

# ICF-CY CHECKLIST

*Version 1.D, >13 (Adolescents) (for research purpose only)*

## **International Classification of Functioning, Disability and Health (Version for Children and Youth- WHO Work Group 2004)**

*This checklist consists of selected codes from the draft version of the WHO **International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY)** for use in the field trial of the **ICF-CY**. You are invited to participate in the field trial by completing this checklist for a child with disabilities or a chronic condition. Your participation is voluntary and you are free to answer or not answer any questions. Do not write your name, the name of the child or anyone else on the checklist; we do not need or want to know personal identifying information. When you have completed this checklist, please send it as an email attachment to the WHO Work Group at [ICFCY@unc.edu](mailto:ICFCY@unc.edu). You are welcome to complete checklists for additional children in the same age group or for other age ranges (<3; 3-6, 7-12). The checklists you return and your email address will not be linked in any way; anonymity of the information will be preserved. Data from returned surveys and checklists will be summarized and made available on the WHO web-site, as well as presented in meetings and in publications.*

### **GUIDELINES FOR THE USE OF ICF-CY CHECKLIST VERSION 1A**

- 1. The draft version of the **ICF-CY** available on the WHO website should be reviewed in conjunction with completion of this checklist.*
- 2. Please record profession of respondent, date and all sources of information used in completing the checklist.*
- 3. Please record child's country of residence and other demographic information below.*
- 4. Parts 1a, 1b & 2 should be completed by entering an appropriate qualifier value for any term for which a problem is recorded.*
- 4. Part 3 (Environmental factors) has both negative (barrier) and positive (facilitator) qualifier values. For all positive qualifier values, please use a plus (+) sign before the values.*
- 5. Part 4 can be used to provide additional information on contextual and personal factors thought to be significant for the child being evaluated.*
- 6. Part 5 can be used to record brief health information.*

### **RESPONDENT COMPLETING CHECKLIST**

**1. Date** \_\_\_ / \_\_\_ / \_\_\_ (day/month/year)

**A. Profession:** Medicine \_\_\_; Social Work \_\_\_; Physiotherapist \_\_\_; Speech/Language Therapist: \_\_\_ Psychologist: \_\_\_ Occupational Therapist: \_\_\_ Educator: \_\_\_ Nursing: \_\_\_  
Other health professional: \_\_\_ Other profession: \_\_\_

**B. Current role:** Clinician \_\_\_; Government \_\_\_; Policy \_\_\_; University \_\_\_; Research \_\_\_;  
Educator \_\_\_; Student: \_\_\_

**C. Experience with disability:** Professional experience in field: \_\_\_ years;  
Experience with children/youth: \_\_\_ years; Parent of child with disability \_\_\_; Individual with personal experience of disability \_\_\_

**D. Nationality/country:** \_\_\_\_\_

**E. Gender:** Female \_\_\_ Male \_\_\_ Age: \_\_\_ yrs

**F. Familiarity with WHO 1980 International Classification of Impairments, Disabilities and Handicaps:**

No familiarity \_\_\_; Limited familiarity \_\_\_ Some familiarity and use in practice and/or research \_\_\_  
Extended familiarity and use in practice and/or research \_\_\_

**G. Familiarity with WHO 2001 International Classification of Functioning, Disability and Health:**

No familiarity \_\_\_; Limited familiarity \_\_\_ Some familiarity and use in practice and/or research \_\_\_  
Extensive familiarity and use in practice and/or research \_\_\_ -

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**DEMOGRAPHIC INFORMATION-CHILD** Age:( \_\_\_ years \_\_\_ months) Country: \_\_\_\_\_

1. DATE OF BIRTH   /  /   (day/month/year) 2. SEX: [  ] Female [  ] Male
3. Where does the child live: [  ] Home [  ] Institution [  ] Hospital
4. Location: [  ] Urban [  ] Suburban [  ] Rural
5. Who does this child live with on a day-to-day basis? Specify \_\_\_\_\_
6. Current Educational program: [  ] None [  ] Home-based [  ] Centre-Based
7. MEDICAL DIAGNOSIS of existing Main Health Conditions, *if possible give ICD-10 Codes.*
  - a. No Medical Condition Established : [  ]
  - b. .... ICD code:   .   .   .   .
  - c. .... ICD code:   .   .   .   .
  - d. .... ICD code:   .   .   .   .
  - e. A Health Condition (disease, disorder, injury ) exists, however its nature or diagnosis is not known: [  ]

