FUNDES and Examples of usages of the WHODAS 2.0 in Taiwan

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The Workshop of the Application of WHODAS 2.0 and FUNDES
Taiwan Society of ICF, SEP 4th 2013, TAIPEI, TAIWAN

Outline of FUNDES application
- Background: The People with Disabilities Rights Protection Act
- Evaluation process of the eligibility system
- To derive FUNDES from WHODAS 2.0
- Content of FUNDES-adult version
- Clinical Application of FUNDES

Implementation of ICF/ICF-CY in Taiwan since 2002
- Policy design
  - Changes in the disability eligibility system and services (2012+)
- Clinical practice and education
  - Professionals
    - Assessment, documentation, and service delivery (2004-)
    - Education in different disciplines (2002+)
  - Participation of the public, especially people with disabilities
    - Attending and organizing workshops (2008+)
    - Implementation of ICF in the disability eligibility system (2012/07+)
  - Taiwan Society of International Classification of Functioning, Disability and Health (TSICF) (2009+)
- Research and publication
  - Understanding of ICF/ICF-CY, WHODAS 2.0, clinical application, ICF core sets, FUNDES, training programs etc. (2002+)

Trend of People with Disability in Taiwan

The People with Disabilities Rights Protection Act (2007)
- Based on the concept and classification of ICF/ICF-CY
  - Article 1: “This Act aims to protect the legal rights and interests of people with disabilities, secure their equal opportunity to participate in social, political, economical, and cultural activities fairly, while contributing to their independence and development.”
  - Article 6: Eight malfunction categories corresponding to the 8 chapters of body functions and structures (ICF b & s chapters)
  - Article 7: Local health assessment teams complete appraising and ascertaining verification reports on the disability.
  - Article 8: Local authorities shall actively issue the disability identifications, and provide the mandatorily related welfare and services.

Participation restriction not caused by impairment directly

Health Condition (disorder/disease)

Environmental Factors

Personal Factors
Application of ICF/ICF-CY in the disability eligibility system in Taiwan, July 2012

- The health authority
  - Evaluation reports after the medical examination (b, s) and functional assessment (d, e)

- The social welfare authority
  - Needs Assessment (d, e)

- The county (city) authorities
  - Issue the disability identifications
  - Provide the mandatorily related welfare and services

Medical Examination

Functional Assessment

Needs Assessment

Disability Identifications & Providing Services

The task force of ICF medical assessment research team in Taiwan

- Article 6: Qualification of the disability assessment professionals, the categories and grades of disability, assessment items and standards, assessment methods, instruments, operation and others are prescribed by the central competent authorities in charge of health (Ministry of Health and Welfare)
  - to design content of eligibility assessment
  - to conduct pilot studies to examine its reliability and validity

- Article 6: Local health authorities shall assemble assessment teams to render the assessment services and complete appraising and ascertaining/verification reports on the disability.
  - to design and provide training courses for assessment teams

Task force for developing the eligibility system based on ICF in Taiwan

- Part 1: Functioning and Disability
  - Body Functions and Structures (b, s codes)
  - Activities and Participation (d codes)
  - Measuring tool

- Part 2: Contextual Factors
  - Environmental Factors (e codes)

Ministry of Health and Welfare (MOHW)

Department of Nursing and Health Care: Planning the policy regarding the classification criteria for disabilities; Disability Eligibility System Area

Social and Family Affairs Administration: ICF Area, Needs Assessment, Related Services

Taiwan Society of International Classification of Functioning, Disability and Health (TSICF)

Established in 2010

Held a national conference annually since 2011
Comparisons between old and new eligibility systems

Old system

New system

Assessed by physician (hc, bs)

Hospital

Physician (hc, bs codes)

Professionals (de)

Social Bureau (Needs Assessment)

Health Bureau

Social Bureau issue manual

Social Bureau issue Identification

Procedure of Disability Eligibility

Further needs or other assessments by a team to provide home-based care, assistive technology, disability pension and vocational training etc.

Evaluation Flow Chart and Manpower Estimation to Complete the Medical Assessment Reports

Physician for b/s codes:

Need other specialty?

Yes

Yes

No

Other physicians for b/s codes

60%

80%

20%

No

Need other specialty?

