



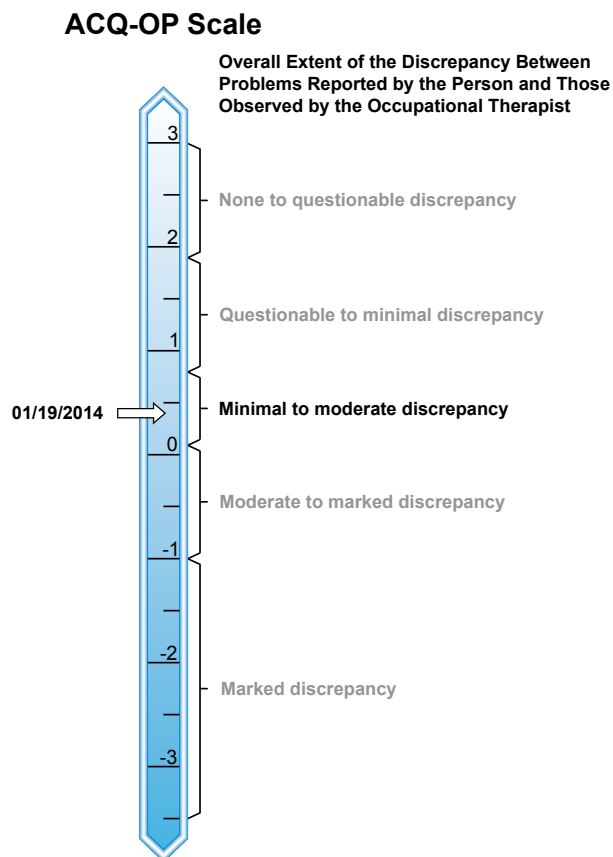
## RESULTS OF THE ASSESSMENT OF COMPARED QUALITIES — OCCUPATIONAL PERFORMANCE (ACQ-OP)

**Client:** Bev Sample

**Date:** 01/19/2014

The ACQ-OP is a standardized assessment of the discrepancy between (a) a person’s self-rating of his or her quality of ADL task performance and (b) the quality of the person’s ADL task performance as observed by the occupational therapist. More specifically, when the ACQ-OP is administered, the occupational therapist first uses the Assessment of Motor and Process Skills (AMPS) to observe the person’s quality of ADL task performance. Immediately after the AMPS observation, the occupational therapist interviews the person to learn about the person’s perspectives on his or her quality of ADL task performance. The occupational therapist then compares the person’s reported quality to the quality observed by the occupational therapist and scores the extent of the discrepancy between the two qualities (reported vs. observed).

The ACQ-OP discrepancy measure is reported in the **Summary of Main Findings** and indicated by an arrow on the ACQ-OP scale below. The higher the location of the ACQ-OP measure along the ACQ-OP scale, the greater the extent of the agreement between what the person reported and what the occupational therapist observed. A lower ACQ-OP measure indicates a greater discrepancy between the self-reported and the observed qualities of ADL task performance.



**Figure C-1. ACQ-OP Results Report with examples of a global baseline and a recommendations statement.**

## Summary of Main Findings

### ADL tasks observed:

- K-4: Changing standard sheets on a freestanding bed
- A-3: Pot of boiled/brewed coffee or tea — one or two persons

**ACQ-OP discrepancy measure (in logits): 0.4**

### Criterion-referenced interpretation:

The location of the ACQ-OP measure can be compared to the criterion-referenced descriptors shown along the right side of the ACQ-OP scale. The descriptor that is displayed in **bold** best matches the most commonly identified level of discrepancy between the problems with ADL task performance the person reported and the problems the occupational therapist observed.

When interpreting the ACQ-OP measure, it is important to keep in mind that healthy, well adults often do not report some minor, but observable problems with ADL task performance. Moreover, accurately reporting problems with ADL task performance develops with age and children may not be expected to report problems that the occupational therapist observed. Persons who do not report problems with ADL task performance that were observed by the occupational therapist may require additional supports to overcome their problems during ADL task performance.

The following provide more detail about the meaning of the varying *levels of discrepancy* along the ACQ-OP scale:

- **None** = the problems reported by the person **concurred completely** with the problems observed by the occupational therapist
- **Questionable** = the occupational therapist **questioned** if there was some discrepancy between the problems reported by the person and those observed by the occupational therapist
- **Minimal** = there was a **minor** discrepancy between the problems reported by the person and those observed by the occupational therapist; the occupational therapist observed some minor problems that were not reported by the person **or** the person reported problems that were **not** observed by the occupational therapist
- **Moderate/Obvious** = there was a **moderate** discrepancy between the problems reported by the person and those observed by the occupational therapist; the occupational therapist observed moderate/obvious problems that were not reported by the person
- **Marked** = there was a **major** discrepancy between the problems reported by the person and those observed by the occupational therapist; the occupational therapist observed some **severe** problems that were not reported by the person

### Recommendations

Discuss with Bev the results of her AMPS observation and the ACQ-OP interview to help her better recognize her performance problems and offer suggestions to help Bev reach her goals related to improving her quality of ADL task performance.

If you have any questions about this report, feel free to contact me at 970-555-1212 or [Alexa.Johnssen@email.com](mailto:Alexa.Johnssen@email.com).

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**Figure C-1. Continued**