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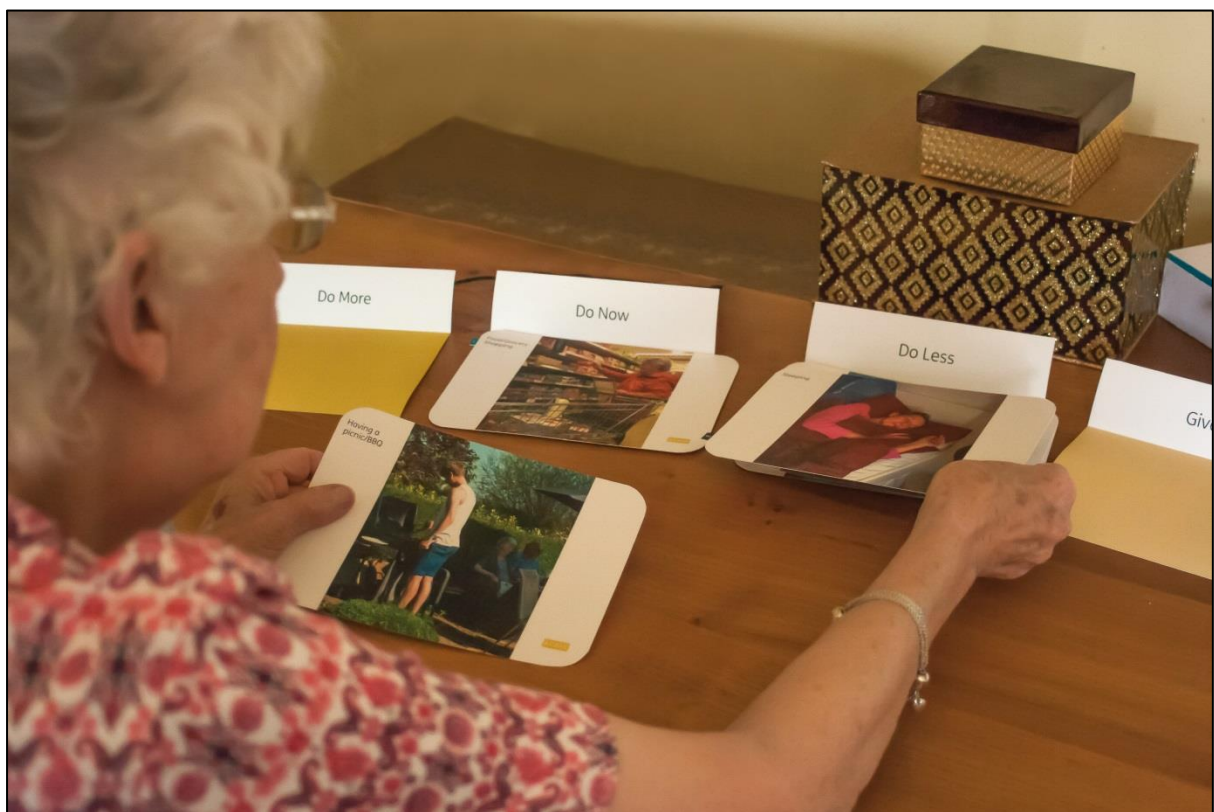
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Activity Card Sort – United Kingdom (ACS-UK)

by **Alison J Laver-Fawcett** PhD, DipCOT, O.T.(C)



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The design of the ACS-UK has been undertaken by Hannah Ingleby.

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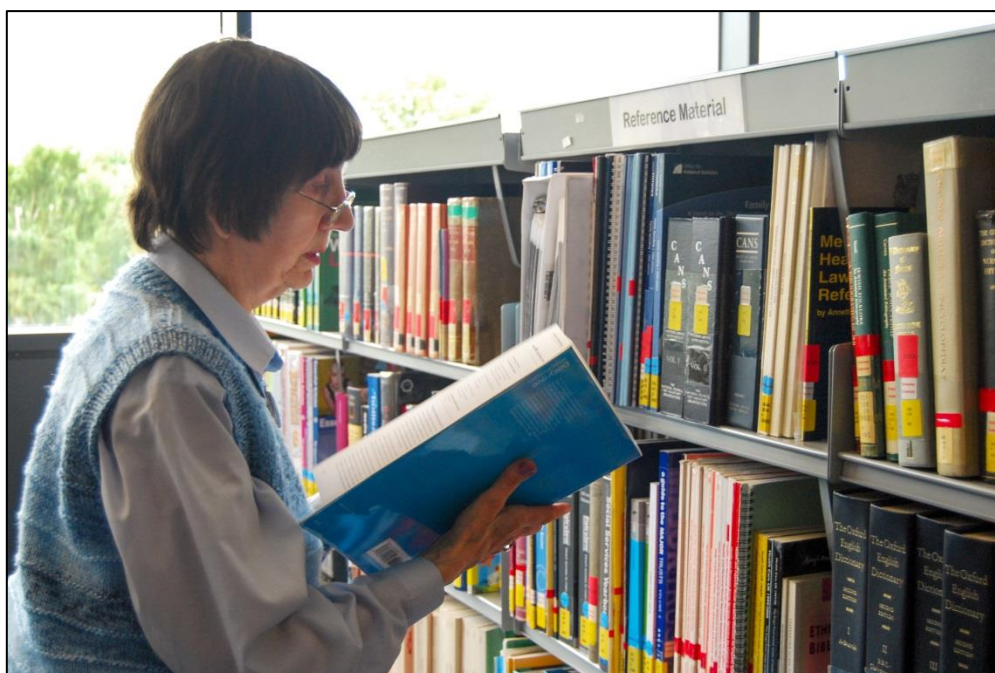
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ACS-UK 64: Riding a Bicycle

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ACS-UK 88: Going to a Public Library

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Photographing the activities: Photographing 93 activities in real world settings and depicting older adults of a range of ages and both genders has proved to be one of the most challenging aspects of this project! Sincere thanks are given to everyone who took photographs and to the people (volunteers, friends and family) who agreed to be photographed.

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About the author

Alison is a Professor in Occupational Therapy, at York St John University. Her doctoral research led to the development of the Structured Observational Test of Function (SOTOF) and she obtained her PhD in 1995. She has worked as an occupational therapist since 1986 in a variety of roles (clinician, researcher, educator, professional lead) in the UK, USA and Canada. Alison was an NHS modernisation manager leading service evaluation and improvement for Older Peoples' Mental Health Services (2000-08) and has undertaken consultation projects for the Care Services Improvement Partnership, Royal British Legion and the National Patient Safety Agency. Her research, publications and mentorship mainly focuses occupational therapy assessment and outcome measurement and older people with neurological conditions and dementia. Her current research relates to the development of the Activity Card Sort – UK and the 2nd edition of SOTOF. She recently collaborated with colleagues at York University on the NIHR funded 'Models of Reablement Evaluation: a mixed models evaluation of a complex intervention' project. Alison has published several articles and book chapters and the text book 'Principles of Assessment and Outcome Measurement for Occupational Therapists and Physiotherapists: Theory, Skills and Application' (2007). She has delivered invited and peer-reviewed teaching and presentations in the UK and internationally. She is currently Vice-Chair of Research in Occupational Therapy and Occupational Sciences (ROTOS) and serves on the Occupational Therapy Europe Coordinating group. She served as the BAOT/COT Council member for International affairs and represented COT as the UK delegate on the World Federation of Occupational Therapists Council (2009-11).



