains and categories of the ICF with the inclusion of items for the characterization of individuals and information sources consists of a clinical tool to extract and record information about the functionality of children and adolescents with hearing impairment, which was called the ICF Checklist in Hearing Rehabilitation, and can be seen in Appendix A.

In the second stage, a pilot test was conducted to verify the applicability of the checklist designed, which was completed by the team of speech therapists and by the researcher – speech therapist and MSc student of a Postgraduate Program, based on information collected from children and adolescents.

The researcher and speech therapists used the same information sources to complete the instrument. The sources used for collection of information for the classification were: reading the medical records, direct observation by video or in the attendance, results of evaluations and reports of case discussions of the interdisciplinary team composed of speech therapists, psychopedagogues, psychologists, occupational therapists and interpreters of Brazilian Sign Language (Libras) of a hearing and language rehabilitation service in an institution accredited by the Ministry of Health to provide assistance in the hearing health network, upon authorization. Information not found in these sources was collected in an interview with the participant caretaker in one-hour sessions.

The responses of speech therapists were compared with the researcher's responses using the Wilcoxon test, at a significance level of 5%, for the analysis of agreement between examiners in the choice of qualifiers for all aspects addressed for each participant. After conclusion of the statistical report, the qualifiers were defined for description of the participants' functionality profile.

The qualifiers, on a scale from 0 to 4, filled in for each observed aspect, allow quantification of a problem that can mean a functional and structural impairment, an activity limitation or participation restriction, besides qualifying environmental factors as facilitators or

barriers, quantifying their influence, based on the choice of qualifier that best translates the observed response of the evaluated aspect, with its impact on the functionality and health of individuals<sup>12</sup>. The .0 qualifier (0% to 4%) indicates that there is no problem; the .1 qualifier (5% to 24%) suggests that there is a slight problem; the .2 qualifier (25% to 49%) that there is a moderate problem; the .3 qualifier (50% to 94%) that there is a serious/considerable problem; and, in the .4 qualifier (> 95%), there is a complete problem. Qualifiers .8 and .9 are also used, which indicate non-specified and non-applicable, respectively. The .8 qualifier is used when information about the category is insufficient to guide the choice of the appropriate qualifier, and the .9 qualifier is used when the category is inappropriate for that individual or there is no specification of category<sup>3</sup>.

The Speech Therapy team answered the questionnaire during the elaboration phase and after applying the Checklist to collect information about the content, format and experience of the speech therapists with its application.

Exploratory data analysis was performed using summary measures (frequency, percentage, mean, standard deviation, minimum, median and maximum). The statistical instrument used was SAS version 9.2. The classification results were presented by description of the participants' biopsychosocial profile. The questionnaire on the clinical instrument was qualitatively analyzed.

## RESULTS

In the first stage, the Checklist elaboration phase, a pre-selection of categories was made by the researcher, considering important aspects for the area of hearing rehabilitation. Five speech therapists participated in the study and performed the evaluation of pre-selected ICF categories and personal information on the cover page. Categories considered not very relevant due to similarity with another category were excluded, and the identification and characterization items were included. Speech therapists indicated cuts in general categories (with three digits), which are broader and

include detailed and more specific subcategories (with 4 digits), which they judged to address the same aspect. For example, Chapter 3 of the "Activities and Participation" component on communication includes general categories such as reception of oral messages with subcategories such as responding to human voice, understanding simple or complex spoken messages. Thus, for certain aspects they opted for the general category and for others they opted for the detailed and more specific category. Categories that had indication for cut by more than 50% of speech therapists were excluded.

The categories chosen by more than 50% of the speech therapists remained in the Checklist, and those excluded by the majority of professionals were removed. The rationale was that the general category already addressed the aspect to be satisfactorily observed or the need for a more detailed and specific category.

In the second stage, the Checklist application phase, one of the speech therapists did not complete it, thus four professionals applied the Checklist to the group of participants, coding the findings. In this phase, the researcher also applied the Checklist to all participants for analysis of agreement between examiners in the choice of qualifiers.

After application, categories that did not apply to most participants, marked with qualifier .9 (not applicable), were excluded.

A total of 72 categories of body functions, 14 of body structures, 114 of activity and participation and 34 of environmental factors were pre-selected. The final version, after expert evaluation, resulted in 48 categories of body functions, 7 of body structures, 50 of activity and participation, and 28 of environmental factors.

Among the 20 selected participants, 16 (eight children and eight adolescents) had the Checklist completed by the speech therapists and the researcher.

The characterization of children and adolescents is shown in Table 1.

**Table 1.** Characterization of children and adolescents in the Classification stage

Variable	(N)	Mean	Standard deviation	Minimum	Median	Maximum
Participants	16					
Age (years)		11.40	04.73	04.00	11.50	18.00
Age at diagnosis (years)		02.26	02.37	00.25	01.95	10.00
Time of use of the electronic device (years)		07.53	05.00	00.50	06.75	17.00
<b>Hearing assessment:</b>			<b>(N)</b>	<b>%</b>		
Bilateral profound SNHL			6	37.50		
Bilateral severe SNHL			3	18.75		
Bilateral moderate SNHL			3	18.75		
Bilateral moderately severe mixed HL			1	06.25		
Bilateral moderate mixed HL			1	06.25		
Moderately severe right ear and moderate left year SNHL			1	06.25		
Severe right ear and profound left ear SNHL			1	06.25		
<b>Electronic device:</b>			<b>(N)</b>	<b>%</b>		
Bilateral PSAD			8	50.00		
CI and PSAD			3	18.75		
CI			3	18.75		
Unilateral PSAD			1	06.25		
Does not use			1	06.25		

Captions: (N) – Total number of participants; HL – Hearing loss; SNHL – Sensorineural hearing loss; PSAD – Personal sound amplification device; CI – Cochlear implant.

