INTRODUCTION: Personality traits are defined as the set of habitual behaviors, cognitions and emotional patterns that evolve from biological and environmental factors. Personality Factors are still not coded in the latest version of ICF (International Classification of Functioning of WHO). In the field work using recently validated ICF core sets (Cerebral Palsy), we presented coding of Personality Factors (PF) determine the course and outcome of our intervention in last year's EACD conference. Ten PF’s were found in the literature that stood to our coding suitability, which we used to code Cerebral Palsy using ICF Core Set.

Our literature search landed us with the following 10 PF (Personality Factors) suitable for ICF coding: Sensation thinking style and Self-image acting as a Facilitator in the number of items shown in Table 2 commonly.

RESULTS: Out of the 10 PF’s coded, there were 1071/1918 Facilitators and 847/1918 Barriers that seem to influence the child’s Activity and Participation both to the intervention offered as well as in his/her daily living. This is presented in tabular fashion.

DISCUSSION: In our last study with 3 samples we have found 318 Facilitator out of all 10 PF’s and 411 Barriers. When we have increased the sample size to 6 this year, we have found 1,071 Facilitator out of all 10 PF’s and 847 Barriers. So we can conclude that if there is an increase in the sample size, the result outcome will be more useful for future general use of PF by all professionals using ICF. We strongly believe that PF are strong determinants of input successes in CP in children. Hence, we believe that PF ought to be coded while coding CP using ICF. We have shown in successive EACD Annual Conferences, how we think, if can be used as common language. We now intend to use PF coding in other Paediatric ICF Core Sets like ASD (Autism Spectrum Disorders) or ADHD Attention Deficit & Hyperactivity Disorders.

CONCLUSIONS: PF’s are important determinants. Coding of PF in a standardised manner therefore, can lead to determine and influence appropriate intervention to improve activity and participation in a biopsychosocial environment of the child with disability. This is therefore, an important innovation in adding this factor unifying the world of disability in a standardised and meaningful way to intervene and improve participation.