Chapter 1: Overview

The Activity Card Sort – United Kingdom (ACS-UK) is a self-report assessment for older adults (age 65 years and above) to determine their level of participation in a wide range of activities. The 93 ACS-UK activity cards (comprising photographs and activity label descriptions) are divided into four domains:

- **Instrumental Activities of Daily Living (IADL) – cards 1-27**
- **Low Demand Leisure Activities (LDL) – cards 28 - 53**
- **High Demand Leisure Activities (HDL) – cards 54 - 68**
- **Social and Cultural activities (SC) – cards 69 – 92**

ACS-UK activity card 93 is sleeping



Figure 1: the front of the 4 domain folders

Each set of cards is stored in a domain folder and these have been coloured coded. Card 93 is stored with the cards in the Social and Cultural domain.



Figure 2: An example ACS-UK Photograph Activity Card



Figure 3: the back of the 4 domain folders

There is an A3 summary sheet for each domain with photographs of all the ACS-UK activities in the domain. These can be used at the end of the assessment when you discuss with the person which are the most important activities to them. These could be in terms of importance as a focus for setting rehabilitation goals or important to maintain following a move into residential care. The summary sheets are also helpful to ensuring the correct Activity cards are stored in each domain folder. The A3 summary sheet is folded into quarters and stored in the related domain folder.



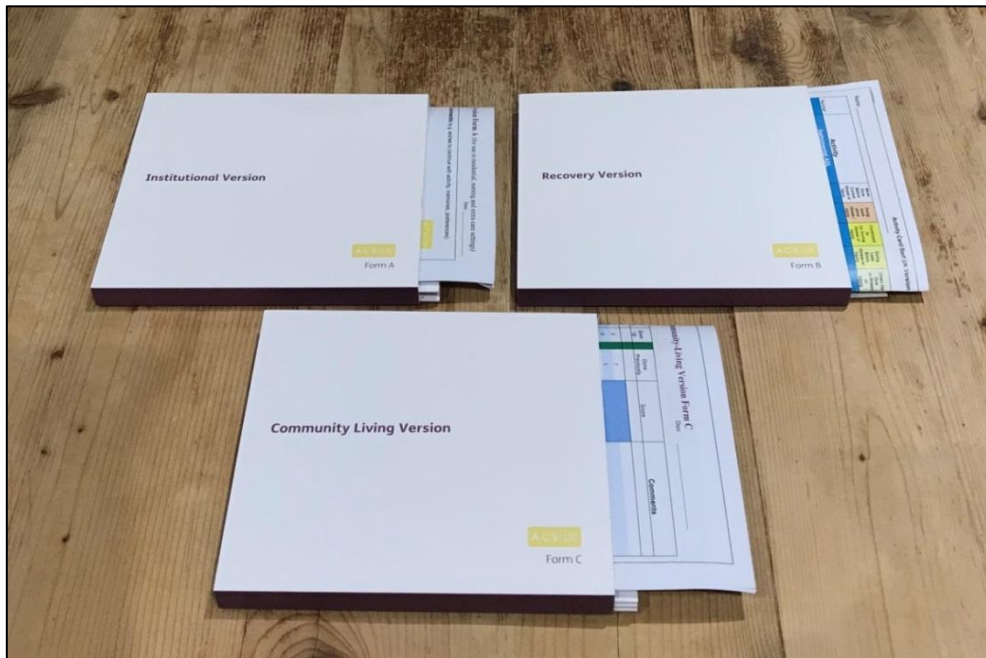
Figure 4: Shows the domain folders, with the IADL Activity cards and the IADL summary sheet removed

There are three sorting options each using the same 93 activity cards but different categories for sorting.

- **Version A - Institutional version:** is used to assess what activities the person has or has not done before, this sort can be useful when someone is making a transition, e.g. admission to hospital, or move into a residential or nursing home, warden controlled or extra care housing.
- **Version B – Recovery version:** is used to assess people undergoing rehabilitation, reablement or recovery.

- **Version C – Community Living version** is useful for people living with a long-term condition, or to explore changes in participation following a life event (e.g. retirement, injury, diagnosis).
- For versions B and C the activities are sorted into categories and then scored to determine the person's 'Current Activity' (CA) level, 'Previous Activity' (PA) level and 'Global Retained Activity Score' (GRAS).

All three versions ACS-UK A, B and C can be used as a descriptive assessment. Versions B and C can also be used as an outcome measure. The category cards used to sort for each version are stored in separate folders.



Figures 5 (above) and 6 (below): The folders for the 3 versions (A, B and C)



Chapter 2: Background to the ACS and ACS-UK

The United Kingdom (UK) version of the Activity Card Sort has been based on the American ACS (2nd edition; Baum & Edwards, 2008). Both the ACS (2nd edition, Baum and Edwards, 2008) and the ACS-UK require participants to sort activity cards into categories to indicate their level of engagement. The ACS has three formats (institutional, recovering and community living versions) which use the same 89 photograph activity cards but involves sorting these into different participation categories. The institutional version (Form A) uses the categories: done before illness / injury or admission; not done before illness/ injury or admission. The recovery version (Form B) uses the categories: Not done before current illness or injury (activity is removed from scoring); continued to do during illness or injury (each activity is scored 1); doing less since illness or injury (each activity is scored 0.5); given up since illness or injury (each activity is scored 0); new activity since illness and injury (each activity is scored 1). The community living version (Form C) uses the categories: not done in the last year (no score and activity is removed from scoring); do now (each activity scored 1); do less (each activity scored 0.5); and given up (each activity scored 0). This choice of versions enables the ACS to be applied across hospital (recovery version or institutional version dependent on the nature of the person's condition), community (recovery or community living versions) and long-term care settings (institutional version). Scores are calculated for current activity, previous activity and activities retained. For forms B and C, current activity is the sum of all activities that are done less or are still continued / done now. 'Done previously' is calculated from activities categorised as continued/ done now or done less and is scored 1 per activity, if either category has been selected, and then summed. Retained activity is calculated by dividing the current activity total by the done previously total and it is expressed as a percentage. At the end of the assessment, the person is asked to identify the five activities they consider most important as a guide for intervention, these can be activities that are no longer done (Baum and Edwards, 2001). The ACS can inform a client-centred intervention plan based on the participant's activity preferences and participation levels (Katz et al., 2003).

Reviews of ACS related research literature indicated that the ACS is a valid and reliable tool for measuring activity participation (Eriksson et al., 2011; Laver-Fawcett and Mallinson, 2013). To establish content validity, culturally sensitive ACS versions shared similarities in test development (Eriksson et al., 2011) and were based on the original ACS (Baum and Edwards, 2001, 2008).

The first author's previous experience of using the ACS (Baum and Edwards, 2008) with people dementia and carers found that they described 'doing more' of some activities and so this was considered as an ACS-UK sorting category. However, doing more of an activity can be perceived as a positive or negative change depending on the nature of the activity and the reasons for the increased participation level. As the ACS scoring method (Baum and Edwards, 2008) is used for the ACS-UK, the 'do more' category is scored the same as 'do now' to maintain equivalence with other ACS versions. The inclusion of 'do more' adds useful qualitative information for guiding intervention. The ACS-UK uses the category 'Not done in the past year', in line with the Netherlands ACS-NL (Jong et al., 2012). If therapists wish to consider clients' activity engagement over their life time then the 'anchor' category of 'Not done in the past year' can be omitted. If the therapist is interested in more recent changes to activity levels the 'Not done in the past year' category can be a useful anchor. The category 'Never done' has been added to the ACS-UK this has no score and never done activities are removed from scoring.