The categories were distributed considering the qualifiers that indicate impairment, difficulty, facilitator or barrier: mild, moderate, severe or complete.

In the component “Body structures” there was predominance of categories of the chapter eyes, ear and related structures. The results show that 13% of participants have deficiencies in the categories of

outer ear structure, middle ear structure and tympanic membrane; 69% of participants had deficiency in the structure of the inner ear category; and 94% of participants had deficiency in the cochlea. The distribution of participants according to the degree of disability is presented in Table 2.

**Table 2.** Distribution of qualifiers (%) and degree of disability (n) related to the “Body Structures” component of participants in Groups 1 and 2

Body structures	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	With impairment (N)%
s240 outer ear structure		2			13%
s250 middle ear structure		2			13%
s2500 tympanic membrane		2			13%
s260 inner ear structure	1	4	6		69%
s2600 cóclea	3	5	3	4	94%

Caption: (N) – Total number of participants.

In the component “Body functions”, the results showed that in both groups of children (G1) and adolescents (G2) the distribution of qualifiers was concentrated in the categories related to hearing, speech and language. The impact of disability on the categories of hearing functions, sound discrimination,

reception and expression of oral and written language was considerable in both groups. In G2, the impact of disability included aspects of executive functions such as short and long-term memory, abstraction, problem solving, organization and planning. These results are shown in Tables 3 and 4.

**Table 3.** Distribution of qualifiers (%) and degree of disability (n) related to the component “Body functions” with impact on 50% or more participants in Group 1

Body functions	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	With impairment G1 (N)%
b230 hearing functions	4	3		1	100%
b2301 sound discrimination	3	3		1	87%
b2302 sound source location	5			1	75%
b2303 sound lateralization	4	1		1	75%
b16711 written language expression	3		2		62%
b3300 speech fluency	4	1			62%
b16700 oral language reception	1	1	2		50%
b16710 oral language expression	1		3		50%
b1672 language integrating functions	2	1	1		50%
b2304 speech discrimination	3			1	50%
b320 articulation functions	4				50%
b3301 speech rhythm, b3302 speech rate and b3303 speech melody	3	1			50%

Captions: (N) – Total number of participants; G1 – Group of children.

**Table 4.** Distribution of qualifiers (%) and degree of disability (n) related to the component “Body functions” with impact on 50% or more participants in Group 2

Body functions	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	With impairment G2 (N)%
b16701 written language reception	2	2	2		75%
b16710 oral language expression	3	1	2		75%
b16711 written language expression	1	2	2	1	75%
b230 hearing functions	2	2		2	75%
b2301 sound discrimination	2	1	2	1	75%
b320 articulation functions	1	5			75%
b3301 speech rhythm	2	3	1		75%
b3302 speech rate b3303 speech melody	4	1	1		75%
b16700 oral language reception	3	1	1		62%
b1672 language integrating functions	2	2	1		62%
b2302 sound source location	1	2	1	1	62%
b2300 sound detection b2303 sound lateralization	2	1	1	1	62%
b2304 speech discrimination	2		2	1	62%
b3300 speech fluency	2	2	1		62%
b1440 short-term memory b1441 long-term memory	2	1	1		50%
b1640 abstraction b1646 problems resolution b1641 organization and planning	3	1			50%

Captions: (N) – Total number of participants; G2 – Group of adolescents.

In the “Activities and participation” component, in both groups, the categories revealed difficulties related to expressive and receptive language, learning and communication. In G1, the categories of speech, reception of oral messages, use of communication techniques, writing and reception of written messages, understanding of spoken messages, singing and

use of telecommunication devices had the greatest impact. Conversely, in G2 there was predominance of speech, use of telecommunication devices, use of communication techniques, reading, writing, reception of oral messages, understanding of complex spoken messages and written messages (Tables 5 and 6).

**Table 5.** Distribution of qualifiers (%) and degree of disability (n) related to the “Activities and Participation” component, with impact on 50% or more participants in Group 1

Activities and participation	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	With difficulty G1 (N)%
d310 oral message reception	4	2		1	87%
d330 speech	4	1		2	87 %
d360 utilization of communication techniques	2	2	1	2	87 %
d145 learning how to write	3	1	1	1	75%
d3102 understanding complex spoken messages	3	1		2	75%
d325 written messages reception	3	1	1	1	75 %
d332 singing	4			2	75%
d3600 utilization of telecommunication devices	2	2	1	1	75%
d140 learning how to read	2	1	1	1	62 %
d150 learning how to calculate	3	1	1		62 %
d163 thinking	4		1		62 %
d166 reading	3	1	1		62%
d170 writing	2	2	1		62 %
d1701 using grammar rules	1	3	1		62%
d2305 managing his/her own time	4	1			62%
d3100 responding to human voice	3	1		1	62%
d345 writing messages	3		1	1	62%
d115 listening	2	1		1	50%
d315 reception of non-verbal messages	3	1			50%
d3503 talking with someone	3		1		50%
d355 discussion	2	1		1	50%

Captions: (N) – Total number of participants; G1 – Group of children.



