



Linking the EASY-Care Standard to the International Classification of Functioning, Disability and Health

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Implications for Rehabilitation

- The integration of the universal language of the ICF in the EASY-Care potentiates the use of this comprehensive instrument in assessing older people needs at primary care settings.
- The information obtained with the EASY-Care Standard can be worldwide understood and can be used to plan rehabilitation interventions at community settings for older adults.

For Peer Review

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3 1 **Abstract**

4 2 *Purpose:* This study aimed to document the content of the EASY-Care Standard questionnaire to the
5 3 International Classification of Functioning, Disability and Health (ICF) and present its ICF Core Set.

6 4 *Method:* The EASY-Care was linked to the ICF by two trained health professionals according to the
7 5 established linking rules. The agreement between the health professionals was determined using the
8 6 Cohen's kappa.

9 7 *Results:* The agreement between the two health professionals was almost perfect for each level of the
10 8 ICF (Cohen's kappas between 0.91 and 0.97). The 65 items of the EASY-Care were linked to 61
11 9 different ICF categories, 16 (26%) from the Body functions component, 3 from the Body structures
12 10 (5%), 30 from the Activities and participation (49%) and 12 from the Environmental factors (20%).
13 11 Twelve concepts could not be linked to the ICF at all: 6 were classified as Personal factors, 1 as not
14 12 defined-general health and 5 were not classified.

15 13 *Conclusions:* The integration of the universal language of the ICF in the EASY-Care illustrates the
16 14 potential of use this instrument in primary care settings at community level.

17 15 *Keywords:* EASY-Care Standard; International Classification of Functioning, Disability and Health;
18 16 **Elderly**; Quality of Life.

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1 Introduction

2 In 2009, an estimate of 737 million people worldwide were 60 years old or over [1]. This number is
3 projected to increase to 2 billion in 2050, by which time older people will be outnumbering children
4 (people aged 0 to 14 years). The demographic change poses huge challenges to primary and
5 community care settings, as populations age chronic disease rates also rise [2]. According to the
6 World Health Organization (WHO), preventive health care and screening for early disease detection
7 and management has been considered a priority in the primary health care setting at the community
8 level. However, there are significant time limitations in primary care [3], and thus health and social
9 professionals tend to use measures of health care utilization instead of health and social outcomes or
10 quality of life [4], despite knowing that there is much room for improvement in quality of geriatric care
11 [3].

12 To overcome these difficulties the Elderly Assessment System (EASY-Care), a quick and
13 comprehensive assessment instrument, which enables a multidimensional health and social
14 assessment of older people (over 64 years old), has been developed [5]. The EASY-Care is
15 recommended by the WHO [5] since it "establishes a link with quality of life concepts and the
16 measurement of subjective well-being" [6 p. 197]. The instrument also measures independence, risk of
17 falls, risk of breakdown in care, depression and cognitive impairment. These subscores are prior
18 determinants for defining needs and care planning in this population. The reliability, validity and cost-
19 effectiveness of this instrument has been tested across the globe and appears to be high, which
20 facilitates its incorporation into routine practice in primary and community care settings [7]. However,
21 without its contents being mapped to the International Classification of Functioning, Disability and
22 Health (ICF), which is the common language for describing health and health-related states, the
23 results cannot be compared with the ones obtained from other measures (e.g., Barthel Index) and
24 which mapping to ICF has already been performed [8].

25 A national and international database about functioning and health, needs instruments such as EASY-
26 Care to develop an ICF Core Set to describe functioning and disability of older people. This core set
27 can also include categories that are not been covered by ICF however, are considered crucial for older
28 people. This may contribute for the development of a new construct of what is functioning and
29 disability among older people.

30 The ICF can guide content analyses of the different measures and enhance the interpretation of data
31 when those measures have been previously linked. However, to the best of our knowledge, the

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3 1 content of the EASY-Care has never been linked to the ICF. Therefore, this study aimed to examine
4 2 the content of EASY-Care Standard questionnaire to the ICF.

3 **Methods**

4 A study was conducted to identify the ICF categories that best described the content of each item of
5 the EASY-Care Standard.

