

ICF-CY CHECKLIST

Version 1.A, <3 years (for research purpose only)
for 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. You are welcome to complete checklists for additional children in the same age group or for other age ranges (3-6; 7-12, 13-18). 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 ___ -

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.

Short List of Body Functions	Step 1 Presence of Problem	Step 2 Qualifier
b1. MENTAL FUNCTIONS		
b110 Consciousness		
b120 Global cognitive functions		
b134 Sleep functions		
b140 Attention functions		
b147 Psychomotor functions		
b156 Perceptual functions		
b2. SENSORY FUNCTIONS AND PAIN		
b210 Seeing functions		
b230 Hearing functions		
b280 Sensations of Pain		
b3. VOICE AND SPEECH FUNCTIONS		

b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS		
b410 Heart functions		
b435 Immunological system functions		
b440 Respiration functions		
b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS		
b510 Ingestion functions		
b515 Digestive functions		
b525 Defecation functions		
b540 General metabolic functions		
b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS		
b620 Urination functions		
b7. NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS		
b710 Mobility of joint functions		
b730 Muscle power functions		
b735 Muscle tone functions		
b755 Involuntary movement reaction functions		
b760 Control of voluntary movements functions		
b765 Involuntary movements functions		
b8. FUNCTIONS OF THE SKIN AND RELATED STRUCTURES		

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

First Qualifier: <i>Extent of problem</i>	Second Qualifier: <i>Nature of the change</i>	Third Qualifier: <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 problem: deviation, loss or delay;
- (2) If the extent, the nature, the location of deviation, loss or delay can be determined, use the qualifier.

Short List of Body Structures	1 STEP		2 STEP	
	Presence of problem	Extent of problem	Nature of the change	Location
s1. STRUCTURES OF THE NERVOUS SYSTEM				
s110 Brain				
s120 Spinal cord and peripheral nerves				
s2. THE EYE, EAR AND RELATED STRUCTURES				
s3. STRUCTURES INVOLVED IN VOICE AND SPEECH				
s4. STRUCTURES OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS				
s410 Cardiovascular system				
s430 Respiratory system				
s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS				
s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM				
s7. STRUCTURES RELATED TO MOVEMENT				
s710 Head and neck region				
s730 Upper extremity (<i>arm, hand</i>)				
s750 Lower extremity (<i>hip, leg, foot</i>)				
s8. SKIN AND RELATED STRUCTURES				

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

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

	STEP 1		STEP 2	
	<i>Presence of problem</i>	<i>Performance Qualifier</i>	<i>Capacity Qualifier</i>	
Short List of A&P domains				
d1. LEARNING AND APPLYING KNOWLEDGE				
d120 Other purposeful sensing (mouthing, touching)				
d131 Learning through play				
d133 Acquiring language				
d2. GENERAL TASKS AND DEMANDS				
d210 Undertaking a single task				
d3. COMMUNICATION				
d310 Communicating with -- receiving -- spoken messages				
d315 Communicating with -- receiving -- non-verbal messages				
d330 Speaking				
d331 Preverbal vocalization				
d335 Producing non-verbal messages				
d4. MOBILITY				
d410 Changing body positions				
d412 Spontaneous movements				
d445 Hand and arm use				
d450 Walking				
d7. INTERPERSONAL INTERACTIONS AND RELATIONSHIPS				
d710 Basic interpersonal interactions				
d8. MAJOR LIFE AREAS				
d811 Play				
d815 Preschool education				

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)

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

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

<i>Short List of Environment</i>	<i>Qualifier barrier or facilitator</i>
e1. PRODUCTS AND TECHNOLOGY	
e1110 Food	
e1101 Drugs	
e115 For personal use in daily living	
e120 For personal indoor and outdoor mobility and transportation	
e125 Products and technology for communication	
e127 Products and technology for playing	
e130 Products and technology for education	
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	
e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT	
e215 Population	
e225 Climate	
e230 Natural events	
e235 Human caused events	
e260 Air quality	
e3. SUPPORT AND RELATIONSHIPS	
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	
e4. ATTITUDES	
e410 Individual attitudes of immediate family members	
e415 Individual attitudes of extended family	
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	
e5. 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-Optional

4.1 *Please give a brief sketch of the individual, including any relevant information about the family.*

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

Part 5:**BRIEF HEALTH INFORMATION****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* _____
7. Did the child ever have any significant injuries?
 [] NO [] YES *If YES, please specify* _____
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:

Appendix 2:

INFORMATION ON PRIMARY CAREGIVER