**Table 6.** Distribution of qualifiers (%) and degree of disability (n) related to the “Activities and Participation” component, with impact on 50% or more participants in Group 2

Activities and participation	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	With difficulty G2 (N)%
d330 speech					
d3600 utilization of telecommunication devices	4	3			87%
d360 utilization of communication techniques	4	2	1		87%
d166 reading	1	3	2		75%
d170 writing	2	2	2		75%
d310 oral message reception	1	2	2	1	75%
d3102 understanding complex spoken messages	2	2		2	75%
d325 written messages reception	1	3	2		75%
d345 writing messages		2	4		75%
d137 acquisition of concepts	4	1			62%
d140 learning how to read	2	1	2		62%
d145 learning how to write	1	2	2		62%
d1701 using grammar rules		3		2	62%
d2305 managing his/her own time	3	2			62%
d2400 dealing with responsibility					
d3100 responding to human voice	2	1	1	1	62%
d3503 talking with someone	4	1			62%
d355 discussion	1	1	3		62%
d710 basic interpersonal interactions	5				62%
d115 listening		1	2	1	50%
d130 imitating					
d133 language acquisition	3	1			50%
d315 reception of non-verbal messages	1	2	1		50%
d3151 reception of signs and symbols	1	3			50%
d332 singing	2	2			50%
d810 informal education					
d2301 managing the daily routine d9201 sports practice	3	1			50%
d820 school education					
d8202 progression in educational program	2	2			50%
d9205 socialization	3		1		50%

Captions: (N) - Total number of participants; G2 – Group of adolescents.

The qualification of categories of the “Environmental factors” component evidenced a difference between participants in aspects considered as facilitators or barriers, such as: education products and technologies, individual attitudes of immediate family members, social attitudes of acquaintances, colleagues, neighbors and community members, attitudes of caregivers and personal assistants, and communication means. Categories that were barriers for some individuals were facilitators for others, according to the context and reality of each participant.

Favorable attitudes for child development were classified as facilitators, such as family adherence to care, support network and positive attitudes towards stimulation, interaction and communication. Access to health services and health policies were facilitators for cases that had access to health service in their municipality, transport and the necessary support for care.

Unfavorable attitudes for development, such as little family support, attitudes of little adherence to care and absence or little stimulation, interaction and communication were classified as barriers. Access to

health services and health policies were barriers for cases with difficulty in accessing the health service in their municipality, transportation and the necessary support for care. Also, access to general and

assistance products and technologies for education, general products and technologies for communication and communication with professionals were identified as barriers (Table 7).

**Table 7.** Distribution of qualifiers (%) related to the “Environmental Factors” component with impact on 50% or more participants in Groups 1 and 2

Group	Environmental factors categories	Facilitator	Barrier	None
G1	e1250 communication products and technologies	88%	-	12%
	e355 health professionals	75%	-	25%
	e5800 health services	50%	38%	12%
	e5801 health systems	38%	38%	24%
	e5802 health policies	63%	-	37%
G2	e1250 communication products and technologies	88%	-	12%
	e1300 education products and technologies	63%	-	37%
	e310 immediate family	63%	-	37%
	e355 health professionals	63%	-	37%
	e460 social attitudes	-	63%	37%
	e5600 communication means services	75%	13%	12%
	e5800 health services	88%	12%	-
	e5801 health systems	63%	13%	24%
	e5802 health policies			

Captions: G1 – Group of children; G2 –Group of adolescents.

According to the statistical report, the analysis of agreement between examiners indicated that there was no significant difference between the responses

of speech therapists, audiologists and the researcher when choosing the qualifiers. The results of the agreement level are displayed in Table 8.

**Table 8.** Distribution of the number of categories by comparison in the choice of qualifiers between the investigator and the participant speech therapists and agreement level

Speech therapists	Number of categories without variation in the selection of qualifier	Number of categories without significant difference in the selection of qualifier ( $p < 0.05$ )	Agreement level
Professional 1	49	79	96%
Professional 2	41	75	87%
Professional 3	32	89	91%
Professional 4	39	78	88%

p value significance level 5% according to the Wilcoxon test.

The questionnaire about the professionals' experience with the use of the Classification, the proposed application model and the possibility of incorporation into the care practice revealed positive responses (very good and good), evidencing that this

approach can complement the available monitoring, including biopsychosocial aspects, expanding the look at the care for this population. The questionnaire and the team's responses are shown in Figure 1.

Speech therapists	Would you include other items in the header?	Are the guidelines clear?	Would you exclude any category?	Would you include any aspects not addressed?	Would you use the Classification in clinical practice?	What is your assessment concerning the Checklist?	Any observations, criticisms or suggestions?
Professional 1	No	Yes	No	No	Yes. Great tool to complement the assessment.	Good	There are items directed to our demand. It helps us to see more points in the patient that could remain unnoticed with deafness or a language disorder.
Professional 2	No	Yes	No	No	Yes	Very good	Very good form and relevant questions for clinical practice. It may take more time, but it will facilitate and direct planning.
Professional 3	I would include the communication means used (oral, Libras, bilingual)	Yes	No	No	Yes. To have a satisfactory treatment plan and achieve the best results, it is necessary to perform a global assessment, besides specific evaluations. For that purpose, the choice of forms like this only aims to enrich the evaluation process.	Very good	-
Professional 4	No	Yes	No	No	In clinical practice, due to patient demand, it requires more than one session to be completely filled.	Very good	I do not have ICF form parameters, but I found it very complete. A digital version would be interesting, it would facilitate the use of information for other institutions.

**Figure 1.** Responses of speech therapists in the assessment questionnaire after application of the International Classification of Functioning, Disability and Health

## DISCUSSION

The study proposed the development of an ICF-derived Checklist for use in hearing rehabilitation. Its composition consists of selected ICF categories and their respective descriptions, with application in the practice of speech therapists who make up the network of comprehensive health care for children and adolescents with hearing loss. Its structure was subdivided as proposed in the ICF, with 48 categories of Body Functions component, 7 of Body Structures, 50 of Activity and Participation and 28 of Environmental Factors, besides including questions for characterization of the hearing health profile of this population.

