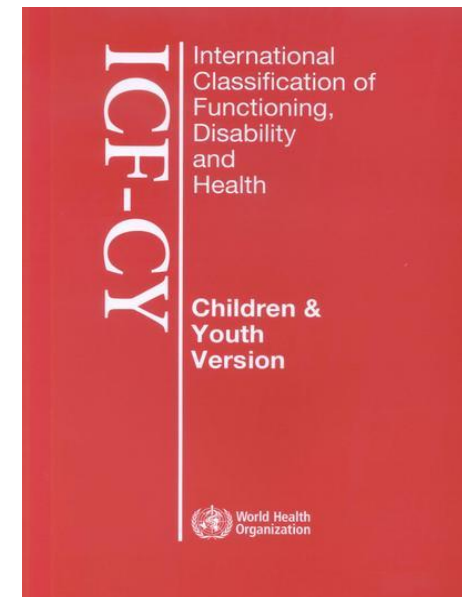
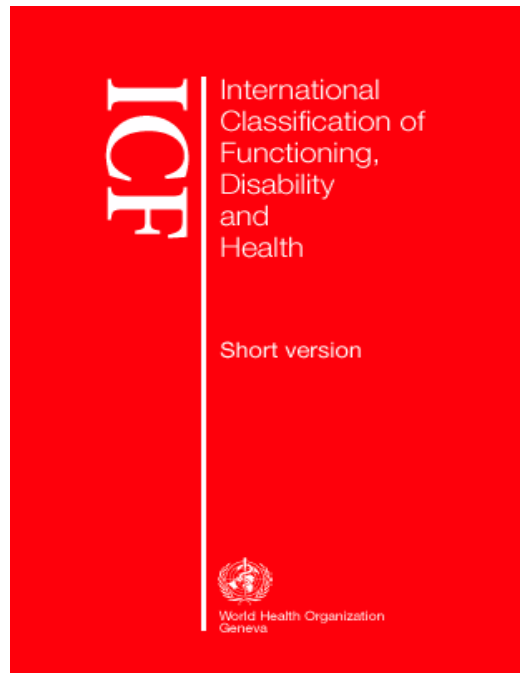


Functioning in Primary Care

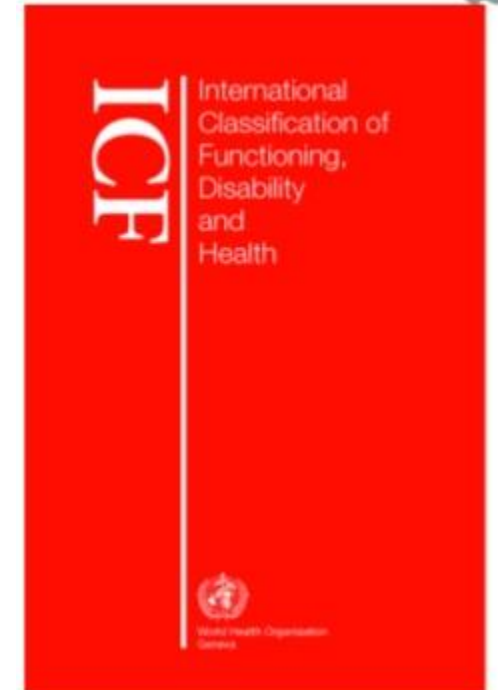
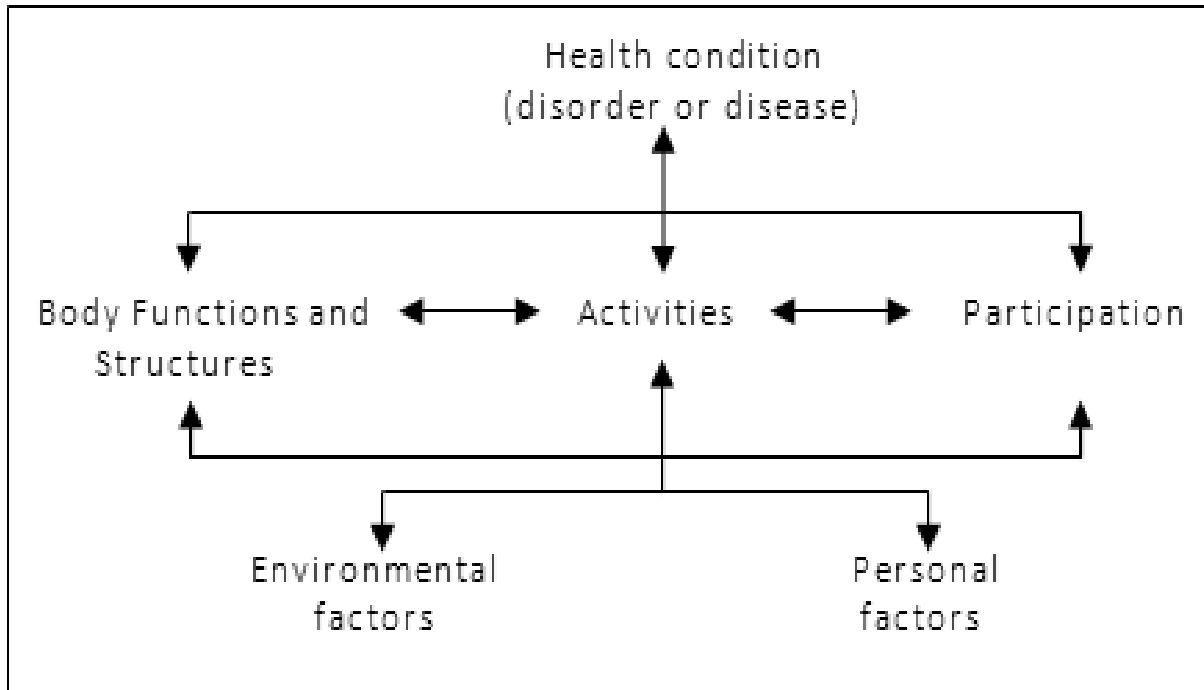
Development of an ICF-based questionnaire