Yes

Yes

No

Other testers for d/e codes

Measures in the disability eligibility system for adults in 2010 - d4 (ICF mobility Scale) as an example

- Group composition
  - Physicians, PTs, OTs, psychologists, and a representative of the Disability Alliance
- The 1st d4 meeting
  - Selection of 10 2nd categories from the ICF checklist
  - d410, d415, d420, d425, d430, d435, d440, d445, d450, d460, d470, d475
  - Separate into 4 small groups, lot of small group meetings
  - Searching of measures related to each category
- The 2nd d4 meeting
  - Operational definitions and items for each category
  - Draft for all items, including the item description, procedure, materials, scoring and assigning qualifiers
- The 3rd d4 meeting
  - The format of levels of qualifiers
  - Wording consistency
- The 4th d4 meeting
  - Draft Finalized

(Liao, Hwang, Pan, Liou, Yen et al., 2013)
Items of The ICF Mobility Scale

- d410 Changing basic body position
- d4103, d4104, d4105
- d415 Maintaining a body position
- d420 Transferring oneself
- d430 Lifting and carrying objects
- d440 Fine hand use: d4400, d4402, d4408
- d445 Hand and arm use
- d450 Walking
- d465 Moving around in different locations
- d470 Using transportation
- d475 Driving

(Liao, Hwang, Pan, Liou, Yen, 2013)

Testing procedure for coding the first qualifier (performance) of d410

Interview: “with or without assistive devices in the past one month, could you ..?” (yes 0, no 1)

- 1st item: turn to the side-lying position (either side) from lying on your back by yourself?
- 2nd item: sit up from lying on your back by yourself?
- 3rd item: stand up from chair sitting by yourself?
- 4th item: sit down from standing position by yourself?
- 5th item: pick up things from floor in the standing position by yourself?

(Liao, Hwang, Pan, Liou, Yen, 2013)

Testing procedure for coding the 2nd qualifier (capacity) of d410:

Direct test. (succeed 0, Fail 1)

Testing material: an examination table, a height adjustable chair and without back and armrests, pen.

- 1st item: Starting position of client: supine on the examination table. Instruction: “Turn to side lying please.”
- 2nd item: Starting position of client: supine on the examination table. Instruction: “Sit up please.”
- 3rd item: Starting position of client: Sitting on a chair with the chair height equal to his lower leg and without back and armrests, feet on floor. Instruction: “Stand up please.”
- 4th item: Starting position of client: Standing in front of the chair of item 3. Instruction: “Sit down please.”
- 5th item: Starting position of client: Standing, a pen on the floor, 10 cm in front of toes and in the middle of two feet. Instruction: “Bend down and pick up the pen and stand again.”

(Liao, Hwang, Pan, Liou, Yen, 2013)

Differences of values of the qualifiers between performance and capacity of d4 and d5 in stroke patients (n=110) (2010 ICF Trial study)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>d4-capacity</td>
<td>2.31</td>
<td>1.34</td>
<td>5.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>d4-performance</td>
<td>2.02</td>
<td>1.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d5-capacity</td>
<td>2.30</td>
<td>1.44</td>
<td>3.46</td>
<td>0.001</td>
</tr>
<tr>
<td>d5-performance</td>
<td>2.02</td>
<td>1.46</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Liao, Hwang, Liou, Yen, 2013 & unpublished data)

The connection between chapters of ICF(d)–activities and participation and WHODAS 2.0 subscale in disability identification scale.

<table>
<thead>
<tr>
<th>WHODAS 2.0 subscale</th>
<th>ICF(d) activities and participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMAIN 1 Understanding and Communicating</td>
<td>Chapter 1 Learning and applying knowledge</td>
</tr>
<tr>
<td>DOMAIN 2 Getting around</td>
<td>Chapter 4 Mobility</td>
</tr>
<tr>
<td>DOMAIN 3 Self-care</td>
<td>Chapter 5 Self-care</td>
</tr>
<tr>
<td>DOMAIN 4 Getting along with people</td>
<td>Chapter 7 Interpersonal interactions and relationships</td>
</tr>
<tr>
<td>DOMAIN 5-1 Life activities – Household activities</td>
<td>Chapter 9 Domestic life</td>
</tr>
<tr>
<td>DOMAIN 5-2 Life activities – Work and school</td>
<td>Chapter 8 Major life areas</td>
</tr>
<tr>
<td>DOMAIN 6 Participation in society</td>
<td>Chapter 9 Community, social and civic life</td>
</tr>
<tr>
<td>Environmental factors</td>
<td></td>
</tr>
</tbody>
</table>

(Liao, Hwang, Liou, Yen, 2013 & unpublished data)
WHO Disability Assessment Schedule II (WHODAS 2.0)

- 7 versions
  - 36-item, interviewer-administered (FUNDES based since 2011)
  - 36-item, self-administered
  - 36-item, proxy-administered (FUNDES based since 2011)
  - 12-item, interviewer-administered (2010 trial used)
  - 12-item, self-administered
  - 12-item, proxy-administered
  - 12+24-item, interviewer-administered

((World Health Organization, 2010)

Inter-rater and Test-retest Reliability (Kappa value) of disability score of ICF Activities of Daily Living Scale - Adult version for Adults with Stroke (2010 Taiwan ICF trial)

<table>
<thead>
<tr>
<th>Items in Scale</th>
<th>Inter-rater reliability</th>
<th>Test-retest reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>d5 Self-care</td>
<td>0.90**</td>
<td>0.60*</td>
</tr>
<tr>
<td>d510 washing oneself</td>
<td>0.90**</td>
<td>0.55**</td>
</tr>
<tr>
<td>d520 caring for body part</td>
<td>0.74*</td>
<td>0.45*</td>
</tr>
<tr>
<td>d530 toileting</td>
<td>0.81*</td>
<td>0.74*</td>
</tr>
<tr>
<td>d540 dressing</td>
<td>0.62*</td>
<td>0.38*</td>
</tr>
<tr>
<td>d550 eating</td>
<td>0.72*</td>
<td>0.70*</td>
</tr>
<tr>
<td>d560 drinking</td>
<td>0.43*</td>
<td>0.31*</td>
</tr>
<tr>
<td>d560 looking after one's health</td>
<td>0.72*</td>
<td>0.53*</td>
</tr>
<tr>
<td>d6 domestic life</td>
<td>0.76**</td>
<td>1*</td>
</tr>
<tr>
<td>d620 acquisition of goods and services</td>
<td>0.63**</td>
<td>0.95*</td>
</tr>
<tr>
<td>d630 preparing meals</td>
<td>0.62*</td>
<td>0.76*</td>
</tr>
<tr>
<td>d640 doing housework</td>
<td>1*</td>
<td>0.68*</td>
</tr>
<tr>
<td>d650 caring for household objects</td>
<td>1*</td>
<td>1*</td>
</tr>
</tbody>
</table>

(2010 Taiwan ICF trial)

Convergent Validity of Raw Disability Scores of Subscales* ICF Activities of Daily Living Scale - Adult version for Adults with Stroke (2010 Taiwan ICF trial) (n=50)

| d10 Bathing 1 | 0.92                   |
| d20 Grooming 1 | 0.56*                 |
| d30 Toilet use 1 | 0.94*                 |
| d40 Bowels 1 | 0.80*                |
| d50 Bladder 1 | 0.75*                |
| d60 Dressing 2 | 0.73*             |
| d70 Feeding 3 | 0.64*              |
| d80 Feeding 3 | 0.53*              |
| d90 Taking medication 2 | 0.70*                |
| d100 Grocery shopping 2 | 0.67*         |

** p<0.01, Spearman correlation coefficient test

Item score (mean±SD) of WHODAS 2.0 12-item of 4 disability levels of old system* (n=197)

<table>
<thead>
<tr>
<th>Level 1 (n=51)</th>
<th>Level 2 (n=56)</th>
<th>Level 3 (n=68)</th>
<th>Level 4 (n=30)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do1 35.3±24.7</td>
<td>45.8±28.2</td>
<td>67.9±27.5</td>
<td>73.8±30.3</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Do2 14.0±20.1</td>
<td>27.2±32.3</td>
<td>56.3±31.7</td>
<td>71.3±36.1</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Do3 6.9±17.7</td>
<td>30.1±36.4</td>
<td>55.6±42.9</td>
<td>73.3±38.8</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Do4 29.4±28.6</td>
<td>42.4±34.7</td>
<td>62.5±32.7</td>
<td>71.7±35.2</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Do5 22.2±30.1</td>
<td>39.0±34.1</td>
<td>62.8±37.1</td>
<td>72.8±37.8</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Do6 30.4±29.6</td>
<td>38.4±35.2</td>
<td>67.2±34.0</td>
<td>75.0±37.1</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

* The level of disability is administered by the disability registration system, Department of Social Affairs, Ministry of the Interior in Taiwan
### Change of levels of severity from old disability eligibility system to 2010 trial

<table>
<thead>
<tr>
<th>Change degree</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
<td>71</td>
<td>42%</td>
</tr>
<tr>
<td>More severe</td>
<td>27</td>
<td>16%</td>
</tr>
<tr>
<td>Less severe</td>
<td>73</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>171</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

(Huang, Wu, Fan, Liang, et al., 2010)

### Assessment content (d, e) designed in 2011

- Five revisions of FUNDES adult-version (April to Sept.)
  - 14 expert meetings
  - Based on WHO DAS II
  - Suggestion by medical staffs and specialists in the training courses
  - Pilot tests
- First draft of FUNDES child-version
  - Translated and revised from Child and Family Follow-up Survey (CFFS) for eligibility determination use since July.
  - 3 expert meetings
  - Start training programs in Oct. 2011