6 Instruments

7 *EASY-Care Standard*

8 The EASY-Care Standard was developed on behalf of the European Regional office of the WHO [5]
9 and has been validated for 15 languages [9]. The instrument consists of a set of brief questionnaires
10 or single items derived from well-established instruments, i.e., Barthel Index [10], Duke OARS IADL
11 Scale [11], Short Form (36) Health Survey (SF-36) [12], a brief cognitive impairment test [13], the four-
12 item geriatric depression scale [14] and the WHO 11 countries survey instrument [15]. It promotes a
13 common approach, based on person-centred care and multidisciplinary practice which focuses more on
14 the quality of life of the older person rather than on his/her illnesses. Its domains include Seeing,
15 Hearing & Communicating; Looking after yourself; Getting around; Your safety, Your accommodation
16 and finance; Staying healthy; Your mental health and well-being; Information related with medication.
17 Higher scores in each domain mean a worse perception of functioning and well-being. It also
18 generates scores for risk of breakdown in care, risk of falls, level of (in)dependence, depression and
19 cognitive impairment screening being particularly useful within the context of primary care and people
20 living in the community. It can be completed as a self-assessment or by practitioner in an interview. In
21 this study, we used the Portuguese version of EASY-Care Standard [16].

22 *ICF*

23 The ICF is a general health status framework [6]. It has two parts, each with two components: part 1 -
24 Functioning and Disability, with Body functions, Body structures and Activities and participation
25 components; and part 2 - Contextual Factors, with Environmental factors and Personal factors. The
26 ICF uses an alphanumeric system in which the letters *b*, *s*, *d* and *e* are used to denote Body functions,
27 Body structures, Activities and participation, and Environmental factors, respectively. These letters are
28 followed by a numeric code that starts with the chapter number, which corresponds to the first level (1
29 digit), followed by the second level (2 digits), and the third and fourth levels (1 digit each). Personal
30 factors are not yet classified in ICF. Therefore, four lists of categories can be obtained to characterise
31 Body functions, Body structures, Activities and participation and Environmental factors.

1 Linking procedures

2 The 65 items of the EASY-Care were linked to the ICF according to published linking rules [8,17,18].

3 Two health professionals, physiotherapists, trained in applying ICF as well as in the linking rules,
4 independently linked each concept included in the EASY-Care to the most precise ICF category. The
5 linking process was divided into three phases: phase 1 - identification of the meaningful concepts, a
6 short sentence or expression that describe a concrete aspect of functioning; phase 2 - linking the
7 meaningful concepts to the ICF code and category; and phase 3 - organisation of the ICF categories
8 comprised in the EASY-Care.

9 When the same item comprised different constructs, it was linked to more than one ICF category.

10 Items that clearly referred to Personal factors, as defined in the ICF, but the meaningful concept is not
11 contained and coded in the ICF, were identified as *pf* (personal factor). If the information provided by
12 the meaningful concept was not sufficient for making a decision about the most precise ICF category,
13 items should be assigned *nd* (not definable). The meaningful concepts referring to quality of life in
14 general were assigned *nd-gh* (not definable-general health). Finally, if the meaningful concept is not
15 contained in the ICF and it is not a personal factor, this meaningful concept is assigned *nc* (not
16 covered).

17 Data analysis

18 The agreement between the two health professionals was determined with the Cohen's kappa for
19 each level of the ICF classification [19]. The value of Cohen's kappa ranges from 0 to 1 and can be
20 categorised as: slight agreement (0.0-0.20), fair agreement (0.21-0.40), moderate agreement (0.41-
21 0.60), substantial agreement (0.61-0.80) and almost perfect agreement (≥ 0.80) [20]. All statistical
22 analyses were performed using PASW Statistics (Version 18.0, SPSS Inc., Chicago, IL).
23 Disagreements were discussed and a consensus obtained.

24 Results

25 Inter-observer agreement

26 The inter-observer agreement between the two health professionals was almost perfect for the ICF
27 component (0.91; 95% CI 0.83-0.98), first (0.97; 95% CI 0.92-1), second (0.95; 95% CI 0.90-1) and
28 third level (0.97; 95% CI 0.89-1), with Cohen's kappa.

29 Linking the EASY-Care to the ICF

30 The concepts included in the 65 items of the EASY-Care were linked to 61 ICF categories, 2 from the
31 first level, 35 from the second level and 24 from the third level.

