

Activity Card Sort (ACS)

Name: _____ Date of birth: _____ dd / mm / yyyy

Date of assessment: _____ dd / mm / yyyy Assessor name: _____

Reason for assessment - Specify below:

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: _____

Activity Loss (inverse of Retained Activity Score): _____

Notes - Specify below:

Signature:

Date: _____ dd / mm / yyyy