(Liao, Fang, et al, 2013; Hwang, Liou, et al., 2013)

### the Functioning Scale of the Disability Evaluation System-Adult Version (≥ 18 yrs) in 2011 trial

- **Domains 1-6 Performance part, based on WHODAS 2.0**
  - Modify the 36-item version (interviewer administered and proxy-administered) according to the culture and language of Taiwan
  - Cognition, Mobility, Self care, Interaction, Life activities, Participation
- **Additional parts, designed by the team**
  - Domains 1-6 Capability part, by interview
  - Domain 7 (Environmental contributes) by interview
  - Domain 8 (Motor action, Capacity by direct testing and Capability by interview)
- **94 items (30-40 min)** (Liao, Hwang, Pan et al., 2013; Liao, Yen, et al., 2013)

### FUNDES- Adult, Flash card # 1

**Health Conditions:**
- Diseases, illnesses or other health problems
- Injuries
- Mental or emotional problems
- Problems with alcohol
- Problems with drugs

**Having difficulty with an activity means:**
- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way you do the activity

**Think about the past 30 days only**

(FUNDES 7.0 Manual, June 2013)

### FUNDES- Adult, Domain 1-6 Performance or Capability

**Flash card # 2**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Extreme or Can not</td>
</tr>
</tbody>
</table>

(FUNDES 7.0 Manual, June 2013)

### FUNDES- Adult, Domain 7 (e)

**Flash card # 3**

- No Barrier
- Have Barrier
- Not applicable

(FUNDES 7.0 Manual, June 2013)
FUNDES-Adult, Domain 8 (Motor action capability)

Flash card # 4

<table>
<thead>
<tr>
<th>None</th>
<th>Supervision or cueing</th>
<th>Mild assistance</th>
<th>A lot of assistance</th>
<th>Complete assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

- 0 (None): independent, no need of help
- 1 (Supervision or cueing): need supervision or cueing, or slow speed
- 2 (Mild assistance): need mild physical assistance
- 3 (A lot of assistance): need moderate physical assistance, still can do a little
- 4 (Complete assistance): need others' help totally

(FUNDES 7.0 Manual, June 2013)

Training courses for FUNDES testers

- 25 training courses (21 for adults-versions and 4 for children versions), more than 1500 professionals trained, from June to Oct. 2011
- 25 training courses (for adults and child versions), 3093 professionals trained in 2012.

Video of FUNDES-adult demonstration

- Mandarin and Taiwanese dialogue

FUNDES-Adult version

Score sheet

<table>
<thead>
<tr>
<th>Item</th>
<th>Difficulty level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (None)</td>
<td>1 (Mild)</td>
</tr>
<tr>
<td>FL 1. Concentrating on doing things for 10 minutes?</td>
<td>0</td>
</tr>
<tr>
<td>FL 2. Remembering and carrying out important things</td>
<td>0</td>
</tr>
<tr>
<td>FL 3. Understanding and responding to instructions</td>
<td>0</td>
</tr>
<tr>
<td>FL 4. Understanding and communicating</td>
<td>0</td>
</tr>
</tbody>
</table>

With devices or other persons' help? □ 1 (device) □ 2 (person) □ 0 (none) (skip to Domain 2)

Cognition

- Consider the degree of difficulty that you have been experiencing in your daily life during the last 30 days, utilizing assistive technology or the help of others, in the following activities. [Show Flash Cards #1 and 2]
- Please circle the appropriate responses from the list below "○"—respondent; "△"—tester if inconsistent with the respondent

<table>
<thead>
<tr>
<th>Cognition</th>
<th>Performance (utilizing assistive technology or the help of others in the real life)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (None)</td>
<td>1 (Mild)</td>
</tr>
<tr>
<td>FL 1. Concentrating on doing things for 10 minutes?</td>
<td>0</td>
</tr>
<tr>
<td>FL 2. Remembering and carrying out important things</td>
<td>0</td>
</tr>
<tr>
<td>FL 3. Understanding and responding to instructions</td>
<td>0</td>
</tr>
<tr>
<td>FL 4. Understanding and communicating</td>
<td>0</td>
</tr>
</tbody>
</table>
FUNDRES-Adult version Domain 1 Cognition (續)
Consider the degree of difficulty that you have during the last 30 days, without g assistive technology or the help of others, in the following activities? [Show Flash Card #2]

<table>
<thead>
<tr>
<th>Item</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.20</td>
<td>你會做社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>1.50</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>1.23</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>1.30</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
</tbody>
</table>