Following administration of the original ACS (Baum & Edwards, 2008) with older people with dementia and their care-givers (Laver-Fawcett, 2012), the first author and a group of occupational therapy students identified a number of potential modifications. In terms of the modifications made to the ACS-UK Form B, compared to the ACS 2nd edition Recovery version (Baum and Edwards, 2008), the earlier occupational therapy student study (Laver-Fawcett, 2012) had found that participants described '*doing more*' of some activities. However, doing more of an activity was not always a positive change, as change can arise when the person is unable to participate in more meaningful activities. Given that 'doing more', could be a negative or positive change, and in order to maintain comparability with other ACS versions, the scoring method as described by Baum and Edwards (2008) is used for the ACS-UK. This means that the 'do more' column is scored the same as the 'Continued to

do' column and each activity done more since injury or the onset of the current illness is scored 1. It is useful for to note if the person has chosen to do more of an activity and whether doing more of this activity is perceived positively or negatively. For example, a person may indicate that he watches more television and in the comments section the therapist could record that he perceives this negatively because he would prefer to engage in more physically demanding leisure activities, such as golf, but has problems with mobility, for example following a stroke.

The sorting category 'not done since age 60' used by Baum and Edwards (2008) in the ACS (2nd edition) was found to be problematic in an earlier occupational therapy student study that used the ACS with a sample of people with dementia and with carers (Laver-Fawcett, 2012). The ACS-UK test developers initially considered changing this category to 'Not done since retirement'; however, in the UK the age at which people chose to retire is variable. To identify the criteria for an older adult, the test developers considered the age at which people become eligible for State pension. The State Pension is a regular income paid by the UK Government to people who have reached State Pension age. In the United Kingdom, the usual retirement age in the past was different for men (age 65) and women in the UK (age 60) and so the 'not done since age 60' would not apply equally to both men and women's activities. Furthermore, retirement age has been increased in recent years as the 'State Pension ages have been undergoing radical changes since April 2010' (Pension Advisory Service, 2014). The changes mean that the State pension age has risen to 65 for women (previously age 60) between 2010 and 2018. Then the State pension age will rise to 66, 67 and 68 years for both men and women over time. In addition, in the pilot of the first survey during the content validity study (Laver-Fawcett and Mallinson, 2013) one participant commented that as a housewife, whilst her husband had 'retired from work' she was still undertaking the same 'housework' activities and did not feel that she had 'retired'. The earlier study (Laver-Fawcett, 2012) found that identifying what activities had been undertaken before and after age 60 proved a challenge for people with cognitive impairment. In addition, some carers who had no identified cognitive impairment also found it hard to think back to what they had been doing age 60. In consultation with other developers of ACS versions it was decided to change this category label to 'Not done in the past year', as used in the Netherlands ACS-NL (Jong, van Nes and

Lindeboom, 2012) community living version (personal communication, Soemitro Poerbodipoero, April 2014).

An additional comments column (for therapists to record qualitative responses) has been added to ACS-UK forms. As some potential activity items (that did not meet cut-off levels) were excluded, five additional activity item rows (on page 4 of ACS-UK form C) can be used for clients to identify and rate any personally meaningful activities not captured by the core 93 ACS-UK items.



ACS-UK 3: Washing up

Chapter 3: ACS-UK evidence base and Key publications

Content validity study summary

Title: Development of the Activity Card Sort – United Kingdom version (ACS-UK).

Introduction: The Activity Card Sort (ACS) is a valid and reliable measure of older people's participation; however, cultural sensitivity issues are a limitation to its application in the United Kingdom (UK).

Method: A content validity study was undertaken to identify culturally relevant activity items to be included in a UK ACS version (ACS-UK). For item generation, UK time-use studies, research related to other ACS versions and expert opinions were utilised.

Results: A two-round survey of community-living UK older people (aged 65 years and older; round 1 n = 177; round 2 n = 21) was used for item selection, clarifying the wording of activity labels and agreeing activity domain classification. Ninety-one activities were identified for the ACS-UK and these have been compared and contrasted with items from other ACS versions.

Conclusion: The ACS-UK is a culturally relevant measure that can provide useful insight into the participation of older people for clinical practice and research.

The **content validity and development** of the ACS-UK is described in the following peer reviewed article:

Laver-Fawcett AJ, Mallinson S H (2013). Development of the Activity Card Sort – United Kingdom version (ACS-UK). *OTJR: Occupation, Participation and Health*, 33 (3), 134-145. DOI: 10.3928/15394492-20130614-02

Available from: <https://journals.sagepub.com/doi/pdf/10.3928/15394492-20130614-02> [accessed 10.7.2019]

Clinical utility and Face validity study

Title: Face Validity and Clinical Utility of the Activity Card Sort – United Kingdom (ACS-UK)

Introduction: The Activity Card Sort – United Kingdom version (ACS-UK) is a self-report interview assessment requiring older adults sort activity photograph cards to evaluate their levels of participation. The face validity and clinical utility of the ACS-UK were explored.

Method: The sample comprised 27 community dwelling older adults (>65 years) and eight assessors. The ACS-UK was administered, followed by a semi-structured interview to explore participants' opinions and experiences of undertaking the ACS-UK. Time taken to administer and score was measured.

Results: Mean administration and scoring time was 14 minutes and 30 seconds which was considered reasonable by older people and assessors. Most participants found the ACS-UK straight forward, easy to do and considered activities and activity labels clear. All participants considered that photographs looked like the activities they were depicting. Participants made recommendations which have led to some improvements to the ACS-UK.

Conclusion: The ACS-UK has good clinical utility in terms of ease of use and time required for administering and scoring the assessment. Face validity, in terms of acceptability, was good, but more detailed instructions in the manual will be required to guide therapists on how to explain the purpose of the ACS-UK to clients.

The **clinical utility and face validity** of the ACS-UK is described in the following peer reviewed article:

Laver-Fawcett A J, Brain L, Brodie C, Cardy L, Manaton L (2016) The Face Validity and Clinical Utility of the Activity Card Sort – United Kingdom (ACS-UK). *British Journal of Occupational Therapy*, 79(8) 492–504. Doi:10.1177/0308022616629167] Available from: <https://journals.sagepub.com/doi/pdf/10.1177/0308022616629167> [accessed 10.7.2019]

Reliability study summary

Title: The inter-rater and test-retest reliability of the Activity Card Sort – United Kingdom (ACS-UK): a psychometric evaluation

Introduction: The Activity Card Sort – United Kingdom version (ACS-UK) is a self-report assessment measure requiring older adults to sort photograph activity cards to reflect their levels of participation. The ACS-UK inter-rater and test-retest reliability was evaluated.

Method: Two samples of community-dwelling older adults (>65 years) were recruited over two years (N=34). The ACS-UK was administered first by one rater then later the same day by a second rater for inter-rater reliability. The ACS-UK was then administered again approximately two weeks later for test-retest reliability. Intraclass correlation coefficients were calculated to determine reliability.

Results: The first sample of data was collected and improvements were made to the ACS-UK to increase the level of reliability. For Sample 2 (n=17), for Global Retained Activity Level, the intraclass correlation coefficient was 0.86 for inter-rater reliability and 0.83 for test-retest reliability. The percentage agreement between five most important activities was low (38.17% for inter-rater and 36.39% for test-retest within sample 2).

Conclusion: The inter-rater and test-retest reliability were demonstrated as good to excellent levels of reliability after improvements were made to the ACS-UK. The ACS-UK can be used in practice and research to show change over time in participation levels of community-dwelling older adults. The five most important activities should only be used for goal setting and not as a part of evaluation.

