

Activity Card Sort (ACS)

Name: _____ Date of birth: _____

Date of assessment: _____ Assessor name: _____

Reason for assessment

Version of ACS administered:

- ☐ Institutional version
- ☐ Recovery version
- ☐ Community version
- ☐ Other:

Assistance provided (if applicable):

- ☐ Caregiver/Family
- ☐ Other:

Results

Community version:

Activities never done:

Activities not done as an older adult:

Activities done now:

Activities done less:

Activities given up:

Comments:

Institutional version:

Activities done prior to illness:

Activities not done:

Comments:

Recovery version:

Activities not done before illness/Injury:

Activities continued after illness/Injury:

Activities done less after Illness/Injury:

Activities given up due to Illness/Injury:

Activities beginning to to again:

Comments:

Scoring

Current activities (sum total):

Previous activities (sum total):

Retained activity score: (Current activities/Previous activities) x 100

- Result: _____ %

Activity Loss (inverse of Retained Activity Score): (1 - Retained activity score) x 100

- Result: _____ %

Notes

Signature:

Date: