# Rules for ICD-11 Mapping

* Whenever possibly mapped strictly according to ICD-11. Due to lack of information for keywords some might have ended up in category unintended by study author.
* Unspecified keywords mapped to general target/endpoint category
* Medical procedures mapped to Lvl 1 24, Lvl 2 “Reasons for contact with health services (including treatment modalities)”.
* Lifestyle, behavior and social factors were mapped to Lvl 1 24, Lvl 2 “Factors influencing health status (including lifestyle)”.
* General, sometimes unmedical terms, were mapped to the section General target/endpoint in both levels
* -Neurocognitive disorders have been classified in chapter 6 – according to recent commentaries [Neurocognitive disorders in ICD‐11: the debate and its outcome (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5980293/)
* Substance use and abuse was always mapped to the appropriate “06 Mental, behavioural or neurodevelopmental disorders” category and not the according lifestyle section.
* Unless the reason for a symptom-like keyword was detectable from the keyword itself, such keywords were mapped to the suitable category in “21 Symptoms, signs or clinical findings, not elsewhere classified (including pain)”. In case the underlying disease or disorder was identifiable, this was used to map the symptom (e.g. Spasticity as Sequela of Stroke 🡪 08 Diseases of the nervous system Cerebrovascular disease)
* Adverse effects, adverse events and (negative) consequences of interventions were mapped to the “22 Injury, poisoning or certain other consequences of external causes” category “Injury or harm arising from surgical or medical care,[…]”.