FUNDRES-Adult Domain 7 Environmental factors

- 因為工作或生活活動的障礙可能超出了過去30天的範圍。在回覆時，請以過去30天的情況為主。
- 回覆時請回想過去30天的障礙，考慮一下那是否與主要心理/精神障礙有關聯。若與障礙有關聯，請用led

<table>
<thead>
<tr>
<th>Item</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>e1.05</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>e1.15</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>e1.20</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>e1.25</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
</tbody>
</table>

Information system of disability eligibility system in Taiwan

FUNDRES-Adult Domain 8 Capability (Interview and examine before Domain 1-6)

- 「During the last 30 days, with existed assistive technology, how many assistance do you need from others to complete the following activities？」 [Show Flash Cards #1 and 4]

<table>
<thead>
<tr>
<th>Item</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>2.02</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>2.03</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
<tr>
<td>2.04</td>
<td>你在取得社會福利等相關的輔具嗎？例： wollen, 應用手冊</td>
</tr>
</tbody>
</table>

FUNDRES scores, a 68 years old and retired man with stroke – Domain 1 cognition

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
<th>Difficulty</th>
<th>Power of Assistance</th>
<th>Degree of Dependence</th>
<th>Person's Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1.0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D1.1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D1.2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>D1.3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Liao, et al., 2013
Summary description of the stroke patient from FUNDES
• Domain 1-6 Performance: except mild cognition and no restriction ADL, others are moderate to severe restriction in real life.
• Domain 1-6 Capability: except mild cognition (D1), others are moderate to severe restriction without device and help.
• Domain 8 (Motor action) Capacity & Capability: FM supervision to mild assistance; GM mild to large assistance.

Making Decision from FUNDES results the stroke patient

ICF/ICF-CY code sets or core sets
• Selections of categories for specific purposes, and facilitate broader clinical application and team decision making
• Current ICF core set
  ■ ICF core set project (http://www.icf-research-branch.org/icf-core-sets-project.jsp; 1641024398)
  ■ Core set tells “what to measure”, not “how to measure” (Ptyushkin, Selb, Cieza, 2012)

ICF Generic core set (n = 7) and FUNDES-adult

<table>
<thead>
<tr>
<th>Domain</th>
<th>D1</th>
<th>D2</th>
<th>D3</th>
<th>D4</th>
<th>D5-1</th>
<th>D5-2</th>
<th>D6</th>
<th>D8-1</th>
<th>D8-2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Performance</td>
<td>Capability</td>
<td></td>
<td></td>
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<tr>
<td>D1 认知</td>
<td>60 (mild)</td>
<td>60 (mild)</td>
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<tr>
<td>D2 四處走動</td>
<td>88 (moderate)</td>
<td>94 (severe)</td>
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<tr>
<td>D3 生活自理</td>
<td>0 (none)</td>
<td>75 (moderate)</td>
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<tr>
<td>D4 與他人相處</td>
<td>92 (severe)</td>
<td>92 (severe)</td>
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<tr>
<td>D5-1 居家活動</td>
<td>100 (severe)</td>
<td>100 (severe)</td>
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<tr>
<td>D5-2 工作/學校活動</td>
<td>NA</td>
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<tr>
<td>D6 社會參與</td>
<td>92 (severe)</td>
<td>92 (severe)</td>
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<tr>
<td>D8-1 fine motor activities (FM)</td>
<td>1.3 (supervision to mild assistance)</td>
<td>2.0 (mild assistance)</td>
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<tr>
<td>D8-2粗大動作活動(GM)</td>
<td>2.0 (mild assist)</td>
<td>2.8 (moderate to large assist)</td>
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</tbody>
</table>

NA: Not applicable.
Summary

- Time pressure in preparation
- Purposes
  - To examine the clinical feasibility and choose appropriate cut-off points
  - If the measure can clearly describe the characteristics and needs of people with disabilities
- Pilot testing in 2010 - 2012
  - Four sites, totally more than 130 thousands subjects with variety of disabilities
  - The government system, nongovernment organization and academic society worked as a team
  - Several unresolved issues
  - Cutoff point for severity of disability
  - ICF categories are set as gatekeepers in early 3013, may change in future
  - Balance between needs and limited budget
- How could we apply WHODAS II and FUNDES in the future?

Acknowledgements

- The studies are supported by the Ministry of Health and Welfare, Taiwan (No. 98M8178, 99M4080, and 99M4073, 100M4145, 101M4100, 102M4022).
- We also thank all the participants in the serial task forces.
- Thanks all ICF related professionals and people with special needs to participate this important event

References