



Assessment of Occupational Functioning Collaborative Version

Administration Protocol

The AOF-CV is a screening tool designed to collect a broad range of information believed to influence and indicative of a person's occupational performance and to identify areas needing more in-depth evaluation. It is based directly on the Model of Human Occupation (Kielhofner, 1995) and measures aspects of the human system as defined by this practice model. Therapists using this instrument should be familiar with the practice model. The AOF-CV does not attempt evaluation of specific daily living skills or environmental variables directly, but aims to efficiently generate a picture of numerous complex and interrelated factors likely to influence a person's ability to function.

Administration

The AOF-CV may be therapist-administered or self-administered with therapist follow-up. Either way, proper administration assumes use with clients capable of responding to an interview, therapist interviewing skill, and knowledge of the Model of Human Occupation since AOF-CV instrument development research is derived from this theoretical framework.

Therapist administration. Interview the person following this format. Parenthetical probes or clarifications should be used as needed. These are indicated if use of the specified question resulted in either no reply, a request for clarification, an answer suggesting interviewee misunderstanding, a superficial response, or other indications of poor communication. No other questions, probes, or clarifications are to be used. Note responses on this form. Responses from this interview will provide the information for you to mark the rating form. For use in research, investigators are to rely only on information from these interview questions to determine ratings.

Self-administration. Give the interview to the client to complete. Then review responses, use probes or clarifications as needed (see above), and rate.

Item clarification and probes. The following clarification relates to interview items 5 and 6: The interviewer should record the time period and any explanations about the degree of self-determination reported. This item is designed to gather clinically useful information about how persons organize time. Thus, a person in physical rehabilitation who is beginning to return to some self-directed routines would report their current routine. However, for acute care hospitalized patients, the period of time that would best reveal how they organized time would probably be that immediately preceding hospitalization---not the current hospital staff-determined schedule.

Scoring

Scoring codes. Codes for Model of Human Occupation components are printed to the left of each item to help the therapist generate follow-up questions that are appropriately related to the practice model:

(V)	=	Values
(PC)	=	Personal Causation
(I)	=	Interests
(R)	=	Roles
(H)	=	Habits
(S)	=	Skills

Scoring interpersonal and communication skills. The data for rating this item is included at the beginning of the AOF-CV Rating Form. Whether the assessment is administered by the therapist or self-administered with therapist follow-up, this item must be answered by therapists based on either their experience conducting the entire interview or based on their review and use of follow-up questions.

Kielhofner, G. (Ed.). (1995). A model of human occupation: Theory and application (2nd ed.). Baltimore, MD: Williams & Wilkins.



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To be completed by the client.

Name _____ Today's Date _____

Age _____

How many years did you complete in school? _____

Describe your two most recent job experiences below.

<u>JOB</u>	<u>EMPLOYMENT DATES</u>	<u>REASON FOR LEAVING</u>



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(I) 1. Name at least 5 things you enjoy doing. Why do you like to do these things?

(I) 2. What interests do you actively participate in now? How often do you do each thing?

Interests	Frequency

(I) 3. Are there things that you have been interested in but are not doing now?

If so, list these.

Why don't you do these things now?

(V) 4. What activities do you value or what activities give you a sense of purpose to your life? Please be specific in identifying these meaningful activities.

(H) 5. What do you do in a typical weekday? Pick this typical weekday from a relatively current, stable period of time during which you had some control over determining the routine. Start with waking up and end with bed time. Be sure to specify when this typical weekday occurred.

(H) 6. What do you do in a typical weekend? Pick this typical weekend from a relatively current, stable period of time during which you had some control over determining the routine. Start with waking up and end with bed time. Be sure to specify when this typical weekend occurred.

(H) 7. If you currently experience decreased decision-making or control of life events, how does what you do now differ from what you did? In other words, compare your current activities to a typical week from a relatively current, stable period of time during which you had some control over determining the routine.

- (H) 8. Do people think the way you spend your time is alright? Explain why or why not.
- (V) 9. Do you believe you make good use of your time? Give an example. (Consider how you think you should spend your time and whether or not you accomplish this.)
- (V) 10. What were you doing about one year ago?

What do you expect to be doing one year from now?

What do you expect to be doing five years from now?

- (PC) 11. Do you believe you will be able to achieve your goals in the next year? (Examples may include making a quilt, applying for a job, finding a place to live, etc.)
- (PC) 12. Do you feel in control of your life? For example, do you make your own decisions?
- (PC) 13. Do you believe that other people or things have control of your life? If so, please explain. (Examples include family or friends who influence your decisions; and age, health, or institutional rules that may limit your freedom at times.)

- (PC) 14. Everyone has things they believe they do well and things they believe they don't do well. What things do you believe you do well? (For example, a carpenter may say that he is good with his hands, but does not think he can do math very well.)

Do you believe these things are useful to your everyday life?

- (V) 15. Do you have certain ideas about how you should carry out your daily activities? Discuss any thoughts you have about performing these activities particularly well or to a standard.

- (R) 16. Some people are workers or students. What kinds of things (that is, roles) are you involved in in everyday life? (In other words, what do you spend most of your time doing; with whom do you spend most of your time; and how often do you do these things?)