The **reliability** study was presented as a conference poster:

Rand L, Kastrati D, Muller C, Price P, Storr S, Pickard M, Alison Laver-Fawcett (15-19th June 2016) *The evaluation of the reliability of the Activity Card Sort – United Kingdom version*. Poster. Council for Occupational Therapists for the European Countries (COTEC) and European Network of Occupational Therapists in Higher Education (ENOTHE) 1st Joint Congress. Galway, Ireland. DOI: 10.13140/RG.2.1.4356.3763. A copy of this conference poster is available from: <http://ray.yorksj.ac.uk/1581/> [accessed 10.7.2019]

Chapter 4: Procedure for Administering and Scoring ACS-UK Institutional version (Form A)



Figure 7: Sorting Categories and form for the Institutional version (A)

The ACS-UK is administered as a semi-structured interview. The Institutional version - Form A is a descriptive assessment that allows the therapist / clinician to get an overview of a person's activities before a move into nursing or residential home care, into extra care housing or warden controlled accommodation, or as his / she is admitted into hospital or a rehabilitation or reablement service. This version is the simplest of the three sorts, and is therefore, the easiest to complete for people with some cognitive impairment. If the person can remember, then a proxy assessment can be undertaken from a close family member or friend or carer who knows the person well enough to provide information about his / her prior level of activity. This information can prove useful in engaging and motivating the person. Even where there are questions regarding the person's ability to accurately recall his / her participation in activities it can still be useful to undertake

the card sort. This is because it might trigger valuable reminiscences, information about the person's likes and dislikes and identification of the activities that remain most important to him / her. When the person's self-assessment is compared to the assessment undertaken by a proxy (e.g. a spouse), a comparison of the results from the two assessments can provide valuable information regarding his / her insight. The therapist / clinician can use information obtained to plan occupation-based interventions, and by recording the client's activities before admission it documents a prior level of function to use as a base for planning rehabilitation interventions and strategies. For people moving into a long-term care setting or attending day care, information can be used by staff, including activity co-ordinators and care assistants, to plan how to maintain the person's engagement in individual and social activities. This can include identifying group activities being run in the home or day service which could be meaningful to the person. It can also involve liaising with family and friends to bring in materials for individual and social activities and encouraging visitors to engage with the person in their most valued activities when they visit.

Procedure for Administering Form A

1. Place Labels

Place the two category cards ('Done Prior to Illness/Injury or Admission' and 'Not Done Prior to Illness/Injury or Admission') on a flat, uncluttered surface in a position that the person can see.

2. Sort Cards

Ask the person to look at each of the activity cards, one at a time, and place each card on the appropriate category card, according to whether he or she did the activity before coming to the hospital, service or home.

Directions: *"Please place each picture in the category 'Done prior to illness/injury or admission' or 'Not done prior to illness or injury or admission'."*

- You might need to clarify, e.g. *'What have you done before you started coming to this day service?', 'What were you doing before you were admitted to hospital?' or 'We are doing this so that the staff in the residential home you*

are moving to can learn some more about you and know what activities you were doing before you moved in.'

- It may help to ask the person to think about what she / he has done in the past week, past month and past year. Some activities are things that many people would do regularly. But activities such as voting or attending ceremonies / celebrations will occur less often.
- If the person is unsure then you may ask probing questions, for example *"when did you last do [name of the activity]"* but do not direct the person to a particular category and encourage him / her to *"place under the category you think is best"*.

After the person has sorted the cards, ask him or her to select the 5 cards that depict the activities he or she regards as most important. (If a caregiver has helped with the card sort or undertaken it as a proxy, then ask which activities are most important to his or her loved one / person they care for). List the 5 activities that the person deems most important on the last page of the scoring form. This can be which activities the person most wants to continue doing, or what they want to focus on as goals for rehabilitation, or the activities that he / she considers 'favourites' or which he / she 'likes best'. Summary sheets for the activities in each of the four domains can be used to remind people of the activities sorted. Depending on the context and the reason for the assessment this can be phrased in different ways:

Directions: *"Please tell me, from all of the Photograph activity cards you have seen and sorted, what are the activities that are....*

... most important activities for you?

... your favourites?

...the activities you like doing best?

Please name 5 activities. These may be activities that you have (or your loved one has) given up."

3. Record Responses

Record the person's or proxy's responses on Form A. This form of the ACS-UK quickly provides an occupational history that can be recorded in the person's hospital

notes, rehabilitation record or care plan to acquaint the team members of the person's activities and capacity before the current illness, injury or admission. When placed in the medical notes / rehabilitation record it also establishes the person's prior level of function, which can be helpful in setting targets for length and location of treatment.

People's responses to undertaking the ACS-UK card sort vary. Some people may prefer to sort the cards without comment. Whilst for others the ACS-UK Activity photographs become a prompt for reminiscence. Some people sort quickly, whilst others may prefer to talk through their rationale for placing an activity under a particular category label. A comments column (for therapists / clinicians to record qualitative responses) is provided on the far right-hand side of the form.



ACS-UK summary sheets

Figure 8: Part for the ACS-UK Institutional version Form A record form

		Done Previously before illness, injury or admission	Not Done previously before illness, injury or admission	Comments (e.g. wishes to continue with activity, memories, preferences)
Number	Activity			ACS UK
	Instrumental Activities of Daily Living			
1	Food / Grocery Shopping	1	1	
2	Shopping for Clothes / Shoes	1	1	
3	Washing Up	1	1	
4	Doing the Laundry	1	1	
5	Gardening / Tending your Allotment	1	1	
6	Putting the Rubbish / Recycling Out	1	1	
7	Cooking a Meal	1	1	
8	Household Chores	1	1	
9	Performing DIY	1	1	
10	Driving	1	1	
11	Vehicle Maintenance	1	1	
12	Going to the Doctor / Dentist	1	1	
13	Taking Care of Pets	1	1	
14	Managing Financial Matters	1	1	
15	Taking a Rest	1	1	
16	Going to the Hairdresser / Barber	1	1	
17	Mending / Repairing Clothes	1	1	
18	Childcare / Babysitting	1	1	
19	Working in Paid Employment	1	1	
20	Preparing a Hot Drink	1	1	

Chapter 5: Procedure for Administering and Scoring ACS-UK Recovery version (Form B)



Figure 9: The Recovery Version (B) Sorting Category Cards

The ACS-UK Recovery Version (ACS-UK form B) sorting categories are:

- Never done (before current illness or injury)
- Doing more (since current illness or injury)
- Continued to do (since current illness or injury).
- Doing less (since current illness or injury)
- Given Up (since current illness or injury)
- New activity (since illness or injury)

1. Placing Category Labels ready for sorting

- Place the Category labels for Recovery version (Never done; Doing more; Continued to do; Doing less; Given Up; and New Activity) on a flat, uncluttered surface.

- A family member or carer may assist the person with sorting if the person has a cognitive impairment which impacts memory or can be used as a 'proxy report' on behalf of the person.
- This version can also be used with a carer for him / her to rate his / her own activity participation since the person the care for started the current illness or had the injury. It can be used in this way to enable the therapist to understand the impact that the care-giving role is having on the carer's own activities.



Figure 10: The Recovery version sorting categories laid out for a sort with the IADL activity cards

2. Sorting the ACS-UK Activity Cards

- Start with the 93 ACS-UK Activity cards (with photographs on) sorted into numerical order with card 1 'Food / Grocery Shopping' at the top of the pile and item 93 'Sleeping' at the bottom. The ACS-UK is usually administered in one sitting.
- If you are working with a person who may experience fatigue or problems with attention you may divide the cards into the 4 domains and undertake the sort one domain at a time. The domains do not have to be presented in order.
 - Instrumental Activities (items 1 – 27)
 - Low Demand Leisure (items 28 – 53)
 - High Demand Leisure (items 54 -68)

- Social / Cultural Activities (items 69-92)
 - Sleeping (item 93)
- It is possible to divide the administration over a few sessions provided that there is no anticipated change in the person's functioning and activity engagement over that time period.
 - Ask the person to look at each of the 93 ACS-UK activity cards, one at a time, and place the card under the Category label that best applies to his or her situation and level of engagement with that activity currently.

Directions: The ACS-UK is administered as a semi-structured interview.

