Core area	Outcome domain	Explanation
Death	1. Mortality/survival	Includes overall (all-cause) survival/mortality and cause-specific survival/mortality, as well as composite
		survival outcomes that include death (e.g. disease-free survival, progression-free survival, amputation-
		free survival)
Physiological/	Physiological/clinical	Physiological/clinical outcomes include measures of physiological function, signs and symptoms, as well
clinical	2. Blood and lymphatic system outcomes	as laboratory (and other scientific) measures relating to physiology, and are categorised according to
	3. Cardiac outcomes	the underlying cause/body system.
	4. Congenital, familial and genetic outcomes	
	5. Endocrine outcomes	General outcomes include those affecting the whole body which cannot be attributed to a certain body
	6. Ear and labyrinth outcomes	system e.g. fatigue, chills, flu like symptoms, malaise, anorexia, pain (unspecified, not associated with a
	7. Eye outcomes	particular body system), fever (not attributable to infection), anthropometric measures (e.g. weight),
	8. Gastrointestinal outcomes	"global" measures, "symptoms" (not associated with a particular body system), "physical health",
	9. General outcomes	fitness.
	10. Hepatobiliary outcomes	
	11. Immune system outcomes	Pain outcomes are categorised according to underlying cause or body system or within the General
	12. Infection and infestation outcomes	outcomes domain (if non-specific).
	13. Injury and poisoning outcomes	
	14. Metabolism and nutrition outcomes	Laboratory parameters (for example, from blood samples) and scientific measures (for example,
	15. Musculoskeletal and connective tissue	pharmacokinetic outcomes) should be classified within the physiological domain that captures the
	outcomes	reason for the assessment (rather than within the <i>Blood and lymphatic system</i> domain, for example).
	16. Outcomes relating to neoplasms: benign,	
	malignant and unspecified (including cysts	Psychiatric outcomes include all those relating to mental health conditions and associated behaviours
	and polyps)	(e.g. addictions and behavioural problems).
	17. Nervous system outcomes	
	18. Pregnancy, puerperium and perinatal	Pregnancy, puerperium and perinatal domain extends to outcomes relating to breastfeeding and
	outcomes	weaning.
	19. Renal and urinary outcomes	
	20. Reproductive system and breast outcomes	Outcomes relating to neoplasms include those related to non-solid and solid tumours.
	21. Psychiatric outcomes	
	22. Respiratory, thoracic and mediastinal	Sleep outcomes which relate to clinical signs, symptoms, or lab measures may be classified as Nervous
	outcomes	system, Psychiatric or Metabolism and nutrition outcomes, depending on cause. However, outcomes
	23. Skin and subcutaneous tissue outcomes	

Core area	Outcome domain	Explanation
	24. Vascular outcomes	relating to the impact of sleep deprivation, for example, should instead be classified within the relevant
		functioning domain.
Life impact	Functioning	Impact outcomes
	25. Physical functioning	Physical functioning: impact of disease/condition on physical activities of daily living (for example, ability
	26. Social functioning	to walk, independence, self-care, performance status, disability index, motor skills, sexual dysfunction.
	27. Role functioning	health behaviour and management)
	28. Emotional functioning/wellbeing	
	29. Cognitive functioning	Social functioning: impact of disease/condition on social functioning (e.g. ability to socialise, behaviour within society, communication, companionship, psychosocial development, aggression, recidivism, participation)
		Role functioning: impact of disease/condition on role (e.g. ability to care for children, work status)
		<i>Emotional functioning/wellbeing</i> : impact of disease/condition on emotions or overall wellbeing (e.g. ability to cope, worry, frustration, confidence, perceptions regarding body image and appearance, psychological status, stigma, life satisfaction, meaning and purpose, positive affect, self-esteem, self-perception and self-efficacy)
		<i>Cognitive functioning</i> : impact of disease/condition on cognitive function (e.g. memory lapse, lack of concentration, attention); outcomes relating to knowledge, attitudes and beliefs (e.g. learning and applying knowledge, spiritual beliefs, health beliefs/knowledge)
	30. Global quality of life	Includes only implicit composite outcomes measuring global quality of life
	31. Perceived health status	Subjective ratings by the affected individual of their relative level of health
	32. Delivery of care	Includes outcomes relating to the delivery of care, including
		adherence/compliance
		patient preference
		tolerability/acceptability of intervention
		 withdrawal from intervention (e.g. time to treatment failure)
		appropriateness of intervention

Core area	Outcome domain	Explanation
		accessibility, quality and adequacy of intervention
		• patient/carer satisfaction (emotional rather than financial burden)
		 process, implementation and service outcomes (e.g. overall health system performance and the impact of service provision on the users of services)
	33. Personal circumstances	Outcomes relating to patient's finances, home and environment
	Resource use	Resource use
34. Economic		domains
	35. Hospital	
	36. Need for further intervention	Hospital: outcomes relating to inpatient or day case hospital care (e.g. duration of hospital stay,
	37. Societal/carer burden	admission to ICU)
		Need for further intervention: outcomes relating to medication (e.g. concomitant medications, pain
		relief), surgery (e.g. caesarean delivery, time to transplantation) and other procedures (e.g. dialysis-free survival, mode of delivery)
		Societal/carer burden: outcomes relating to financial or time implications on carer or society as a whole
		(e.g. need for home help, entry to institutional care, effect on family income)
Adverse	38. Adverse events/effects	Includes outcomes broadly labelled as some form of unintended consequence of the intervention (e.g.
events		adverse events/effects, adverse reactions, safety, harm, negative effects, toxicity, complications,
		sequelae). Specifically named adverse events should be classified within the appropriate taxonomy
		domain above with an additional level of categorisation which identifies that this outcome is being
		considered as an adverse event.