The use of the biopsychosocial approach of ICF in Hearing Rehabilitation allows the characterization of functional aspects and social repercussions of hearing

loss and not only of the organic issues of disease, considering individuals in their entirety and complexity with the inclusion of important aspects of functionality, disability and contextual factors. This study proposes the inclusion of this approach in the speech therapy practice and the elaboration of a Checklist, contributing to the use of the ICF in this context as a clinical tool that provides elements that other traditional assessment instruments do not address, favoring the access of speech therapists to this information, which are relevant to guide the planning of strategies and to mitigate the impact of hearing loss in this population. Also, it allows to predict factors that the nosological diagnosis of impairment, in isolation, may fail to identify, such as the priorities of services according to the real needs of individuals, the comparison of results to measure the

effectiveness of interventions and therapeutic planning, the establishment of priorities and resource allocation.

The mean age at diagnosis of the study participants was two years and two months, showing a delay related to that recommended by the Guidelines for Care of Neonatal Hearing Screening, which recommend Neonatal Hearing Screening before the first month of life, with diagnosis before three months and onset of intervention until six months of age<sup>12</sup>. This delay may be related to difficulties in accessing health services, evidenced as a barrier, either due to absence of hearing and language rehabilitation programs and of specialized professionals in the municipalities of origin, difficulties with transportation to municipalities of reference, difficulties of the family for adherence to the diagnostic process and rehabilitation therapies.

Barriers such as late diagnosis of hearing loss, lack of access to specialized health and education services, difficulty in accessing or adapting to electronic hearing devices or low adherence of caregivers to the rehabilitation process, result in impairments in the development of hearing skills, speech, language and communication. These difficulties impact the capacity for social interaction in different contexts, restricting the inclusion and participation of these children in activities in the family, school environment and other collective activities, interfering with their quality of life.

Intervention in these cases requires comprehensive health care, with an interdisciplinary team for rehabilitation and inclusion, working in an integrated manner with the family and the school team, for work adapted to the unique needs of these children, considering that the impact on education is markedly relevant<sup>13</sup>. Therefore, rehabilitation requires an integrated action and the knowledge of an interdisciplinary team, allowing assessment of functionality to meet the particular needs of individuals without losing sight of the whole, considering their impairment and, above all, their potential.

Application of the Checklist developed in the study presented relevant results for description and monitoring of the functionality profile, coding the capacity and performance of children and adolescents with hearing loss. For the categories in which the ability was observed or evaluated in attendance, in a standardized or test situation, it was coded according to the ability. For the other categories, with information collected in interviews and related to external issues, the performance was coded. The categories coded by performance were: use of communication devices, ability to manage the own time, basic interpersonal

interactions, dealing with responsibility, informal education, routine management, playing sports, school education, progressing in the educational program, and socialization. The distribution of categories, of qualified aspects such as impairment, difficulty or mild to complete barrier, evidences the needs of participants that should be prioritized in speech therapy, such as family and school guidance, so that these aspects may be developed and improved, contributing to a better evolution of children and adolescents. These issues should be addressed in therapeutic planning and periodically reassessed to reduce the impact on the rehabilitation process.

Regarding the “body structures” component, it was observed that the categories are concentrated in chapter two of this group: eyes, ears and related structures. This information agrees with a study<sup>14</sup> on the frequency of ICF categories and components by speech therapy anamnesis in cases of Language and Speech Disorders, and as observed in speech therapy clinical care, which is often related to problems involving these body structures; also, the integrity and functionality of these structures are fundamental for speech therapy. In addition, the results indicate a deficiency related to the categories of structures of the inner ear and cochlea, which is consistent with the profile of audiological assessment classification, observed in the sample characterization, which revealed predominance of moderate to deep sensorineural hearing loss.

Aspects related to communication, such as reception and expression of oral language, responding to human voice, understanding spoken messages, talking with one or many people, maintaining a conversation, among others, were identified as difficulties, which interfere in the activities and participation of these individuals. According to a study<sup>15</sup> on the accessibility of hearing-impaired adolescents to health services, the difficulties of deaf users to access these services are related to barriers in communication, which means that the deaf do not have satisfactory care, increasing the vulnerability and the difficulty of social inclusion of this population.

In the categories of environmental factors, the aspects considered as facilitators or barriers were different between the groups of children and adolescents. These differences were related to the age group, characteristics of the environment or particularities of the family and social context of participants, which may indicate different responses for the same individual or for individuals with the same condition, at different

moments or stages of development. Aspects of personal factors are relevant and should be considered for diversity in cases of people with hearing impairment, such as: age at diagnosis, time of use of the hearing electronic device, age of introduction of the Brazilian Sign Language (Libras), access and frequency to the services needed.

The study by Souza and Lemos<sup>16</sup>, aimed at describing aspects of functionality and disability related to hearing and sociodemographic factors of adults attending a hearing service, showed that most participants had a deficiency in hearing perception and hearing functions. However, this deficiency was not a limiting factor in the performance of activities and participation evaluated, which differs from this study, which shows the impact of congenital or late and progressive hearing loss in childhood not only on functions related to hearing, but also on activities and participation and environmental factors. Therefore, despite the same clinical diagnosis, each individual may present different difficulties, thus personalized treatment planning is essential.

The study by Morettin<sup>17</sup>, aimed at characterizing the profile of patients using Cochlear Implants (CI) by the ICF, corroborates the findings of this study by pointing out difficulties related to reading and writing skills (moderate difficulties) and difficulties in accessing therapy (moderate barrier). Even though the CI allows greater access to speech and oral language perception in individuals with severe and deep hearing loss, greater attention should be given to the development of reading and writing skills. The aforementioned study did not find deficiencies in body functions related to hearing and language skills in most children using CI, which differs from this study, which revealed mild and moderate deficiencies in these skills. However, the present study did not include only CI users. Another relevant factor characterized in the same study by the author was the difficulty in accessing health and rehabilitation services, which agree with the findings in the categories of health services and policies in the environmental factors of this study. Also, access to general communication and education assistance products and technologies were classified as moderate barriers in most cases.