Instruct: *“Place the cards in the category that best describes your involvement with the activity.”*

- If needed, clarify that ‘Continued to do’ means that the person is engaging in the activity at the same level as before.
- If needed clarify that ‘involvement’ means how often and / or much that he / she does the activity currently.
- It may help to ask the person to think about what she / he has done in the past week, past month and past year. Some activities are things that many people would do regularly. But activities such as voting or attending ceremonies / celebrations will occur less often.
- If the person is unsure then you may ask probing questions, for example *“when did you last do [name of the activity]”* but do not direct the person to a particular category and encourage him / her to *“place under the category you think is best”*.
- People's responses to undertaking the ACS-UK card sort vary. Some people may prefer to sort the cards without comment. Whilst for others the ACS-UK Activity photographs become a prompt for reminiscence. Some people sort quickly, whilst others may prefer to talk through their rationale for placing an activity under a particular category label. A comments column (for therapists to record qualitative responses) is provided on the far right-hand side of the form.

After the client has completed the card sort, ask him or her to choose the **5 activities** that he or she considers **most important as a focus for treatment goals**, and list these on the bottom of page 5 of the ACS-UK scoring form B. The activities may be ones he or she has given up or new activities which might replace activities he / she can no longer do.

Instruct: *“Please tell me, from all of the activity cards you have seen, what activities are the most important to you for us to focus on to set goals for your occupational therapy? Please name up to 5 activities. These may be activities that you have given up, do less or new activities which might replace activities you can no longer do.”*

A3 size Summary sheets containing small size photographs for all activities in each domain are available to aid the person to review and select his / her most important activities for rehabilitation.

If, the overview card photos are too small for the person's visual acuity, it may assist the person to look through the ACS-UK cards in order to identify these 5 activities. If you have not scored as the person was undertaking the sort, then if the person takes activity cards from the sorted piles to identify their most important activities, make sure you return the photo card to the correct category pile so they can be scored.

3. Recording Responses

- Place a tick (check mark) on the form for any activities sorted into the 'Never done' before current illness or injury category.
- Next, for each activity card sorted into 'Doing more', 'Continued to do', 'Doing less', 'Given Up' or 'New activity' circle the number in the column on the scoring form that corresponds to the choice made during the card sort. (Doing more since current illness or injury = 1; Continued to do during current illness or injury = 1; Doing less since current illness or injury = 0.5; Given up since current illness or injury = 0; and New activity since illness or injury = 1).
- Recording 'Done Previously': If the person has sorted an activity into a 'Doing more', 'Continued to do', 'Doing less' or 'Given Up' category, then also circle the number (1) in the 'Done Previously' column to the right for that activity.

Note: Done Previously is not a Category label but is required for calculating the percentage of activities retained (the Retained Activity Score) later. Note: if the activity was 'Never done' or is a 'New Activity' then the Done previously column is NOT scored.

- The ACS-UK Form B also has space for the client to name and sort additional activities beyond the 93 Activity Cards.

4. Calculating the Scores

Next calculate the 'Current Activity' and 'Previous Activity' scores for each of the 4 domains (Instrumental, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities) and for item 93 Sleep.

Calculating Current Activity (CA): First add (sum) all the items circled in the 'Doing More' 'Continued to do' and 'Doing Less' and 'New Activity' columns for the Instrumental Activities (items 1 – 27 on page 1 of the ACS-UK form B) and write the total for each column in row at the end of that domain. Then add the 'Do More' 'Continued to do', 'Doing Less' and 'New Activity' totals for each of the IADL domain to produce a 'Current Activity' for this domain. This number is entered under the 'Score' column at the end of that domain where it says 'Current ____' on Form B. Now repeat this process for the other domains:

- Low Demand Leisure (items 28 – 53 on pages 2-3 of the ACS-UK Form B)
- High Demand Leisure (items 54 - 68 on page 3 of ACS-UK Form B)
- Social / Cultural Activities (items 69-92 on pages 3-4 of the ACS-UK Form B)
- Sleeping (item 93 on page 5 of the ACS-UK Form B)

Calculating Previous Activity (PA): Add (sum) all the items circled in the 'Done Previously' column for the Instrumental Activities (items 1 – 27 on page 1 of the ACS-UK form B) and write the total for the 'Done Previously' at the bottom of the column in the row at the end of that domain. This same number is also entered under the 'Score' column at the end of that domain where it says 'Previous ____' on Form B.

Now repeat this process for the other domains:

- Low Demand Leisure (items 28 – 53 on pages 2-3 of the ACS-UK Form B)
- High Demand Leisure (items 54 - 68 on page 3 of ACS-UK Form B)
- Social / Cultural Activities (items 69-92 on pages 3-4 of the ACS-UK Form B)
- Sleeping (item 93 on page 5 of the ACS-UK Form B)

Calculating the Retained Activity score (RAS):

Third, for the Instrumental domain divide the 'Current Activity' score by the 'Previous Activity' score and multiply the resulting number by 100 to produce a Retained Activity Score percentage for that domain: $CA/PA \times 100$. The resulting RAS can range from 0 – 100; whereby a score of 0% indicates that the person has not retained (i.e. is no longer doing) any of his / her previous activities in that domain and a score of 100% indicates that the person has retained engagement (is doing all) of his / her previous activities in that domain. This % is entered under the 'Score' column at the end of that domain where it says '% Retained____' on Form B.

Now repeat this process for the other domains:

- Low Demand Leisure (items 28 – 53 on pages 2-3 of the ACS-UK Form B)
- High Demand Leisure (items 54 - 68 on page 3 of ACS-UK Form B)
- Social / Cultural Activities (items 69-92 on pages 3-4 of the ACS-UK Form B)
- Sleeping (item 93 on page 5 of the ACS-UK Form B)

Calculating Global ACS-UK scores:

Global Current Activity (GCA): Fourth, the 'Current Activity' scores for each of the four domains and for item 93 Sleeping are added (summed) to obtain a 'Global Current Activity (GCA)' Score for the entire ACS-UK (93 items). This total is entered on page 5 under 'Global ACS-UK Scores' under the Score column the row labelled 'Global Current Activity (sum total of Current Activity sectional scores)'.

Global Previous Activity (GPA): Fifth, the 'Previous Activity' scores for each of the four domains and item 93 Sleeping are added (summed) to obtain a 'Global Previous Activity (GPA)' Score for the entire ACS-UK (93 items). This total is entered on page 5 under 'Global ACS-UK Scores' under the Score column in the row labelled 'Global Previous Activity (sum total of Previous Activity sectional scores)'.

Global Retained Activity Score (GRAS): Finally, the Global Current Activity Score (GRAS) is divided by the Global Previous Activity (GPA) Score and then multiplied by 100 to produce a Global Retained Activity Score (GRAS) for the entire ACS-UK. This is expressed as a percentage: $GCA/GPA \times 100$. The resulting GRAS can range from 0 – 100; whereby a score of 0% indicates that the person has not retained (is no longer doing) any of his / her previous activities (nor has started doing any new activities) and a score of 100% indicates that the person has retained engagement (is doing all) of his / her previous activities or has replaced activities given up / doing less with new activities. This total is entered on page under 'Global ACS-UK Scores' under the Score column in line with 'Global Percent Retained (divide global Current Activity score by global Previous Activity score)'.

5. Interpreting the ACS-UK Scores

The separate Current Activity (CA) Scores for each domain provides a profile of current engagement in Instrumental, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities.

The Global Current Activity score (GCA) indicates the person's current level of engagement in all the ACS-UK activities that were previously done. The sorting of individual ACS-UK activities, reflected in this score, can be used to construct a detailed occupational history.

The separate Retained Activity score (RAS) reflects a % 'change' score that indicates the change that has occurred in the person's engagement in each Activity domain: Instrumental, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities. The Global Retained Activity score (GRAS) provides a % 'change' score that indicates the change that has occurred in the person's engagement in all previously done ACS-UK activities and also accounts for new activities taken up since the illness or injury.