Please complete the following items after completing the use of the ICF-CY checklist with a child

1. Check all sources of information used in completing checklist:
  - [  ] Written records [  ] Direct observation/evaluation
  - [  ] Key informant: specify \_\_\_\_\_ [  ] Other informant: specify \_\_\_\_\_
2. Time spent coding this case with the checklist \_\_\_\_\_ (minutes)
3. Ease of use the ICF-CY codes for classifying child characteristics using this checklist  
 very difficult    difficult    medium    easy    very easy
4. Meaningfulness of the ICF-CY codes for classifying child characteristics using this checklist  
 not meaningful    minimally meaningful    somewhat meaningful    meaningful    very meaningful
5. Cultural sensitivity and appropriateness of the ICF-CY codes using this checklist  
 very insensitive    insensitive    somewhat sensitive    sensitive    very sensitive

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

- Body functions are the physiological functions of body systems (including psychological functions).
- Problems in body function are manifested as significant deviation, loss or delay.
- ***Qualifier: The extent or magnitude of a problem: deviation, loss or delay***  
**0** No problem **1** Mild problem, **2** Moderate problem **3** Severe problem, **4** Complete problem,  
**8** Not specified, **9** Not applicable

***Complete this part in two steps:***

- (1) Indicate with YES/NO if there is a problem: deviation, loss or delay;
- (2) If the extent or magnitude of deviation, loss or delay can be determined, use the qualifier.

<b><i>Short List of Body Functions</i></b>	<b><i>Presence of Problem</i></b>	<b><i>Qualifier</i></b>
<b>b1. MENTAL FUNCTIONS</b>		
<b>b110</b> Consciousness		
<b>b120</b> Global cognitive functions		
<b>b134</b> Sleep functions		
<b>b140</b> Attention functions		
<b>b144</b> Memory functions		
<b>B147</b> Psychomotor functions		
<b>b156</b> Perceptual functions		
<b>b164</b> Higher cognitive functions		
<b>b2. SENSORY FUNCTIONS AND PAIN</b>		
<b>b210</b> Seeing		
<b>b230</b> Hearing		
<b>b280</b> Pain		
<b>b3. VOICE AND SPEECH FUNCTIONS</b>		

<b>b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS</b>		
b410 Heart		
b435 Immunological		
b440 Respiration ( <i>breathing</i> )		
<b>b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS</b>		
b510 Ingestion functions		
b515 Digestive functions		
b525 Defecation impairment		
b540 General metabolic functions		
<b>b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS</b>		
b620 Urination functions		
b645 Genital function		
b6503 Onset of menstruation		
<b>b7. NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS</b>		
b710 Mobility of joint		
b730 Muscle power		
b735 Muscle tone		
b750 Motor reflex function		
b760 Control of voluntary movements		
b765 Involuntary movements		
<b>b8. FUNCTIONS OF THE SKIN AND RELATED STRUCTURES</b>		

## Part 1 b: BODY STRUCTURES

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

*Qualifiers: 1) Extent, 2) Nature, 3) Location*

<b>First Qualifier:</b> <i>Extent of problem</i>	<b>Second Qualifier:</b> <i>Nature of the change</i>	<b>Third Qualifier:</b> <i>Location</i>
0 No problem 1 Mild problem 2 Moderate problem 3 Severe problem 4 Complete problem 8 Not specified 9 Not applicable	0 No change in structure 1 Total absence 2 Partial absence 3 Additional part 4 Aberrant dimensions 5 Discontinuity 6 Deviating position 7 Qualitative changes in structure, including accumulation of fluid 8 Not specified 9 Not applicable	0 More than one region 1 right 2 left 3 both sides/median 4 front 5 back 6 proximal 7 distal 8 Not specified 9 Not applicable

*Complete this part in two steps:*

(1) Indicate with YES/NO if there is a presence of a problem, deviation, loss or delay;

(2) if the extent, the nature, the location of deviation, loss or delay can be determined, use the qualifier.