In the study of Morettin<sup>17</sup>, essential categories were not listed to understand the entire life perspective of this population, with aspects related to voice, interactions with people other than family members, use of communication techniques, school progressions and data on occupation for adolescents, which differs from

this study, which selected categories related to these aspects to compose the elaborated Checklist. The author emphasizes the need to use a tool that covers contextual factors, which can aid the planning of professionals working in this area and confirms the relevance and contribution of this research.

The Checklist evaluation questionnaire showed positive responses from speech therapists about the use of ICF, reporting that the Classification can complement the evaluation process. A study in the field of Audiology<sup>18</sup> showed that the use of ICF by speech therapists is feasible and mentioned, as a contribution of the ICF, expansion of the look at treatment in this field. According to the literature, this format allows recognizing the difficulties of individuals and if there is influence of environmental factors, which can constitute a system of measures capable of evaluating the gains in the rehabilitation process and the changes towards an inclusive society<sup>19</sup>.

This study, with elaboration of a Checklist focused on the demands in the field of hearing rehabilitation, contributes to the inclusion of relevant categories in the monitoring of functionality, disability and contextual factors of children and young people. These are differentials of the Checklist prepared, as compared to tools derived from the ICF such as WHODAS 2.0, which applies to an audience aged 55 years and over, for the collection of epidemiological data, of a general nature and which does not address the environmental factors, which can interfere with functionality<sup>6</sup>. Also, it demonstrated the possible contributions of ICF to the biopsychosocial follow-up in rehabilitation and in the documentation of developmental stages and specific needs of the population in question, as well as particularities that involve each individual<sup>20</sup>, favoring the visualization of the impact of difficulties caused by the alteration of hearing functions and activity limitations, participation restrictions and environmental factors that affect their quality of life<sup>21</sup>, aiming at favoring the incorporation of ICF in clinical practice<sup>22</sup>.

The study presented limitations in collection, with sample losses that were unavoidable, and regarding the specificity of the target population, since it detected important and valid conclusions restricted to the age group and to the context analyzed in hearing rehabilitation. However, it opens perspective to investigate the application of ICF in different age groups and health conditions in other areas of Speech Therapy.

## CONCLUSION

In this study, it was found that the application of the Checklist elaborated from the selection of ICF categories, with validation of a team of speech therapists, allows to observe aspects of functionality, disability and health of children and adolescents with hearing loss, favoring the identification of different degrees of difficulties, and can be used as a guide for clinical evaluation.

The evaluation questionnaire of speech therapists, after applying the Checklist, revealed positive responses about the experience with the use of the Classification and the possibility of incorporating the ICF into the care practice, evidencing that this approach can complement the existing monitoring, including biopsychosocial aspects, expanding the attendance and care of this population.

This study contributes to the use of the ICF in Speech Therapy and to the description of the biopsychosocial profile of participants in the selected categories, considered relevant in hearing and language rehabilitation, evidencing the needs in health care and the impact of hearing loss and its social implications for children and adolescents with this health condition.

The use of ICF, in this context, allows assessment of the profile of functionality and disability to understand health, considering the uniqueness of each individual in their family and social context, enabling the personalized planning of strategies to mitigate the impact of hearing loss and for effective speech therapy intervention for rehabilitation, aiming to promote health and improve functionality.

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## APPENDIX A - ICF CHECKLIST IN HEARING REHABILITATION

Date: \_\_\_/\_\_\_/\_\_\_

Patient name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Patient record n: \_\_\_\_\_  
 Hearing loss: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_  
 Electronic device: \_\_\_\_\_  
 How long has been using the electronic device: \_\_\_\_\_ Time of daily use: \_\_\_\_\_  
 Communication: ( ) Oral ( ) Libras ( ) Bilingual  
 Caretaker name: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Protocols or evaluations employed: \_\_\_\_\_

### Application guidelines

- 1) The numbers marked in each item correspond to the qualifier, which will indicate the extent of the problem in the respective component.

Qualifiers	Nominal definition		Quantitative definition
	Body functions and structures, activities and participations	Environmental factors	
0	No impairment or difficulty	No facilitator or barrier	0-4%
+1	-	Mild facilitator	5-24%
+2	-	Moderate facilitator	25-49%
+3	-	Considerable facilitator	50-95%
+4	-	Complete facilitator	96-100%
1	Mild impairment or difficulty	Mild barrier	5-24%
2	Moderate impairment or difficulty	Moderate barrier	25-49%
3	Severe impairment or difficulty severe	Severe barrier	50-95%
4	Complete impairment or difficulty	Complete barrier	96-100%
8	Non-specified	Non-specified	-
9	Not applicable	Not applicable	-

- 2) The .8 qualifier is used when information about the category is insufficient to guide the choice of the appropriate qualifier, and the .9 qualifier is used when the category is inappropriate for that individual or there is no specification of category.
- 3) Check the option that best represents the functionality and disability of the patient in each aspect, observed in the evaluation.
- 4) In the information sources field, check the sources used for information collection. If there is another not covered by the form, describe which source was used in the remarks field. In this field, other information or observations that you consider relevant regarding each classified category can be reported.