If used as an outcome measure the Global Retained Activity score (GRAS) and the domain Retained Activity Scores can reflect the pattern of change in the person's activity levels as the person engages in rehabilitation. It can also be used with carers

to reflect the pattern of change in their activity engagement related to their role as a carer overtime.

If you do not want to score the ACS-UK in front of the person then the category card can be folded over the Photograph Activity cards that have been sorted into that category and placed back in the box to score later. Some therapists put an elastic band around each pile of cards.

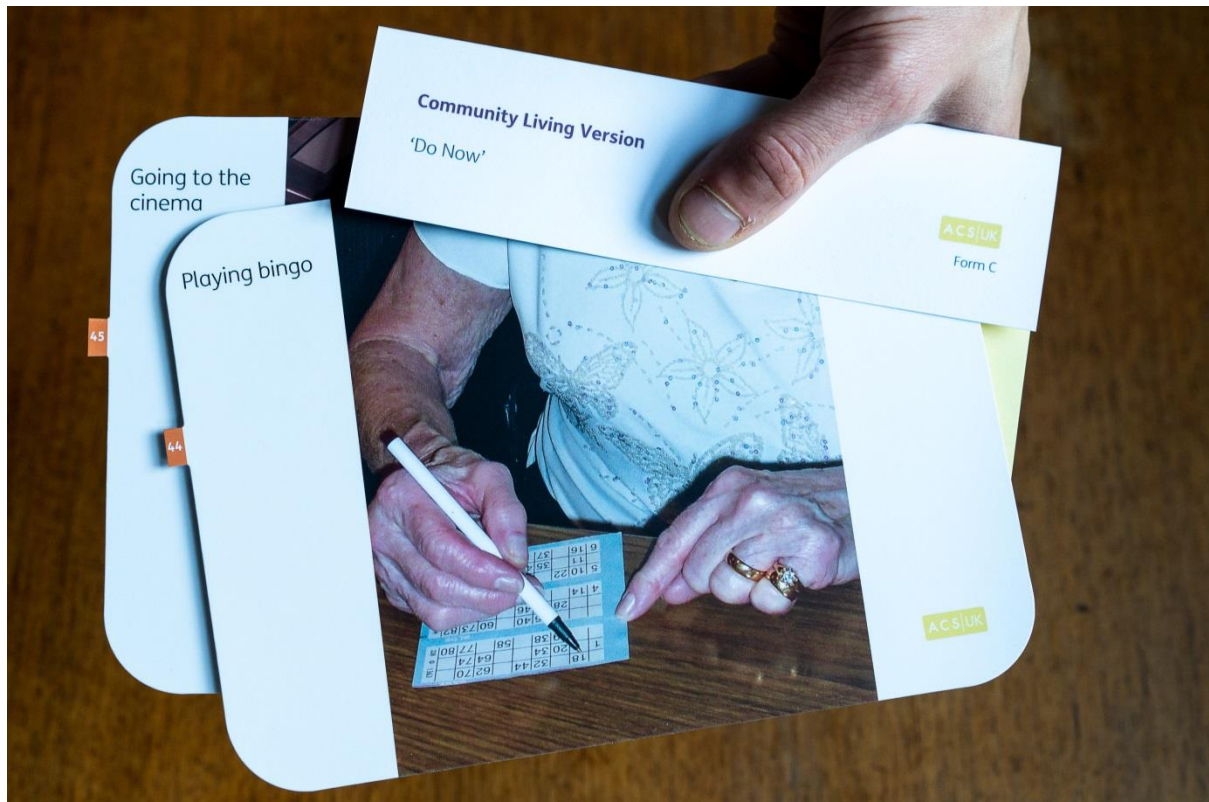


Figure 11: The category card can be folded over the Photograph Activity Cards that have been sorted into the category for later scoring

Figure 12: Part of the ACS-UK Recovery Version Form B

Number	Activity	Never Done Before Current Illness or Injury	Doing more since illness / injury	Continued to Do During Illness or Injury	Doing Less Since Illness or Injury	Given Up Due to Illness or Injury	New Activity Since Illness or Injury		Done Previously	Score	Comments
	Instrumental ADL										
1	Food / Grocery Shopping		1	1	0.5	0	1		1		
2	Shopping for Clothes / Shoes		1	1	0.5	0	1		1		
3	Washing Up		1	1	0.5	0	1		1		
4	Doing the Laundry		1	1	0.5	0	1		1		
5	Gardening / Tending your Allotment		1	1	0.5	0	1		1		
6	Putting the Rubbish / Recycling Out		1	1	0.5	0	1		1		
7	Cooking a Meal		1	1	0.5	0	1		1		
8	Household Chores		1	1	0.5	0	1		1		
9	Performing DIY		1	1	0.5	0	1		1		
10	Driving		1	1	0.5	0	1		1		
11	Vehicle Maintenance		1	1	0.5	0	1		1		
12	Going to the Doctor / Dentist		1	1	0.5	0	1		1		
13	Taking Care of Pets		1	1	0.5	0	1		1		
14	Managing Financial Matters		1	1	0.5	0	1		1		
15	Taking a Rest		1	1	0.5	0	1		1		
16	Going to the Hairdresser / Barber		1	1	0.5	0	1		1		
17	Mending / Repairing Clothes		1	1	0.5	0	1		1		
18	Childcare / Babysitting		1	1	0.5	0	1		1		
19	Working in Paid Employment		1	1	0.5	0	1		1		
20	Preparing a Hot Drink		1	1	0.5	0	1		1		
21	Conducting Personal Care		1	1	0.5	0	1		1		
22	Using Public Transport		1	1	0.5	0	1		1		



Chapter 6: Procedure for Administering and Scoring ACS-UK Community Living version (Form C)



The ACS-UK Community Living Version (ACS-UK form C) sorting categories are:

- Never done
- Not done in the past year (optional)
- Do More
- Do Now
- Do Less
- Given Up



Figure 13: The Community Living Version (C) Sorting Category Cards

1. Placing Category Labels ready for sorting

- Place the Category labels for the Community-Living version on a flat, uncluttered surface: Never done; Not done in the past year (if relevant); Do More; Do Now; Do Less; and Given Up.

‘Not done in the past year’ is an optional category. If you want to examine the person’s activity engagement over his / her life time then you can omit the ‘anchor’ category of ‘Not done in the past year’.

- If you are interested in more recent changes to activity levels the ‘Not done in the past year’ category can be a useful anchor – so the person sorts all the 93 ACS-UK cards on the basis of activities undertaken in the past year.
- A family member or carer may assist the person with sorting if the client has a cognitive impairment or can be used as a ‘proxy report’ on behalf of the person.
- This version can also be used with a carer for him / her to rate his / her own activity participation and enable the therapist to understand the impact that the care-giving role is having on the carer’s own activities.

2. Sorting the ACS-UK Activity Cards

- Start with the 93 ACS-UK Activity cards (with photographs on) sorted into numerical order with card 1 ‘Food / Grocery Shopping’ at the top of the pile and item 93 ‘Sleeping’ at the bottom. The ACS-UK is usually administered in one sitting.
- If you are working with a person who may experience fatigue or problems with attention you may divide the cards into the 4 domains and undertake the sort one domain at a time.
 - Instrumental Activities (items 1 – 27)
 - Low Demand Leisure (items 28 – 53)
 - High Demand Leisure (items 54 -68)
 - Social / Cultural Activities (items 69-92)
 - Sleeping (item 93)
- It is possible to divide the administration over a few sessions provided that there is no anticipated change in the person’s functioning and activity engagement over that time period.

- Ask the client to look at each of the 93 ACS-UK activity cards, one at a time, and place the card on the Category label that best applies to his or her situation and level of engagement with that activity currently.

Directions: The ACS-UK is administered as a semi-structured interview.