<b>Short List of Body Structures</b>	<b>Presence of problem</b>	<b>Extent of problem</b>	<b>Nature of the change</b>	<b>Location</b>
<b>s1. STRUCTURE OF THE NERVOUS SYSTEM</b>				
s110 Brain				
s120 Spinal cord and peripheral nerves				
<b>s2. THE EYE, EAR AND RELATED STRUCTURES</b>				
<b>s3. STRUCTURES INVOLVED IN VOICE AND SPEECH</b>				
<b>s4. STRUCTURE OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS</b>				
s410 Cardiovascular system				
s430 Respiratory system				
<b>s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS</b>				
<b>s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM</b>				
<b>s7. STRUCTURE RELATED TO MOVEMENT</b>				
s710 Head and neck region				
s730 Upper extremity ( <i>arm, hand</i> )				
s750 Lower extremity ( <i>leg, foot</i> )				
<b>s8. SKIN AND RELATED STRUCTURES</b>				
<b>ANY OTHER BODY STRUCTURES</b>				

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

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

The *Performance qualifier* describes what an individual does in his or her current environment.

The *Capacity qualifier* describes an individual's ability to execute a task or an action. This construct indicates the highest probable level of functioning that a person may reach in a given domain at a given moment without assistance. To assess the full ability of the individual, would require a "standardized" environment to neutralise the varying impacts of different environments on the individual.

**Complete this part in two steps:**

(1) indicate with YES/NO if there is a problem at activity or participation level;

(2) if the extent of the limitation of activity or restriction of participation can be determined, use the qualifiers

<b>First Qualifier: Performance</b> <i>Extent of Activity and Participation in the actual environment</i>	<b>Second Qualifier: Capacity</b> <i>Extent of Activity and Participation in a standardized environment</i>
<b>0</b> No difficulty	<b>0</b> No difficulty
<b>1</b> Mild difficulty	<b>1</b> Mild difficulty
<b>2</b> Moderate difficulty	<b>2</b> Moderate difficulty
<b>3</b> Severe difficulty	<b>3</b> Severe difficulty
<b>4</b> Complete difficulty	<b>4</b> Complete difficulty
<b>8</b> Not specified	<b>8</b> Not specified
<b>9</b> Not applicable	<b>9</b> Not applicable

<b>Short List of A&amp;P domains</b>	<b>Presence of problem</b>	<b>Performance Qualifier</b>	<b>Capacity Qualifier</b>
<b>d1. LEARNING AND APPLYING KNOWLEDGE</b>			
d166 reading			
d170 writing			
d172 Calculating			
d175 Solving problems			
<b>d2. GENERAL TASKS AND DEMANDS</b>			
d210 Undertaking a single task			
d220 Undertaking multiple tasks			
d230 Carrying out daily routine			
d235 Managing one's behaviour			
<b>d3. COMMUNICATION</b>			
d310 Communicating with -- receiving -- spoken messages			
d315 Communicating with -- receiving -- non-verbal messages			
d330 Speaking			
d335 Producing non-verbal messages			
<b>d4. MOBILITY</b>			
d410 Changing body positions			
d415 Maintaining body position			
d440 Fine hand use			
d445 Hand and arm use			
d450 Walking			
<b>d5. SELF CARE</b>			
d510 Washing oneself			
d530 Toileting			
d540 Dressing			
d550 Eating			

d565 Avoiding dangerous situations and harm to self			
<b>d6. DOMESTIC LIFE</b>			
<b>d7. INTERPERSONAL INTERACTIONS AND RELATIONSHIPS</b>			
d710 Basic interpersonal interactions			
d720 Complex interpersonal interactions			
<b>d8. MAJOR LIFE AREAS</b>			
d820 Formal education			
d840 Apprenticeship			
d860 Basic economic transactions			
<b>d9. COMMUNITY, SOCIAL AND CIVIC LIFE</b>			