CHECKLIST OF ICF IN HEARING REHABILITATION	
Body functions	
<b>1. Global mental functions: addressed the brain functions, including functions as consciousness, energy and impulse.</b>	
b1140 Orientation in relation to time – Mental functions that produce consciousness of today, yesterday, date, month, year.	<input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
b1141 Orientation in relation to place – Mental functions that produce consciousness of the person's location in relation to the immediate environment, city or country.	<input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
b1142 Orientation in relation to the person – Brain functions that produce consciousness of the own identity and of individuals in the immediate environment.	<input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
b117 Intellectual functions – understanding and integrating the different mental functions, including cognitive functions and their development. Intellectual development, intellectual and mental impairment.	<input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols.	Which? Description and observations:
<b>2. Specific mental functions – attention, memory language and calculation.</b>	
b1400 Maintenance of attention – concentration for the required time period.	<input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable



b1401 Change of attention – changing concentration from a stimulus to another. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1402 Division of attention – concentrating in two or more stimuli at the same time. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1440 Short-term memory – temporary and fragile storage of information in the memory, around 30 seconds of duration, after which the information is lost if not consolidated in the long-term memory. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1441 Long-term memory – memory system that allows storage of information for a long time, from the short-term memory and autobiographic memory of past events and semantic memory for language and facts. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1442 Recovery and memory processing – reminding information stored in the long-term memory and bringing them to consciousness. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1560 Hearing perception – discrimination of sounds, tunes, intensities and other acoustic stimuli. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1561 Visual perception – discrimination of shape, size, color and other ocular stimuli. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1640 Abstraction – creating general ideas, qualities or characteristics outside, or different from, concrete realities, specific objects or real situations. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1641 Organization and planing – coordinating parts of a whole, systematizing; mental function involved in the development of a procedure or action method. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1644 Self-knowledge (insight) – consciousness and understanding of oneself and own behavior. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1646 Problems resolution – identification, analysis and integration of inconsistent or conflicting information in a solution. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
Information sources: [ ] clinical history [ ] anamnesis [ ] record [ ] questionnaire [ ] clinical examination [ ] observation [ ] evaluation protocols. Which? Description and observations:
<b>3. Mental functions of language – receptive, expressive, integrating.</b>
b1670 Language reception – decoding of messages in oral, written or other language, such as sign language, to achieve its meaning. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16700 Oral language reception – decoding of oral messages to achieve its meaning. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16701 Written language reception – decoding of written messages to achieve its meaning. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16702 Sign language reception – decoding of messages in languages that use signs made by the hands and other movements to achieve its meaning. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16703 Gestural message reception – decoding of messages of non-formalized gestures, made by the hands and other movements, to achieve their meaning. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1671 Language expression. – producing significant messages expressed in oral, written form, by signs or other language forms. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16710 Oral language expression. – producing significant oral messages. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16711 Written language expression. – producing significant written messages. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16712 Sign language expression. – producing significant messages in languages that use signs made by the hands and other movements. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b16713 Gestural language expression – producing messages from non-formalized gestures made by the hands or other movements. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b1672 Language integrating functions – organize the semantic and symbolic meaning, grammar structure and ideas for the production of messages in oral, written or other types of language. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
Information sources: [ ] clinical history [ ] anamnesis [ ] record [ ] questionnaire [ ] clinical examination [ ] observation [ ] evaluation protocols. Which? Description and observations:
<b>4. Sensory functions</b>
b210 Visual functions – perception of light and shape, size, shape and color of a visual stimulus. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
b230 Hearing functions – noticing sounds and discriminating their location, intensity, noise and quality. [ ] 0 - No impairment [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable

b2300 Sound detection – noticing the presence of sounds. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b2301 Sound discrimination – noticing the presence of sound and differentiation background sound and binaural synthesis, in the separation and combination. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b2302 Sound source location – determination of sound source location. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b2303 Sound lateralization – detecting if the sound is coming from the right or left side. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b2304 Discrimination of speech – detecting oral language and differentiating it from other sounds. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b240 Feelings associated with hearing and vestibular function – feelings of dizziness, fall, vibration and vertigo. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b2400 Ear tinnitus – sensation of low tone thumping, hissing or ringing in the ear. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b2404 Ear irritation – itching or other similar feelings in the ear. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b2405 Ear pressure – feeling of pressure in the ear. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:							
<b>5. Voice and speech functions</b>							
b3100 Voice production – production of sounds by coordination of the larynx and adjacent muscles with the respiratory system. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b3101 Voice quality – production of voice characteristics including tone, resonance and other aspects. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b320 Articulation functions – production of speech sounds. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b330 Functions of speech fluency and rhythm – production of speech flow and rhythm. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b3300 Fluency of speech – production of uniform and uninterrupted speech flow. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b3301 Speech rhythm – patterns of speech modulation, rhythm and tone. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b3302 Speech rate – rate of speech production. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b3303 Speech melody – modulation of patterns of speech tone. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b340 Alternative functions of vocalization – production of other types of vocalization. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
b3401 Production of a variety of sounds – production of a broad range of vocalizations, including functions of screaming, cooing and babbling. <input type="checkbox"/> 0 - No impairment <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable							
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:							
<b>Body structures</b>							
	0 - absent impairment	1 - mild impairment	2 - moderate impairment	3 - severe impairment	4 - complete impairment	8 - non specified	9 - not applicable
s240 Outer ear structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s250 Middle ear structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s2500 Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s2501 Auditory tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s2502 Auditory ossicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s260 Inner ear structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s2600 Cochlea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:							