1 *Insert table 1 about here*

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3 Looking to the Body functions component, it is observed that the EASY-Care present 14 connections
4 to Chapter Mental functions (7.3, 7.5, 7.7, 7.8, 7.9, 7.11, 7.12, 7.13 and the six questions of the
5 cognitive impairment test), 3 connections to Chapter Sensory functions and pain (1.1, 1.2 and 7.6), 1
6 connection to Chapter Functions of Cardiovascular, haematological, immunological and respiratory
7 systems (6.2), 1 connection to Chapter Functions of digestive, metabolic and endocrine systems
8 (2.13), 1 connection to Chapter Genitourinary and reproductive functions (2.12) and 1 connection to
9 Chapter Skin and related structures functions (2.11). Chapters Voice and speech functions and
10 Neuromusculoskeletal and movement-related functions are not comprised in the EASY-Care.
11 However, the Body structures related to these Body functions are addressed, i.e., Chapter Structures
12 involved in voice and speech (2.8) and Chapter Structures related with the movement (3.2).

13 The majority of items of the EASY-Care were linked to the Activities and participation component, with
14 1 connection to Chapter Learning and applying knowledge (1.2), 2 connections to Chapter
15 Communication (1.3 and 1.4), 6 connections to Chapter Mobility (3.1, 3.3, 3.4, 3.6, 3.8 and 8.3), 16
16 connections to Chapter Self-care (2.1, 2.2, 2.3, 2.4, 2.7, 2.9, 2.10, 2.14, 6.1, 6.3, 6.4, 6.5, 6.6, 6.7, 8.1
17 and 8.2), 4 connections to Chapter Domestic life (question 9 from personal information, 2.5, 2.6 and
18 3.7), 8 connections to Chapter Major life areas (questions 6 and 8 from the personal information, 5.3
19 and 7.1), and 1 connection to Chapter Community, social and civic life (7.1). There are no connections
20 to Chapters General tasks and demands and Interpersonal interactions and relationships.

21 The EASY-Care includes items linked to all chapters of the Environmental factors component: 6
22 connections to Chapter Products and technology (questions 3 and 6 from personal information, 5.1,
23 5.2 and 8.4), 1 connection to Chapter Natural environment and human-made changes to environment
24 (questions 3 from personal information), 7 connections to Chapter Support and relationships
25 (questions 10 from personal information and 4.5), 2 connection to Chapter Attitudes (questions 4.3
26 and 4.4.) and 1 connection to Chapter Services, systems and policies (question 5.4).

27 There is only one question of the EASY-Care (question 1.2) related with hearing difficulties that was
28 linked to two different ICF Components, Body functions (b230 Hearing functions) and Activities and
29 participation (d115 Listening).

30 Moreover, some identified concepts (n=12) could not be linked to the ICF. Six concepts - sex, age,
31 current marital status, years of formal education, living arrangements and professional status - were
32 identified as Personal factors. Item 7.2 (In general, would you say your health is) is a meaningful

1 concept referred to quality of life in general, and was assigned *nd-gh* (not defined-general health).
2 Falls (3.5), security at home (4.1), security outside (4.2), dead of a relative (7.4) and satisfaction with
3 life (7.10) were assigned *nc* (not covered), because they are not contained in the ICF.

4 ICF Categories

5 The EASY-Care was linked to 61 ICF codes, 16 (26%) from the Body functions component, 3 from the
6 Body structures (5%), 30 from the Activities and participation (49%) and 12 from the Environmental
7 factors (20%) (table 2).

8 *Insert table 2 about here*

9 Discussion

10 This study presented an analysis of the content of the EASY-Care Standard using the ICF as
11 reference. Most of the content of the EASY-Care was linked to the ICF, demonstrating good content
12 validity. Therefore, despite the well-known advantages of this instrument, particularly that it enables a
13 multidimensional health and social assessment of older people and it is a practical tool to be used in
14 primary care, this study shows that the results obtained with this instrument can be worldwide
15 understood and compared as it is compatible with the standard language of the ICF.