Instruct: *“Place the cards on the category that best describes your involvement with the activity.”*

- If needed, clarify that ‘Do Now’ means that the person is engaging in the activity at the same level as before.
- If needed clarify that ‘involvement’ means how often and / or much that he / she does the activity currently.
- It may help to ask the person to think about what she / he has done in the past week, past month and past year. Some activities are things that many people would do regularly. But activities such as voting or attending ceremonies / celebrations will occur less often.
- If the person is unsure then you may ask probing questions, for example *“when did you last do [name of the activity]”* but do not direct the person to a particular category and encourage him / her to *“place under the category you think is best”*.
- People’s responses to undertaking the ACS-UK card sort vary. Some people may prefer to sort the cards without comment. Whilst for others the ACS-UK Activity photographs become a prompt for reminiscence. Some people sort quickly, whilst others may prefer to talk through their rationale for placing an activity under a particular category label. A comments column (for therapists to record qualitative responses) is provided on the far right-hand side of the form.

After the client has completed the card sort, ask him or her to choose the **5 activities** that he or she considers **most important as a focus for treatment goals** and list these on the bottom of the ACS-UK scoring form C. The activities may be ones he or she has given up.

Instruct: *“Please tell me, from all of the activity cards you have seen, what activities are the most important to you for us to focus on to set goals for your occupational*

therapy? Please name up to 5 activities. These may be activities that you have given up."

Sheets containing small size photographs for all activities are available to aid the person to review and select his / her most important activities for rehabilitation.

If, the overview card photos are too small for the person's visual acuity, it may assist the person to look through the ACS-UK cards in order to identify these 5 activities. If you have not scored as the person was undertaking the sort, then if the person takes activity cards from the sorted piles to identify their most important activities, make sure you return the photo card to the correct category pile so they can be scored.

3. Recording Responses

- Place a tick or cross (check mark) on the form for the activities sorted under 'Never done', 'Not done in the past year' (if used).
- Next, for each activity card sorted into 'Do More', 'Do Now', 'Do Less' or 'Given up' circle the number in the column on the scoring form that corresponds to the choice made during the card sort. (Do More = 1; Do Now = 1; Do less = 0.5 and Given up = 0).
- Recording 'Done Previously': If the person has sorted an activity into a 'Do More', 'Do Now', 'Do Less', or 'Given up' column, then also circle the number (1) in the 'Done Previously' column to the right for that activity (note: Done Previously is not a Category label but is required for calculating the percentage of activities retained (the Retained Activity Score) later).
- The ACS-UK Form C also has space for the client to name and sort additional activities of importance to them if these are not included in any of the 93 Activity Cards.

4. Calculating the Scores

Please refer to Figure 14 below for a worked example of a scored assessment and text boxes explaining the scoring.

Next calculate the 'Current Activity' and 'Previous Activity' scores for each of the 4 domains (Instrumental, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities).

Calculating Current Activity (CA): First add (sum) all the items circled in the 'Do More' 'Do Now' and 'Do Less' columns and provide the total for each column in the row at the end of that domain.

- Instrumental Activities (items 1 – 27 on page 1 of the ACS-UK form C)
- Low Demand Leisure (items 28 – 53 on page 2 of the ACS-UK Form C)
- High Demand Leisure (items 54 -68 on page 3 of ACS-UK Form C)
- Social / Cultural Activities (items 69-92 on pages 3-4 of the ACS-UK Form C)
- Sleeping (item 93 on page 4)

Then add the 'Do More' 'Do now' and the 'Do Less' totals for each of the 4 domains to produce a 'Current Activity' score. This number is entered under the 'Score' column at the end of that domain where it says 'Current (CA) =' on Form C.

Calculating Previous Activity (PA): Second, add (sum) all the items circled in the 'Done Previously' column for each of the 4 domains (Instrumental, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities) to produce a 'Previous Activity' score. This number is entered under the 'Score' column at the end of that domain where it says 'Previous (PA) =' on Form C.

Calculating the Retained Activity score (RAS):

Third, for each of the 4 domains (Instrumental ADL, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities) now divide the 'Current Activity' score by 'Previous Activity' score and multiply the resulting number by 100 to produce a Retained Activity Score for that domain, expressed as a percentage: $CA/PA \times 100$. The resulting RA score can range from 0 – 100; whereby a score of 0% indicates that the person has not retained (i.e. is no longer doing) any of his / her previous activities in that domain and a score of 100% indicates that the person has retained engagement (is doing all) of his / her previous activities in that domain. This % is entered under the 'Score' column at the end of that domain where it says '% Retained (RA) =' on Form C.

Calculating Global ACS-UK scores:

Global Current Activity (GCA): Fourth, the 'Current Activity' scores for each of the four domains are added and item 93 Sleeping (summed) to obtain a 'Global Current Activity (GCA)' Score for the entire ACS-UK (93 items). This total is entered on page 5 in the 'Global ACS-UK Scores' section under the Score column in line with 'Global Current Activity (sum total of Current Activity scores)'.

Global Previous Activity (GPA): Fifth, the 'Previous Activity' scores for each of the four domains and item 93 Sleeping are added (summed) to obtain a 'Global Previous Activity (GPA)' Score for the entire ACS-UK (93 items). This total is entered on page 5 under 'Global ACS-UK Scores' under the Score column in line with 'Global Previous Activity (sum total of Previous Activity scores)'.

Global Retained Activity Score (GRAS): Finally, the Global Current Activity Score (GRAS) is divided by the Global Previous Activity (GPA) Score and then multiplied by 100 to produce a Global Retained Activity Score (GRAS) for the entire ACS-UK (from activities done previously by the person). This is expressed as a percentage: $GCA/GPA \times 100$. The resulting GRAS can range from 0 – 100; whereby a score of 0% indicates that the person has not retained (is no longer doing) any of his / her previous activities and a score of 100% indicates that the person has retained engagement (is doing all) of his / her previous activities. This total is entered on page 5 under 'Global ACS-UK Scores' under the Score column in line with 'Global Percent Retained (divide global Current Activity score by global Previous Activity score)'.

5. Interpreting the ACS-UK Scores

The separate Current Activity (CA) Scores for each domain provides a profile of current engagement in Instrumental, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities.

The Global Current Activity score (GCA) indicates the person's current level of engagement in all the ACS-UK activities that were previously done. This can be anchored using the 'Not done in the past year' Category sorting label to examine change in activity engagement over the past year. The sorting of individual ACS-UK activities, reflected in this score, can be used to construct a detailed occupational history.

The separate Retained Activity score (RAS) reflects a % 'change' score that indicates the change that has occurred in the person's engagement in each Activity domain: Instrumental, Low Demand Leisure, High Demand Leisure, and Social / Cultural Activities. The Global Retained Activity score (GRAS) provides a % 'change' score that indicates the change that has occurred in the person's engagement in all previously done ACS-UK activities.

If used longitudinally, the Global Retained Activity score (GRAS) and the domain Retained Activity Scores can reflect the pattern of change as the person ages. It can also be used with carers to reflect the pattern of change in their activity engagement related to their role as a carer overtime.