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International Classification of Functioning, Disability and Health (ICF)

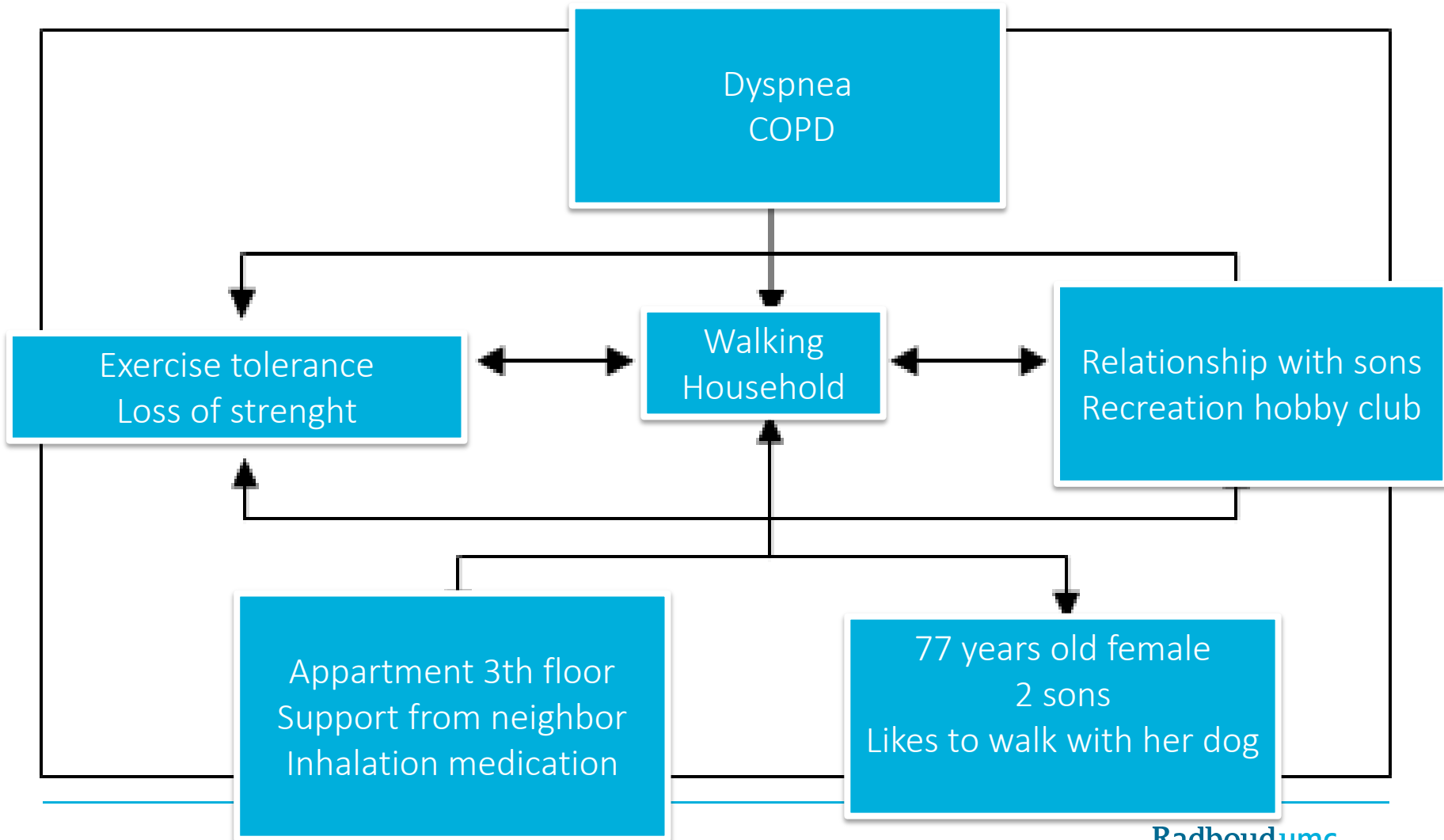


ICF

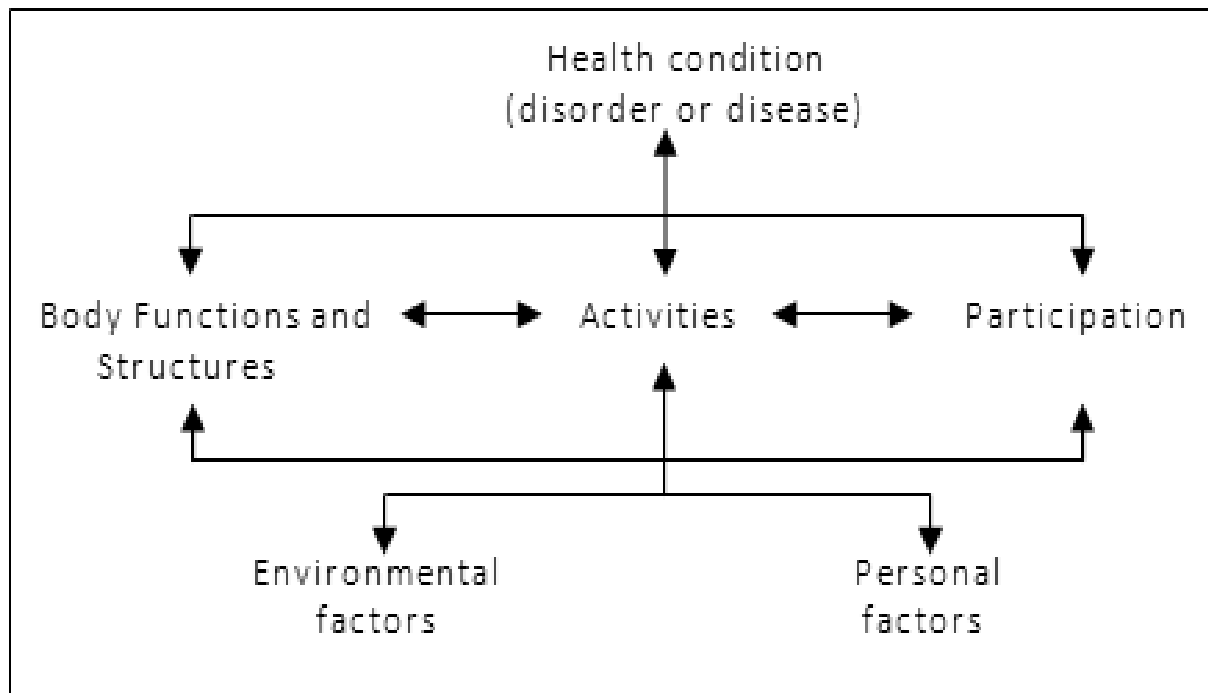


¹ International Classification of Functioning, Disability and Health. World Health Organization. Geneva, 2001.

ICF



ICF: BIO – PSYCHO - SOCIAL



Primary Care

- Many patients with multiple chronic diseases
- Reported problems with functioning
- Disease oriented approach vs. health and behavior approach
- Structural assessment and registration of functioning

ICF-based questionnaire for PC

- Based on 44 ICF items (frequency process)
- For patients with chronic conditions
- Digital self-reported instrument with feedback about functioning