16 All ICF components are contained in this instrument, with Body functions and Activities and
17 participation components being particularly well covered. Regarding Body functions, Mental functions
18 and Sensory functions and pain, which are related to the aging process [21,22], are very well covered
19 by the EASY-Care. Voice and speech functions and Neuromusculoskeletal and movement-related
20 functions, where muscle power and endurance are included, are not covered. These functions were
21 considered relevant to include in the Generic Set [23] and in the ICF Core Set for geriatric patients in
22 early post-acute rehabilitation facilities [24]. However, older people may experience voice and
23 movement changes due to the aging process of laryngeal and skeletal muscle structures [25,26].
24 These Body structures (Chapter Structures involved in voice and speech and Chapter Structures
25 related with the movement) are represented in the EASY-Care. Cardiovascular diseases are a major
26 cause of mortality and morbidity among older people [27,28]. However, neither the functions nor
27 structures of the cardiovascular system are covered by a specific item in the EASY-Care. This
28 information is possible to collect in the Medical History section, specifically in the summary of current
29 medical conditions. However, the inclusion of items addressing cardiovascular impairments should be
30 considered in future modifications of the EASY-Care.

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3 1 The Activities and participation component is the most represented in the EASY-Care, demonstrating
4 2 that one of the main concerns of this instrument is to assess the experience of older people in different
5 3 life domains. The activities related to self-care, major life areas and mobility are the ones most
6 4 covered. Self-care and mobility are basic activities of daily living that are frequently restricted in older
7 5 people [29,30]. In the ICF Core Set for geriatric patients in early post-acute rehabilitation facilities
8 6 these activities were also those most represented in the Activities and participation component [24].
9 7 Surprisingly, Chapter Interpersonal Interactions and Relationships, where family and intimate
10 8 relationships are included, is not addressed by the EASY-Care. Despite family relationships not being
11 9 covered, the support received from immediate and extended family are possible to assess with this
12 10 instrument. However, regarding intimate relationships, they are not addressed. Intimate relationships,
13 11 specifically sexuality, are recognized to be an important factor for older people, affecting identity,
14 12 sense of self, mental health, social relationships and quality of life [31]. To obtain a more complete
15 13 picture of the older people level of activity and participation, evaluations performed by the EASY-Care
16 14 should be supplemented by ICF categories, such as d760 family relationships and d770 intimate
17 15 relationships.

18 16 The EASY-Care includes items linked to all chapters of the Environmental factors component,
19 17 demonstrating that it enables the description of the context in which older people live. Chapters
20 18 Products and technology and Support and relationships were those most represented, showing that
21 19 the EASY-Care favours the individual's most immediate environment rather than the general
22 20 environment [6].

23 21 Six concepts were linked to Personal factors (sex, age, current marital status, years of formal
24 22 education, living arrangements and professional status) and are relevant to consider in the
25 23 assessment and management of older people. These Personal factors may contribute to the
26 24 classification of this component in future revisions of the ICF. A meaningful concept referred to quality
27 25 of life in general was assigned not defined-general health. Quality of life is a broad concept affected
28 26 by the person's physical health, psychological state, level of independence, social relationships,
29 27 personal beliefs and their relationship with their environment [32]. Probably due to this complexity, the
30 28 concept of quality life is not currently integrated in the ICF, however, this should be considered in
31 29 future revisions of this classification. Other five identified concepts - falls, security at home, security
32 30 outside, dead of a relative and satisfaction with life - are not covered by any specific ICF category.
33 31 This highlights a major ICF limitation since it cannot include all individual experiences with the level of

1 specification required. Nevertheless, regarding falls, as this is considered a worldwide major issue
2 affecting older people [33], the addition of this concept should be considered.

3 **The list of ICF categories comprised** in the EASY-Care provides an overview of what we are currently
4 assessing in older people with this **comprehensive assessment instrument. In future, this list of**
5 **categories, together with categories of other measures, may contribute to develop a comprehensive**
6 **ICF Core Set to describe functioning of older people.**

7 Study limitations

8 As linking process was a key methodology of this study, one potential limitation may be related to this
9 qualitative method that may denote some subjectivity. However, the almost perfect agreement
10 between the two health professionals demonstrates the reliability of the linking process. The
11 background of the linkers **as well as their ICF training may also have influenced the linking process. It**
12 **can therefore be hypothesised that other health professionals would have decided differently.**

13 Conclusions

14 Most of the content of the EASY-Care Standard was linked to the ICF and all five components of the
15 ICF are represented. The integration of the universal language of the ICF in this instrument illustrate
16 the potential use of this instrument in primary care settings at community level. Further research is
17 needed to develop an ICF Core Set to comprehensively address older people needs, resources and
18 trajectories in health and social care. This study also highlighted some limitations of the ICF that may
19 be considered in future revisions of this classification.