## **PART 3: ENVIRONMENTAL FACTORS**

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

- **Qualifier in environment:**

**Barriers (B) or facilitator (F)**

<b>0</b> No barrier	<b>0</b> No facilitator
<b>1</b> Mild barrier	<b>+1</b> Mild facilitator
<b>2</b> Moderate barrier	<b>+2</b> Moderate facilitator
<b>3</b> Severe barrier	<b>+3</b> Substantial facilitator
<b>4</b> Complete barrier	<b>+4</b> Complete facilitator
<b>8</b> Not specified	<b>+8</b> Not specified
<b>9</b> Not Applicable	<b>+9</b> Not applicable

*Complete this part as follows; for each item, use the qualifiers, if a barrier or a facilitator can be determined.*

<b><i>Short List of Environment</i></b>	<b><i>Qualifier barrier or facilitator</i></b>
<b>e1. PRODUCTS AND TECHNOLOGY</b>	
e110 For personal consumption ( <i>food, medicines</i> )	
e115 For personal use in daily living	
e120 For personal indoor and outdoor mobility and transportation	
e125 Products for communication	
e127 Products and technology for playing	
e130 Products and technology for education	
e140 Products and technology for culture, recreation and sport	
e150 Design, construction and building products and technology of buildings for public use	
e155 Design, construction and building products and technology of buildings for private use	
<b>e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT</b>	
e215 Population	
e225 Climate	
e230 Natural events	
e235 Human caused events	
e260 Air quality	
<b>e3. SUPPORT AND RELATIONSHIPS</b>	
e310 Immediate family	
e315 Extended family	
e320 Friends	
e325 Acquaintances, peers, colleagues, neighbours and community members	
e330 People in position of authority	
e340 Personal care providers and personal assistants	
e350 Domesticated animals	
e355 Health professionals	
<b>e4. ATTITUDES</b>	
e410 Individual attitudes of immediate family members	
e415 Individual attitudes of extended family	
e420 Individual attitudes of friends	
e425 Individual attitudes: acquaintances peers, colleagues, neighbours and community members	
e430 Individual attitudes: people in position of authority	
e440 Individual attitudes of personal care providers and personal assistants	
e450 Individual attitudes of health professionals	
<b>E5. SERVICES, SYSTEMS AND POLICIES</b>	
e535 Communication services, systems and policies	
e540 Transportation services, systems and policies	
e570 Social security, services, systems and policies	
e580 Health services, systems and policies	
e583 General education and training services, systems and policies	
e586 Special education and training services, systems and policies	

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

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

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

Appendix 1:

**BRIEF HEALTH INFORMATION**

Self Report                       Clinician Administered

1 Height: \_\_\_/\_\_\_/\_\_\_ cm (or inches)                      2 Weight: \_\_\_/\_\_\_/\_\_\_ kg (or pounds)

3. Dominant Hand: Left                       Right                       Both hands equally

4. How would you rate the child's physical health in the past month?  
                    **Excellent**                       **Very Good**                       **Good**                       **Fair**                       **Poor**

5. How would you rate the child mental and emotional health in the past month  
                    **Excellent**                       **Very Good**                       **Good**                       **Fair**                       **Poor**

6. Were there any problems at birth ?  
 NO  YES *If YES, please specify*

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7. Did the child ever have any significant injuries?  
 NO  YES *If YES, please specify*

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8 . Has the child ever been hospitalized?  NO  YES  
*If YES, please specify reason(s) and for how long?*

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

9. Is the child taking any medication ( prescribed/non-prescribed)?  NO  YES  
*If YES, please specify major medications*

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

10. Does the child use any assistive device such as glasses, hearing aid, wheelchair, communication board etc.?  
 NO  YES: *If YES, please specify* \_\_\_\_\_

11 Is the child receiving any kind of treatment for her/his health?  NO  YES  
*If YES, please specify:* \_\_\_\_\_

12 Additional significant information on the child's past and present health:

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13 Do you have any person assisting you with your self care, shopping or other daily activities?  
 NO  YES *-If YES, please specify person and assistance they provide*

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14 Are you receiving any kind of treatment for your health?  
 NO  YES *-If YES, please specify:*

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15 Additional significant information on your past and present health:

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

NO  YES      If yes, how many days? \_\_\_\_\_

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

NO  YES      If yes, how many days? \_\_\_\_\_

*Appendix 2:*

**INFORMATION ON PRIMARY CAREGIVER**