

ICF-CY QUESTIONNAIRE

Version 1.A, <3 years (for field trial purpose only)
International Classification of Functioning, Disability and Health
(Draft Version for Children and Youth- WHO Work Group 2003)

*This questionnaire 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 questionnaire 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 questionnaire; we do not need or want to know personal identifying information. When you have completed this questionnaire, please send it as an email attachment to the WHO Work Group at ICFCY@unc.edu. You are welcome to complete questionnaires for additional children in the same age group or for other age ranges (3-6; 7-12, 13-18). The questionnaires 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 questionnaires will be summarized and made available on the WHO web-site, as well as presented in meetings and in publications.*

GUIDELINES FOR COMPLETION OF THE ICF-CY QUESTIONNAIRE VERSION 1A

1. The draft version of the **ICF-CY** available on the WHO website should be reviewed in conjunction with completion of this questionnaire.
2. Please record profession of respondent, date and all sources of information used in completing the questionnaire.
3. Please record child's country of residence and other demographic information below.
4. Parts 1a, 1b & 2 should be completed in two steps; first determine if a problem is present for each function, structure, activity and participation term; second, enter 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 QUESTIONNAIRE

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 ___ -

b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS		
b410 Does ____ have any problems with the heart?		
b435 Is ____ allergic or hypersensitive to any food, plant or animal?		
b440 Does ____ have any problems breathing?		
b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS		
b510 Does ____ have any problems eating?		
b515 Does ____ have any problems digesting food?		
b525 Does ____ have any problems with bowel movements?		
b540 Does ____ have any problems getting the right amount of nutrients?		
b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS		
b620 Does ____ have any problems with urination ?		
b7. NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS		
b710 Does ____ have any problems with movement of wrists, elbows, shoulders or knees?		
b730 Does ____ have any problems with muscles of the body, arms or legs?		
b735 Does ____ have problems with stiffness of body, arms or legs?		
b755 Does ____ have problems with balance or body control?		
b760 Does ____ have problems controlling arm and leg movements?		
b765 Does ____ have tics, tremors or other unusual movements?		
b8. FUNCTIONS OF THE SKIN AND RELATED STRUCTURES		
Does ____ have any problems with sensitivity or irritation of skin?		

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	1STEP	2 STEP		
	Presence of problem	Extent of problem	Nature of the change	Location
s1. STRUCTURES OF THE NERVOUS SYSTEM				
s110 Does ___ have any problems with head, skull or brain?				
s120 Does ___ have any problems with spinal cord or nerves?				
s2. THE EYE, EAR AND RELATED STRUCTURES Does ___ have any problems with eyes or ears?				
s3. STRUCTURES INVOLVED IN VOICE AND SPEECH Does ___ have any problems with nose, throat, mouth or teeth?				
s4. STRUCTURES OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS				
s410 Does ___ have any problems with heart or blood vessels?				
s430 Respiratory system Does ___ have any problems with lungs or chest?				
s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS Does ___ have any problem with stomach, intestines or glands?				
s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM Does ___ have any problems with kidneys, bladder, vagina or penis?				
s7. STRUCTURES RELATED TO MOVEMENT				
s710 Does ___ have any problems of the head or neck?				
s730 Does ___ have any problems with arms or hands?				
s750 Does ___ have any problems with legs or feet?				
s8. SKIN AND RELATED STRUCTURES Does ___ have any problems with skin, hair or nails?				

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 Does ___ have any problems mouthing, touching, or tasting things?				
d131 Does ___ have any problems playing with things?				
d133 Does ___ have any problems using words, phrases or sentences?				
d2. GENERAL TASKS AND DEMANDS				
d210 Does ___ have any problems performing a single task or responding to a single command?				
d3. COMMUNICATION				
d310 Does ___ have any problems understanding what others say?				
d315 Does ___ have any problems understanding the meaning of gestures or pictures?				
d330 Does ___ have any problems speaking?				
d331 Does ___ have any problems making different vocal sounds?				
d335 Does ___ have any problems gestures, pictures or drawings to communicate?				
d4. MOBILITY				
d410 Does ___ have any problems sitting up or getting to stand?				
d412 Does ___ have any problems with uncontrolled movements of arms or legs?				
d445 Does ___ have any problems using hands and arms?				
d450 Does ___ have any problems walking?				
d7. INTERPERSONAL INTERACTIONS AND RELATIONSHIPS				
d710 Does ___ have any problems relating to others?				
d8. MAJOR LIFE AREAS				
d811 Does ___ have any problems playing alone or with others?				

d815 Does ____ have any problems participating in pre-school 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.

Short List of Environment	Qualifier barrier or facilitator
e1. PRODUCTS AND TECHNOLOGY	
e1110 Is needed food available for _____ ?	
e1101 Are needed drugs available for _____ ?	
e115 Are things needed or personal use available for _____ ?	
e120 Are indoor and outdoor modes of transportation available for _____ ?	
e125 Are products for communication available for _____ ?	
e127 Are materials for playing available for _____ ?	
e130 Are materials and products for education available for _____ ?	
e150 Are public buildings accessible for _____ ?	
e155 Is the place where _____ lives accessible?	
e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT	
e215 Are any characteristics of the population a problem for _____ ?	
e225 Are any aspects of the climate a problem for _____ ?	
e230 Are there any natural events that are problems for _____ ?	
e235 Are there any human caused events that are problems for _____ ?	
e260 Is air quality a problem for _____ ?	
e3. SUPPORT AND RELATIONSHIPS	
e310 Is the support of the immediate family available to _____ ?	
e315 Is the support of the extended family available to _____ ?	
e325 Is the support of acquaintances, peers, , and neighbours available to _____ ?	
e330 Is the support of persons in authority available to _____ ?	
e340 Is the support of personal care providers and personal assistants available to _____ ?	
e350 Is the support of domesticated animals available to _____ ?	
e355 Is the support of health professionals available to _____ ?	
e4. ATTITUDES	
e410 Are attitudes of immediate family members favorable toward _____ ?	
e415 Are attitudes of extended family favorable toward _____ ?	
e425 Are attitudes: acquaintances peers, and neighbours favorable toward _____ ?	
e430 Are attitudes of persons in authority favorable toward _____ ?	
e440 Are attitudes of care providers and personal assistants favorable toward _____ ?	
e450 Are attitudes of health professionals favorable toward _____ ?	
e5. SERVICES, SYSTEMS AND POLICIES	
e540 Are transportation services, systems and policies available to address the needs of _____ ?	
e570 Are social security, services, systems and policies available to address the needs of _____ ?	
e580 Are health services, systems and policies available to address the needs of _____ ?	
e583 Are general education services, systems and policies available to address the needs of _____ ?	
e586 Are special education services, systems and policies available to address the needs of _____ ?	

Part 4: OTHER CONTEXTUAL INFORMATION-Optional

4.1 *Please give a brief sketch of the individual, including any relevant information about the family. (Do not use names in any description; roles such as “mother, brother, aunt etc” may be used if necessary).*

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

(Do not use names in any description; roles such as “mother, brother, aunt etc” may be used if necessary).