ACS-UK 84: Studying for Personal Advancement

Figure 14: ACS-UK Form C Scoring Form

The done previously column is not scored for this row because the activity 5.
'Gardening/Tending your allotment' was never done

ACS-UK Card Number	ACS-UK Activity	Never Done	Not done in the past year	Do More	Do Now	Do Less	Given Up	Done Previously	Scores	Comments
	Instrumental (IADL)		<i>Not sorted</i>							
1	Food / Grocery Shopping				1			1		Supported by a carer to do her shopping
2	Shopping for Clothes / Shoes					0.5		1		Still does but not as often
3	Washing Up						0	1		Carers
4	Doing the Laundry						0	1		
5	Gardening / Tending your Allotment	x								
6	Putting the Rubbish / Recycling Out						0	1		
7	Cooking a Meal				1			1		Makes a meal on Sundays for her family
8	Household Chores					0.5		1		
9	Performing DIY	x								Her husband would do DIY
10	Driving	x								Her husband would drive, she never learnt
11	Vehicle Maintenance	x								
12	Going to the Doctor / Dentist			1				1		
13	Taking Care of Pets						0	1		Had several dogs in the past
14	Managing Financial Matters				1			1		
15	Taking a Rest			1				1		
16	Going to the Hairdresser / Barber			1				1		Goes once a week to get her hair done
17	Mending / Repairing Clothes				1			1		Makes her own clothes
18	Childcare / Babysitting						0	1		
19	Working in Paid Employment						0	1		Worked at a textile factory
20	Preparing a Hot Drink				1			1		
21	Conducting Personal Care				1			1		
22	Using Public Transport					0.5		1		
23	Conducting Personal Business				1			1		
24	Taking Care of Others						0	1		
25	Making your Bed						0	1		Carers do this for her
26	Talking on the Telephone			1				1		Family lives far away
27	Keeping a Diary / Calendar of Events				1			1		
	Total Instrumental Activities	4	-	4	8	1.5	0	23	Current	13.5
									Previous	23
									% Retained	(13.5/23) x100= 58.69%

These 3 column totals are added to give the Current Activity score: 4+ 8 + 1.5= 13.5. The Current score is then put in the Current row under the Comments column.

Add up the 'Done previously' column to give the Previous Activity score. The Previous score is then put in the Previous row under the Comments column.

ACS-UK Card Number	ACS-UK Activity	Never Done	Not done in the past year	Do More	Do Now	Do Less	Given Up	Done Previously	Scores	Comments
	Low Demand Leisure (LDL)		Not sorted							
28	Knitting / Needlecrafts	X								
29	Playing Table Games				1			1		
30	Going to Watch a Sports Event	X								
31	Cooking / Baking as a Hobby					0.5		1		
32	Doing Puzzles / Crosswords				1			1		Newspaper crossword every day
33	Using a Computer	X								
34	Taking Photographs	X								
35	Reading a Religious Book				1			1		Attends church on Sundays
36	Written Communications			1				1		Sends letters to friends and family
37	Reading a Magazine				1			1		
38	Looking at Photo Albums / Home Videos			1				1		
39	Researching Family / Local History	X								Would like to do in future
40	Watching Films on DVD / Video			1				1		
41	Reading a Newspaper				1			1		
42	Watching Nature			1				1		Can see horses from her window
43	Gambling	X								
44	Playing Bingo			1				1		Plays bingo at social group
45	Going to the Cinema					0.5		1		When family visits
46	Watching Television			1				1		
47	Listening to the Radio / Music				1			1		
48	Sitting and Thinking			1				1		
49	Relaxing / Meditating				1			1		
50	Entering Competitions	X								
51	Reading a Book				1			1		Loves to read crime books
52	Flower Arranging						0	1		
53	Doing Jigsaws	X								
Total Low Demand Activities		7	-	7	8	1	1x0	18	Current	7+8+1=16
									Previous	18
									% Retained	(16/18) x 100 = 88.9%

To calculate the Retained Activity score Divide the 'Current Activity Score' (here it is 16) by the 'Previous Activity Score' (here it is 18; so the sum is $16/18 = 0.888888$). To turn it into a percentage you multiply this by 100 ($0.888888 \times 100 = 88.8888$). Then round down to 2 decimal places (here the Retained Activity Score is 88.89%)

ACS-UK card Number	ACS-UK Activity	Never Done	Not done in past year	Do More	Do Now	Do Less	Given Up		Done Previously	Scores	Comments
	High Demand Leisure (HDL)		<i>Not sorted</i>								
54	Going to the Beach						0		1		Used to visit with family
55	Recreational Shopping					0.5			1		
56	Dancing						0		1		
57	Swimming	x									
58	Indoor Bowling	x									
59	Outdoor Bowling	x									
60	Playing Golf	x									
61	Walking					0.5			1		Walks to corner shop
62	Hiking / Rambling						0		1		
63	Exercising						0		1		
64	Riding a Bicycle						0		1		Cycled to work every day
65	Going on Holiday / Travelling					0.5			1		
66	Attending a Hobby / Leisure Group			1	1				1		
67	Going to Gardens / Parks					0.5			1		With her family
68	Fishing	X									
Total High Demand Leisure Activities		5	-	1	1	2			10	Current	1+1+2=4
										Previous	10
										% Retained	(4/10)x100=40%

ACS-UK Card Number	ACS-UK Activity	Never Done	Not done in the past year	Do More	Do Now	Do Less	Given Up	Done Previously	Scores	Comments
	Social/Cultural (SC)		Not sorted							
69	Visiting Graves				1			1		
70	Having a Picnic / BBQ						0	1		
71	Spending Time with Family / Friends					0.5		1		Family lives far away
72	Visiting Family / Friends who are Ill						0	1		
73	Eating Out					0.5		1		
74	Going to Parties					0.5		1		
75	Going on Outings			1				1		Outings with social group
76	Going for Drinks at Pubs / Social Clubs				1			1		
77	Going to Places of Worship				1			1		Church on Sundays
78	Doing Activities with Grandchildren / Children					0.5		1		
79	Volunteer Work						0	1		
80	Voting				1			1		
81	Being with your Spouse / Partner						0	1		Husband passed away 5 years ago
82	Cultural Visits			1				1		
83	Going to Music / Performing Arts Events				1			1		
84	Studying for Personal Advancement	X								
85	Attending a Night Class / Adult Education Class	X								
86	Attending a Social / Community Group			1				1		
87	Having a Tea / Coffee with Someone Else			1				1		When friends/family visit
88	Going to a Public Library					0.5		1		
89	Being on a Committee	X								
90	Dating / Companion Seeking	X								
91	Entertaining at Home						0	1		
92	Attending Celebrations / Ceremonies				1			1		
	Total Social / Cultural Activities	4	-	4	6	2.5	5x0	20	Current Previous % Retained	4+6+2.5=12.5 20 (12.5/20)x100=62.5%
93	Sleep				1			1		
	Any additional activities									
	None									

5 Most important activities		
1	Talking on the Telephone (26)	The 'Global Current Activity Score' is calculated by adding the 'Current Activity' scores for each of the 4 Domains and Sleep (in this case IADL = 13.5; LDL = 16; HDL = 4; SC = 12.5; and Sleep = 1). In this case the total comes to 47
2	Written Communications (36)	
3	Attending a Hobby/Leisure Group (66)	
4	Cooking a Meal (7)	
5	Cooking/Baking as a Hobby (31)	
Global ACS-UK Scores:		
Global Current Activity (sum total of Current Activity sectional scores) 13.5 + 16 + 4 + 12.5 + 1		47
Global Previous Activity (sum total of Previous Activity sectional scores) 23 + 18 + 10 + 20 + 1		72
Global Retained Activity (divide global Current Activity score by global Previous Activity score) $(47/72) \times 100$		65.28%

The 'Global Previous Activity Score' is calculated by adding the 'Previous Activity' scores for each of the 4 Domains and Sleep (in this case IADL = 23; LDL = 18; HDL = 10; SC = 20; and Sleep = 1). In this case the total comes to 72

The 'Global Retained Activity Score' is calculated by dividing the 'Global Current Activity Score' (here 47) by the Global Previous Activity Score' (here 72) and multiplying the result by 100 to give a percentage score. In this example: $47/72 = 0.652777 \times 100 = 65.2777$. Rounded to 2 decimal places = 65.28%

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Further information

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ACS-UK 31: Cooking and baking as a hobby



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