- (R) 17. List each of your major life roles and tell what you think others expect you to do in each role.
- | <u>role</u> | <u>expectations</u> |
|-------------|---------------------|
|-------------|---------------------|

- (R) 18. List each of your major life roles and tell how you feel in each role listed. In particular, do you feel comfortable (i.e., do you feel like you belong in each of these roles)?

role

your feelings of comfort

- (H) 19. If changes are made to your daily routine, how do you act? (For example, if the OT session is canceled or if a meal arrives late, sometimes people behave angrily and spend time complaining instead of filling in the time with another satisfying activity. Another person may routinely go along with any changes.)

- (S) 20. Do you have any physical limitations that interfere with daily activities? (Mention not only major limitations, but also limitations that only you may notice, such as incoordination when handling small objects that may interfere with typing, sewing, and detail painting, or limited energy or strength to participate in vigorous physical activities, etc.)

If so, does this interfere with the things you need to do? Please explain.

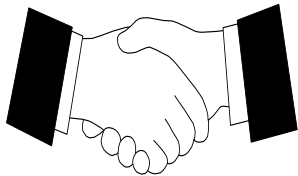
Does this interfere with things you want to do? Please explain.

- (S) 21. If you run into everyday problems, can you usually figure them out? (For example, if you do not drive and want to visit a friend in another area of this city, could you arrange to get there?)

If no, what do you do?

Do you regularly depend on others for help to figure out a problem?

(S) 22. In general, how do you get along with people?



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Rating Form

General Instructions

The therapist must complete the Communication/Interaction Skills assessment item before completing the component ratings.

Communication/Interaction Skills

The therapists must rate the person's receptive and expressive communication skills by circling one statement in "I" and one statement in "II". Base your judgements on experience either interviewing the client or conducting a review with follow-up questions after a client has filled out the assessment.

(S)

I.

- A. This person seemed to hear and understand all interview questions.
- B. This person seemed to have moderate difficulty hearing and/or understanding interview questions.
- C. This person seemed to have consistent difficulty hearing and/or understanding the interview questions. Please explain the nature, frequency, and/or degree of difficulty.

II.

- A. This person easily expressed his/her ideas (consider thought processes and speech).
- B. This person had moderate difficulty expressing his/her ideas (consider thought processes and speech).
- C. This person had consistent difficulty expressing his/her ideas (consider thought processes and speech). Please explain the nature, frequency, and/or degree of difficulty.

Component Rating

Please circle only one number for each item. Consider items directly related (and coded) to each rating form item when determining the rating. Other spontaneously expressed information (either through the interview or in response to interview questions not coded for that particular component) may also contribute to your rating. Consider the Communication/Interaction Skills item (see above) along with other relevant assessment information when rating the Performance Subsystem skill #3.

Items rated with 3, 2, or 1 may suggest need for further detailed evaluation in that area.

Ratings are associated with the following labels:

- 5 = Very Highly
- 4 = Highly
- 3 = Moderately
- 2 = Little
- 1 = Very Little

VOLITION SUBSYSTEM						HABITUATION SUBSYSTEM					
Values (V)						Roles (R)					
1. Does this person demonstrate his/her values through the selection of well-defined, meaningful activities?	5	4	3	2	1	1. Does this person demonstrate an adequate array of life roles (family member, student, worker, hobbyist, friend, etc.)?	5	4	3	2	1
2. Does this person demonstrate his/her values through the selection of personal goals?	5	4	3	2	1	2. Does this person have a realistic concept of the demands and social obligations of his/her life roles?	5	4	3	2	1
3. Does this person demonstrate socially appropriate values through the selection of personal standards for the conduct of daily activities?	5	4	3	2	1	3. Does this person express comfort or security in his/her major life roles?	5	4	3	2	1
4. Does this person demonstrate temporal orientation through expressed awareness of past, present, and future events and beliefs about how time should be used?	5	4	3	2	1	Habits (H)					
Personal Causation (PC)						1. Does this person demonstrate habit patterns through well-organized use of time?	5	4	3	2	1
1. Does this person demonstrate personal causation through an expressed belief in internal control?	5	4	3	2	1	2. Does this person report that his/her habits are socially acceptable?	5	4	3	2	1
2. Does this person demonstrate personal causation by expressing confidence that he/she has a range of skills?	5	4	3	2	1	3. Does this person demonstrate adequate flexibility in his/her habits?	5	4	3	2	1
3. Does this person demonstrate personal causation by expressing confidence in his/her skill competence at personally relevant tasks?	5	4	3	2	1	OCCUPATIONAL PERFORMANCE SKILLS (S)					
4. Does this person demonstrate personal causation by expressing hopeful anticipation for success in the future endeavors?	5	4	3	2	1	1. Does this person have adequate motor skills necessary to move himself/herself or manipulate objects?	5	4	3	2	1
Interests (I)						2. Does this person have adequate skills for managing events, processes, and situations of various types?	5	4	3	2	1
1. Does this person clearly discriminate between degrees of interests?	5	4	3	2	1	3. Does this person have communication and interpersonal skills necessary for interacting with people?	5	4	3	2	1
2. Does this person clearly identify a range of interests?	5	4	3	2	1	Comments:					
3. Does this person routinely pursue his/her interests?	5	4	3	2	1						