20 Declaration of interest

21 The authors report no declarations of interest.

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For Peer Review

Table 1 - Linking the EASY-Care to the ICF.

EASY-Care items	ICF Code	ICF Category
Personal Information		
1 Sex	pf	
2 Age	pf	
3 Residence area	e1600 e1602 e2	Products and technology of: rural land development and urban land development Natural environment and human-made changes to environment
4 Current marital status	pf	
5 Years of formal education	pf	
6 In general how do your family finances work out at the end of the month?	e1650 d870	Financial assets Economic self-sufficiency
7 Living arrangements	pf	
8 Professional status	pf d850 d855	Remunerative employment Non-remunerative employment
9 Are you a carer for someone?	d660	Assisting others
10 Does someone provide care for you?	e310 e315 e320	Support and relationships of: Immediate family Extended family Friends
Seeing, Hearing & Communicating		
1.1 Can you see (with glasses if worn)?	b210	Seeing functions
1.2 Can you hear (with hearing aid if worn)?	b230 d115	Hearing functions Listening
1.3 Do you have difficulty in making yourself understood because of problems with your speech?	d330	Speaking
1.4 Can you use the telephone?	d3600	Using telecommunication devices
Looking after yourself		
2.1 Can you keep up your personal appearance?	d5200 d5202	Caring for skin Caring for hair
2.2 Can you dress yourself?	d540	Dressing
2.3 Can you wash your hands and face?	d5100	Washing body parts
2.4 Can you use the bath or shower?	d5101	Washing whole body
2.5 Can you do your housework?	d640	Doing housework
2.6 Can you prepare your own meals?	d630	Preparing meals
2.7 Can you feed yourself?	d550 d560	Eating Drinking
2.8 Do you have any problems with your mouth or teeth?	s320 s3200	Structure of mouth Teeth
2.9 Do you have difficulties in chewing food?	d550	Eating
2.10 Can you take your own medicine?	d5702	Maintaining one's health
2.11 Have you had any problems with your skin?	b810 b820 b620	Protective functions of the skin Repair functions of the skin Urination functions
2.12 Do you have accidents with your bladder (incontinence of urine)?		
2.13 Do you have accidents with your bowels (incontinence of faeces)?	b525	Defecation functions
2.14 Can you use the toilet (or commode)?	d530	Toileting
Getting around		
3.1 Can you move yourself from bed to chair, if they are next to each other?	d420 d4200	Transferring oneself Transferring oneself while sitting
3.2 Do you have problems with your feet?	s7502	Structure of ankle and foot
3.3 Can you get around indoors?	d4600	Moving around within the home
3.4 Can you manage stairs?	d4551	Climbing
3.5 Have you had any falls in the last twelve months?	nc	
3.6 Can you walk outside?	d450	Walking
3.7 Can you go shopping?	d6200	Shopping
3.8 Do you have any difficulty in getting to public services?	d4602	Moving around outside the home and other buildings
Your safety		
4.1 Do you feel safe inside your home?	nc	
4.2 Do you feel safe outside your home?	nc	
4.3 Do you ever feel threatened or harassed by anyone?	e4	Attitudes
4.4 Do you feel discriminated against for any reason?	e4	Attitudes (discrimination)
4.5 Is there anyone who would be able to help you in case of illness or emergency?	e310 e315 e320 e325	Support and relationships of: Immediate family Extended family Friends Acquaintances, peers, colleagues, neighbours and community members
Your accommodation and finance		
5.1 In general, are you happy with your accommodation?	e155	Products and technology of design, building and construction of buildings for private use

5.2 In general, would you say that your accommodation is:	e155	Products and technology of design, building and construction of buildings for private use
5.3 Are you able to manage your money and financial affairs?	d860 d865 d870	Basic economic transactions Complex economic transactions Economic self-sufficiency
5.4 Would you like advice about financial allowances or benefits?	e570	Social security services, systems and policies
Staying healthy		
6.1 Do you take regular exercise?	d5701	Managing diet and fitness
6.2 Do you get out of breath during normal activities?	b460	Sensations associated with cardiovascular and respiratory functions
6.3 Do you smoke any tobacco?	d5702	Maintaining one's health (avoiding harms to health, like tobacco)
6.4 Do you think you drink too much alcohol?	d5702	Maintaining one's health (avoiding harms to health, like alcohol)
6.5 Has your blood pressure been checked recently?	d5702	Maintaining one's health (regular physical examinations)
6.6 Do you have any concerns about your weight?	d5701	Managing diet and fitness
6.7 Do you think you are up to date with your vaccinations?	d5702	Maintaining one's health (immunizations)
Your mental health and well-being		
7.1 Are you able to pursue leisure interests, hobbies, work and learning activities which are important to you?	d920 d850 d855	Recreation and leisure Remunerative employment Non-remunerative employment
7.2 In general, would you say your health is:	nd-gh	
7.3 Do you feel lonely?	b152	Emotional functions
7.4 Have you suffered from any recent loss or bereavement?	nc	
7.5 Have you had any trouble sleeping in the past month?	b134	Sleep functions
7.6 Have you had bodily pain in the past month?	b2800	Generalized pain
7.7 During the last month, have you often been bothered by feeling down, depressed or hopeless?	b152	Emotional functions
7.8 During the last month, have you often been bothered by having little interest or pleasure in doing things?	b1301	Motivation
7.9 Do you have any concerns about memory loss or forgetfulness?	b144	Memory functions
Geriatric Depression Scale		
7.10 Are you basically satisfied with your life?	nc	
7.11 Do you feel that your life is empty?	b152	Emotional functions
7.12 Are you afraid that something bad is going to happen to you?	b152	Emotional functions
7.13 Do you feel happy most of the time?	b152	Emotional functions
Other information concerned with medication		
8.1 Do you need help to regularly get your medications?	d5702	Maintaining one's health (seeking professional assistance for medication)
8.2 Do you always take your medications according to your doctor recommendations?	d5702	Maintaining one's health (following medical and other health advice about medication)
8.3 Can you take all your medications out of the packaging?	d440	Fine hand use
8.4 Do you think that some of your medications could be more effective if taken in a different way?	e1101	Drugs
Cognitive impairment test		
1 What is the year?	b1140	Orientation to time
2 What is the month?	b1140	Orientation to time
3 What time is it?	b1140	Orientation to time
4 I would like you to count backward from 20 to 1.	b1140	Simple calculation
5 I would like you to say the months backward.	b1720	Simple calculation
6 Repeat the memory phrase.	b1441	Long-term memory

pf: personal factor; nc: not covered; nd-gh: not defined-general health.

Table 2 – List of ICF codes comprised in the EASY-Care.

ICF code	ICF category
Body functions	
b1140	Orientation to time
b1141	Orientation to place
b1301	Motivation
b134	Sleep functions
b144	Memory functions
b1441	Long-term memory
b152	Emotional functions
b1720	Simple calculation
b210	Seeing functions
b230	Hearing functions
b2800	Generalized pain
b460	Sensations associated with cardiovascular and respiratory functions
b525	Defecation functions
b620	Urination functions
b810	Protective functions of the skin
b820	Repair functions of the skin
Body structures	
s320	Structure of mouth
s3200	Teeth
s7502	Structure of ankle and foot
Activities and participation	
d115	Listening
d330	Speaking
d3600	Using telecommunication devices
d420	Transferring oneself
d4200	Transferring oneself while sitting
d440	Fine hand use
d450	Walking
d4551	Climbing
d4600	Moving around within the home
d4602	Moving around outside the home and other buildings
d5100	Washing body parts
d5101	Washing whole body
d5200	Caring for skin
d5202	Caring for hair
d530	Toileting
d540	Dressing
d550	Eating
d560	Drinking
d5701	Managing diet and fitness
d5702	Maintaining one's health
d6200	Shopping
d630	Preparing meals
d640	Doing housework
d660	Assisting others
d850	Remunerative employment
d855	Non-remunerative employment
d860	Basic economic transactions
d865	Complex economic transactions
d870	Economic self-sufficiency
d920	Recreation and leisure
Environmental factors	
e1101	Drugs
e155	Products and technology of design, building and construction for private use
e1600	Products and technology of rural land development
e1602	Products and technology of urban land development
e1650	Financial assets
e2	Natural environment and human made changes to environment
e310	Support and relationships of immediate family
e315	Support and relationships of extended family
e320	Support and relationships of friends
e325	Support and relationships of acquaintances, peers, colleagues, neighbours and community members
e4	Attitudes
e570	Social security services, systems and policies