

ACQ-OP SCORE FORM (page 1 of 4)

Name: _____ OTAP ID number: _____

Occupational therapist: _____ Evaluation date: _____

Gender: Male Female Observation number: 1 2 3 4

Birth date: _____ AMPS task code: _____

Person's self-rating (PSR) of his/her quality of performance for *this* ADL task (based on ACQ-OP Termination question):

- No problems
- Minor problems
- Moderate problems
- Major problems

Overall level of discrepancy (LoD) between the person's self-reported problems during ADL task performance and the problems observed by the occupational therapist during *this* task:

- None
- Questionable
- Minimal
- Moderate/Obvious
- Marked

Global baseline statement: _____

Occupational therapist's rating of person's overall level of awareness/insight (LoA) (based on all information available):

- Good awareness
- Questionable limitation
- Mild limitation
- Moderate limitation
- Marked limitation
- Unaware

ITEM RAW SCORES

Q-1. Overall quality: When you think about when you were [ADL task], how do you think it went; how did it go?			
Consider only the QoP ratings (AMPS global baseline) Effort _____ Efficiency _____ Safety _____			
Independence _____			
Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

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Q-2. Specific examples: Describe for me anything about [ADL task] that was hard/difficult for you to manage.

Consider only the person's overall quality as summarized in the AMPS item cluster statements (specific baselines) for this task

AMPS item clusters _____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Q-3. Using hands: How was it for you to use your hands when you were [ADL task]?

Skills to consider include **Grips**____, **Manipulates**____, **Coordinates**____, **Calibrates**____, **Flows**____; also, **if related** to pulling on clothing, **Moves**____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Q-4. Moving body: How was it for you to position yourself and to move your body and task objects to different places when you were [ADL task]?

Skills to consider include **Aligns**____, **Walks**____, **Transports**____; also, **if related** to instability when standing and/or walking, **Stabilizes**____, **if related** to awkward arm and body positions, **Positions**____, **if related** to stiffness when sitting down or standing up, **Bends**____, **if related** to effort moving walker or wheelchair, **Moves**____, and **if related** to bumping the body, walker, wheelchair, or an object held in the hand when moving around the environment, **Navigates**____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Q-5. Reaching objects: How was it for you to reach for and get objects when you were [ADL task]?

Skills to consider include **Reaches**____, **Lifts**____; also, **if related** to instability during reach, **Stabilizes**____, **if related** to standing too far from objects during reach, **Positions**____, **if related** to stiffness when reaching, **Bends**____, **if related** to effort opening and closing doors and drawers and/or effort pushing, pulling, or sliding objects, **Moves**____, and, **if related** to bumping into objects during reach, **Navigates**____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

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Q-6. Keeping going: How was it for you to pace yourself and keep going when you were [ADL task]?

Skills to consider include **Endures** ____, **Paces** ____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Q-7. Doing agreed task: When you think about [ADL task], did you perform the task as we had decided beforehand?

Skills to consider include **Heeds** ____, **Chooses** ____, **Restores** ____; also, **if related** to asking questions about the agreed-upon task contract or essential goal, **Inquires** ____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Q-8. Progressing smoothly: When you were [ADL task], did it progress smoothly, and without hesitations or pauses, from beginning to end?

Skills to consider include **Attends** ____, **Initiates** ____, **Continues** ____, **Sequences** ____, **Terminates** ____; also, **if related** to asking questions about the environment, location of task objects, or non-task-related topics, **Inquires** ____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Q-9. Finding and gathering: How was it for you to find and gather the things you needed when you were [ADL task]?

Skills to consider include **Searches/Locates** ____, **Gathers** ____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

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Q-10. Organizing and using: How was it for you to organize and use the things you needed when you were [ADL task]?

Skills to consider include **Uses**____, **Handles**____, **Organizes**____

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Q-11. Biggest problem: When you think about when you were [ADL task], what would you say were your biggest problems/difficulties?

Skills to consider include **Notices/Responds**, **Adjusts**, **Accommodates**, and **Benefits** in relation to any problems defined by the AMPS item cluster statements (specific baselines) for this task that were considered when scoring Q-2 that were not prevented and not mentioned when answering Q-11

Occupational therapist's rating	ADL skill limitations	Person's self-report	Discrepancy
_____	None	_____	4 _____
_____	Minimal	_____	3 _____
_____	Moderate/Obvious	_____	2 _____
_____	Marked	_____	1 _____

Additional comments: