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Introduction to the Activity Card Sort—United Kingdom version (ACS-UK)

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Background: What is the Activity Card Sort?

The Activity Card Sort (Baum and Edwards, 2008) is a self-report outcome measure that provides insight into people's occupational history and participation. It is recognized internationally as a useful tool in both clinical practice and research (e.g. Eriksson, et al, 2011). The Activity Card Sort - United Kingdom (ACS-UK; Laver-Fawcett and Mallinson, 2013) comprises 93 photograph activity cards. It has three different forms for use in various settings: Recovery (Form A); Institutional (Form B); and Community Living (Form C). The ACS-UK is designed to measure changes in participation of older adults in four activity domains: instrumental (IADL); low demand leisure (LDL); high demand leisure (HDL); social / cultural activities (SC).

Development of the ACS-UK (Laver-Fawcett and Mallinson, 2013)

Method: A content validity study was undertaken to identify culturally relevant activity items to be included in a United Kingdom version of the ACS (ACS-UK). For item generation, United Kingdom time-use studies, research related to other ACS versions, and expert opinions were used. A two-round survey of community-living United Kingdom older adults (aged 65 years and older; round 1, n = 177; round 2, n = 21) was used for item selection, clarifying the word-ing of activity labels, and agreeing activity domain classification.

Results: Ninety-one activities were identified for the ACS-UK and photographed to produce activity cards. The ACS-UK items were compared with items from other ACS versions.

Reliability study

Method: A convenience sample of older people was recruited through local charity social groups. Participants completed the ACS-UK three times. To establish inter-rater reliability the ACS-UK was administered twice on the first day, with a break in between, by two different student researchers. To establish test-retest reliability it was administered the third time, approximately two weeks later. Written consent was obtained prior to the initial data collection with verbal consent gained before each subsequent administration.

Results: Reliability data was obtained for two samples, each comprising 17 people (N = 34). The intraclass correlation coefficients for the ACS-UK Global Retained Activity Scores (GRAS) for Sample 2 (n = 17) for inter-rater reliability was 0.86 and for test-retest reliability was 0.83. This indicated that the ACS-UK has good inter-rater and test-retest reliability.

Face validity and clinical utility study (Laver-Fawcett et al., 2016)

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. The majority of 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, including the addition of 2 more items: sleeping and doing jigsaws.

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 have been added to guide therapists how to explain the purpose of the ACS-UK to clients.

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How is the ACS-UK sorted and scored?

Form A: Institutional version

Done Prior to Illness / Injury or Admission	Not Done Prior to Illness / Injury or Admission

Form B: Recovery version

Never Done	Not Done Before Current Illness or Injury	Do More (1) score as Continued to Do	Continued to Do During Illness or Injury	Doing Less since illness of injury (0.5)	Given Up Due to illness or injury (0)	New Activity since illness or injury

Form C: Community Living version

Never Done	Not done in the past year (optional)	Do More (1) score as do now	Do Now (1)	Do Less (0.5)	Given Up (0)

Scores are calculated for current activity, previous activity and activities retained. For form C current activity is the sum of all activities that are done less, more or now. 'Done previously' is calculated from activities categorised as do now, do more, do less and given up and is scored 1 per activity, if any of these categories 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.

Example of part of the ACS-UK scoring form Community Living version (Form C) (High Demand Leisure domain)

ACS-UK card	ACS-UK Activity	Never Done	Do	Do Now	Do Less	Given Up	Done Previ-	Scores	Comments
	High Demand Leisure (HDL)								
53	Going to the Beach				0.5		1		
54	Recreational Shopping				0.5		1		
55	Dancing					0	1		
56	Swimming					0	1		
57	Indoor Bowling	X							
58	Outdoor Bowling	X							
59	Playing Golf	X							
60	Walking				0.5		1		
61	Hiking / Rambling	X							
62	Exercising				0.5		1		
63	Riding a Bicycle					0	1		
64	Going on Holiday / Travelling				0.5		1		
65	Attending a Hobby / Leisure Group		X	1			1		Joined a tai chi club
66	Going to Gardens / Parks				0.5		1		Would like to go more
67	Fishing	X							Used to go with father as a child
	Total High Demand Leisure Activities	5	1	1	3	0	10	Current	1 + 3 = 4 (CA)
								Previous	10 (PA)
								% Retained	4/10 = 0.4 x100 = 40% Retained Activity Score (RAS)

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