ICF – Development questionnaire

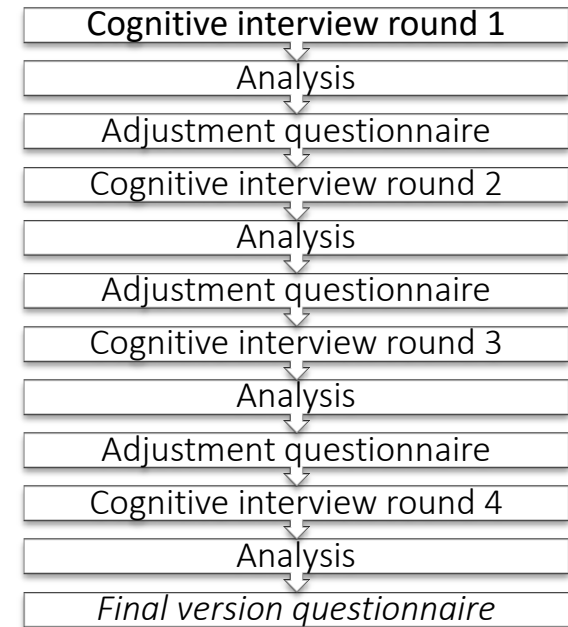
Component	ICF code	ICF Category Title					
Body functions	b130	Energy and drive functions	→	Feeling energetic	<input type="checkbox"/> NO problem		
	b134	Sleep functions			<input type="checkbox"/> MILD problem		
	b152	Emotional functions			<input type="checkbox"/> MODERATE problem		
	b180	Experience of self and time functions			<input type="checkbox"/> SEVERE problem		
	b280	Sensation of pain			<input type="checkbox"/> COMPLETE problem		
Are you satisfied about this? Yes <input type="checkbox"/> Neutral <input type="checkbox"/> No <input type="checkbox"/>							
Activities	b435	Immunological system functions	→	Plan and perform your daily activities?	<input type="checkbox"/> 0 NO problem		
	b640	Sexual functions			<input type="checkbox"/> 1 MILD problem		
	b710	Mobility of joint functions			<input type="checkbox"/> 2 MODERATE problem		
	d230	Carrying out daily routine			<input type="checkbox"/> 3 SEVERE problem		
	d240	Handling stress and other psychological d			<input type="checkbox"/> 4 COMPLETE problem		
	d430	Lifting and carrying objects			Are you satisfied about this? Yes <input type="checkbox"/> Neutral <input type="checkbox"/> No <input type="checkbox"/>		
	d445	Hand and arm use					
Participation	d640	Doing housework	→	Maintain relationships with your direct family members	<input type="checkbox"/> NO problem		
	d760	Family relationships			<input type="checkbox"/> MILD problem		
	d770	Intimate relationships			<input type="checkbox"/> MODERATE problem		
Environmental factors	d850	Remunerative employment	→	The support from my family is a	<input type="checkbox"/> SEVERE problem		
	e115	Products and technology for personal use			<input type="checkbox"/> COMPLETE problem		
	e310	Immediate family			Are you satisfied about this? Yes <input type="checkbox"/> Neutral <input type="checkbox"/> No <input type="checkbox"/>		
	e320	Friends					
	e355	Health professionals			→	The support from my family is a	<input type="checkbox"/> COMPLETE-facilitator
	e410	Individual attitudes of immediate family					<input type="checkbox"/> SUBSTANTIAL-facilitator
	e420	Individual attitudes of friends					<input type="checkbox"/> NO-facilitator/ NO-barrier
	e450	Individual attitudes of health professionals					<input type="checkbox"/> SUBSTANTIAL-barrier
e570	Social security services, systems and poli	<input type="checkbox"/> COMPLETE-barrier	Are you satisfied about this? Yes <input type="checkbox"/> Neutral <input type="checkbox"/> No <input type="checkbox"/>				
e580	Health services, systems and policies			<input type="checkbox"/> Not applicable			
e590	Labour and employment services, system						

ICF Primary Care – Pilot study

- Improving questionnaire by validating questions
- Do the constructs of the questionnaire as *perceived by the patients* match with the constructs of ICF?

Method

- Cognitive interviewing in different rounds
- Expose answering process
- “ Are you able to feel energetic? “
- Analyzing data by 2 independent researchers
- ICF as reference
- Solutions problems/difficulties
- Adjustment questionnaire
- Next round of interviews untill saturation



Results - Example

Do you feel balanced?	<input type="checkbox"/>	0	NO problem
	<input type="checkbox"/>	1	MILD problem
	<input type="checkbox"/>	2	MODERATE problem
	<input type="checkbox"/>	3	SEVERE problem
	<input type="checkbox"/>	4	COMPLETE problem

Well... Do I feel balanced....
Do you mean whether I am
balanced during walking,
you see I have a vestibular
problem and sometimes I
am very dizzy....

Do you feel emotional balanced?	<input type="checkbox"/>	0	NO probleem
	<input type="checkbox"/>	1	MILD probleem
	<input type="checkbox"/>	2	MODERATE probleem
	<input type="checkbox"/>	3	SEVERE probleem
	<input type="checkbox"/>	4	COMPLETE probleem

Conclusion

- Improved versions of questionnaire
- Decreasing responding errors
- Constructs questionnaire match with the ICF
- Selfreported ICF questionnaire
- Automatic registration functioning in health record within primary care

Questions?