<b>Activities and Participation</b>
<b>1. Intentional sensory experiences</b>
d110 Observing – experiencing visual stimuli, such as visually following an object, observing people, watching a sports event, observing people or children playing. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d115 Listening – Experiencing auditory stimuli, such as listening radio, human voice, music, a lecture or a history being told. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>2. Basic learning</b>
d130 Imitation – imitation or mimicry as a basic component of learning, such as copying, repeating a facial expression, a gesture, a sound or the letters of the alphabet. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d131 Learning by interaction with objects – learning by simple actions with one or more objects, symbolic games or “make-believe”. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d132 Acquiring information – achieving facts about people, things or happenings, such as asking “why”, “what”, “where” and “how”, or asking “names”. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d133 Acquiring language – developing competence to represent people, objects, happenings, feelings, by words, symbols, expressions and sentences. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d137 Acquiring concepts – developing competence to understand and use basic and complex concepts related to the characteristics of objects, people or happenings. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d140 Learning how to read - reading printed material (including braille and other symbols) with fluency and precision, such as recognizing characters and alphabets, vocalizing written words with correct speech and understanding words and sentences. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d145 Learning how to write – producing symbols that represent sounds, words or sentences, so as they have a meaning (including braille and other symbols) such as efficient writing and using correct grammar. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d150 Learning how to calculate – handling numbers and performing simple and complex mathematical calculations. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>3. Application of knowledge</b>
d160 Concentrating the attention – intentionally focusing on a specific stimulus. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d1600 Concentrating the attention on human touch, face and voice. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d163 Thinking – making and handling ideas, concepts and images, directed to an objective, in isolation or with others, with types of activities of thinking, playing with words, creating fiction, discussing ideas, weighing, reflecting. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d166 Reading – performing activities involved in understanding and interpreting written language. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d170 Writing – using or producing symbols or language to transmit information, such as producing a written registry of events or ideas or writing a letter. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d1701 Using grammatical and automated conventions in written compositions – applying rules of writing, punctuation, proper verbal tenses, etc. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>4. General tasks and demands</b>
d2100 Performing a simple task – with a single main component as building a cube tower, putting on a shoe, reading a book, writing a letter or making the bed. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d2101 Performing a complex task – with more than one component, such as finding a place to play, using several toys in “make-believe” games, arranging furniture in the living room, or completing the school homework. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d2300 Following routines – responding to the direction or leadership of others to engage in basic daily life procedures or duties. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d2301 Manage the daily routine – planning and managing the requirements of daily procedures or duties. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d2305 Managing the own time – managing the time needed to complete usual or specific activities. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable

d2400 Handling responsibility – performing and coordinating simple or complex actions to manage task performance duties and assess the need for such duties. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
Information sources: [ ] clinical history [ ] anamnesis [ ] record [ ] questionnaire [ ] clinical examination [ ] observation [ ] evaluation protocols. Which? Description and observations:
<b>5. Communication</b>
d310 Oral message reception – understanding the literal and implied meanings of messages in oral language, how to distinguish if a sentence has literal meaning, responding and understanding spoken messages. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d3100 Responding to human voice that is expressed by changes in breathing patterns or by fine or broad body movements. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d3101 Understanding simple spoken messages and responding appropriately by actions or words to simple spoken messages (2-3 words), such as requests (“give it to me”) or orders (“no”, “come here”) [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d3102 Understanding complex spoken messages and responding appropriately by actions or words to complex spoken messages (complete sentences), such as questions or instructions. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d315 Reception of non-verbal messages – understanding literal and implied meanings of messages transmitted by gestures, symbols and drawings. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d3151 Reception of general signs and symbols – understanding the meaning of public signs and symbols, such as road signs, warning symbols, musical or scientific notations, and icons. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d325 Written messages reception – understanding the literal and implied meanings of messages transmitted by written language (including Braille). [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d330 Speech – producing words, sentences and longer passages in spoken messages with literal and implicit meaning such as expressing a fact or telling a story in oral language. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d332 Singing – producing sounds in a sequence, resulting in a melody or singing songs alone or in a group. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d345 Writing messages – producing the literal and implicit meanings of messages that are transmitted by written language, such as writing a letter. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d3503 Talking with someone – initiating, maintaining, shaping, and ending an exchange of ideas or dialogue with a person. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d3504 Talking to many people exchanging ideas or talking to more than one individual. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d355 Discussion – analysis of a subject, with arguments for or against or a debate with one or several people. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d360 Use of devices, techniques and other means to communicate. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d3600 Utilization of telecommunication devices – telephones or machines (fax, telex, email) [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d710 Basic interpersonal interactions – interacting with people in contextually and socially appropriate manners, such as showing consideration and esteem when appropriate or reacting to the feelings of others. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
Information sources: [ ] clinical history [ ] anamnesis [ ] record [ ] questionnaire [ ] clinical examination [ ] observation [ ] evaluation protocols. Which? Description and observations:
<b>6. Education</b>
d810 Informal education – learning at home or in another non-institutional environment, acquiring skills in a family or community environment. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d815 Preschool education – learning at an early level of organized instruction at home or in the community to introduce the child to a school environment and prepare for compulsory education, such as acquiring skills in a daycare center. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d8152 Progressing in preschool education program – performing activities to fulfill a certain program or any other assessment process relevant to obtaining preschool education. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable
d820 School education – achieving access to school, education; participating in all school-related responsibilities and privileges and learning course material and other curriculum requirements in a primary and secondary education program. [ ] 0 - No difficulty [ ] 1 - mild [ ] 2 - moderate [ ] 3 - severe [ ] 4 - complete [ ] 8 - non-specified [ ] 9 - not applicable

d8202 Progressing in educational program – performing activities to fulfill the assigned tasks and projects, exams or other assessment processes relevant to achieving education. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>7. Professional training</b>
d8250 Being admitted to a professional training program or progressing in level – performing activities that allow access to professional training and transition from one level of professional training to the next. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d8253 Completing a vocational training program – adequately completing this program to enter the next level of education, work, or other adult life domain. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>8. Work and job</b>
d840 Internship (training for work) – participating in programs related to job training. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d850 Paid work – participating in all aspects of work, in exchange for payment. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>9. Community, social and civic life</b>
d9200 Playing – games with rules or non-structured or non-organized games and spontaneous recreation. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d9201 Practicing sports – participating in competitive athletic games or events, organized informally or formally, alone or in a group. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
d9205 Socializing – participating in informal or casual meetings with others. <input type="checkbox"/> 0 - No difficulty <input type="checkbox"/> 1 - mild <input type="checkbox"/> 2 - moderate <input type="checkbox"/> 3 - severe <input type="checkbox"/> 4 - complete <input type="checkbox"/> 8 - non-specified <input type="checkbox"/> 9 - not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>Environmental Factors</b>
<b>1. Products and technology</b>
e1250 General products and technologies for communication – optical and auditory devices, audio recorders and receivers, television and video equipment, telephone, sound transmission system and non-adapted communication devices. Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable
e1251 Communication assistant products and technologies – writing devices, hardware and software signaling systems, cochlear implants, hearing aids, FM hearing trainers, voice prostheses, whiteboards, etc. Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable
e1300 General education products and technology – books, manuals, educational toys, hardware or software, not adapted or specially designed. Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable
e1301 Educational assistant technology and products – adapted and specially designed methods and technology used for acquiring knowledge, experience, or skill, such as a specialized computing technology. Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable
Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols. Which? Description and observations:
<b>2. Support and relationships</b>
e310 Immediate family – individuals related by birth, marriage or other culturally recognized relationships such as immediate family, spouses, parents, siblings, children, foster and adoptive parents, grandparents. Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable
e315 Extended family – individuals related by family or marriage, relatives, uncles, aunts, nephews and nieces. Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable

<p>e320 Friends – individuals who are close and ongoing in a relationship characterized by trust and mutual support.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e325 Acquaintances, companions, colleagues, neighbors and community members – individuals who maintain a relationship of familiarity with each other, such as acquaintances, companions, colleagues, neighbor and community members, at work, school, recreation, etc.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e330 People in positions of authority – individuals who have decision-making responsibility for others and socially defined influence or power based on their social, economic, cultural or religious role; teachers, employers, etc.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e340 Caregivers and personal assistants – individuals who provide services required to support other individuals in their daily activities and in maintaining performance in work, education or other life situations</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e345 Strangers – individuals who are not family members or relatives or those who have not yet established a relationship or association, such as substitute teachers, collaborators.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e355 Health professionals – all service providers working in the health system, such as doctors, nurses, physiotherapists, speech therapists, audiologists, medical social workers.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e360 Other professionals – all service providers who work outside the health system yet provide health-related services such as social workers, teachers, architects, designers.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p> <p>Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols.</p> <p>Which?</p> <p>Description and observations:</p>
<p><b>3. Attitudes</b></p>
<p>e410 Individual attitudes of immediate family members – opinions and beliefs of immediate family members about the person or other issues (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e415 Individual attitudes of extended family members – opinions and beliefs of other family members about the person or about other aspects (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e420 Individual attitudes of friends – opinions and beliefs of friends about the person or about other aspects (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e425 Individual attitudes of acquaintances, peers, colleagues, neighbors and community members – opinions and beliefs of acquaintances, colleagues, about the person or about other issues that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e430 Individual attitudes of authority personnel – opinions and beliefs of individuals with authority about the person or about other issues (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e440 Individual attitudes of caregivers and personal assistants – opinions and beliefs of caregivers and personal assistants about the person or about other aspects (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e445 Individual attitudes of strangers – opinions and beliefs of strangers about the person or about other aspects (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>

<p>e450 Individual attitudes of health professionals – opinions and beliefs of health professionals about the person or about other aspects (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e455 Individual attitudes of other professionals – opinions and beliefs of other professionals about the person or about other aspects (social, political and economic) that influence the individual behavior and actions.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e460 Social attitudes – opinions and beliefs of people of a culture, society, about other individual, social, political and economic issues, which influence the behavior and actions of the individual or group.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols.</p> <p>Which?</p> <p>Description and observations:</p>
<p><b>4. Services, systems and policies</b></p>
<p>e560 Media Services, systems and policies – services, systems and policies for the provision of mass communication by radio, television, newspapers and the internet.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e5600 Media services – radio, television, closed caption services, press, newspapers, Braille services and mass communication by computer.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e5800 Health services – services and programs aimed to provide intervention to individuals for their physical, psychological and social well-being, such as primary care services, urgent care, rehabilitation, etc.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e5801 Health systems – administrative control that manages the set of services provided to the individual, such as regulations and standards that determine the right to services, provision of devices, assistive technology, or others.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>e5802 Health policies – legislation, regulations and rules managing the set of services provided to individuals, such as policies and rules for determining eligibility for other services, provision of equipment and legislation.</p> <p>Facilitator: <input type="checkbox"/> 0 none <input type="checkbox"/> +1 mild <input type="checkbox"/> +2 moderate <input type="checkbox"/> +3 considerable <input type="checkbox"/> +4 complete <input type="checkbox"/> +8 non-specified <input type="checkbox"/> +9 not applicable</p> <p>Barrier: <input type="checkbox"/> 0 none <input type="checkbox"/> -1 mild <input type="checkbox"/> -2 moderate <input type="checkbox"/> -3 considerable <input type="checkbox"/> -4 complete <input type="checkbox"/> -8 non-specified <input type="checkbox"/> -9 not applicable</p>
<p>Information sources: <input type="checkbox"/> clinical history <input type="checkbox"/> anamnesis <input type="checkbox"/> record <input type="checkbox"/> questionnaire <input type="checkbox"/> clinical examination <input type="checkbox"/> observation <input type="checkbox"/> evaluation protocols.</p> <p>Which?</p> <p>Description and observations:</p>