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Content Validity and Inter-rater Reliability of the Assessment of Occupational Functioning- Collaborative Version

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Abstract

Purpose: This psychometric study examined the content validity and inter-rater reliability of the Assessment of Occupational Functioning-Collaborative Version (AOF-CV) through content validity index and percent agreement, to determine clinical usefulness and alignment with the current version of the Model of Human Occupation (MOHO). Method: Data was gathered in two phases over four months. The first phase gathered inter-rater reliability through administering the AOF-CV virtually to college students. Percent agreement was determined using AOF-CV ratings completed by two teams of two raters per team. The second phase gathered content validity data from a MOHO content expert using a content validity index form and interview. Results: Nine participants completed the AOF-CV and follow-up interview. The overall interrater reliability was 84.35%, based on nine completed AOF-CV by four raters. Data analysis from participants, raters, and content expert focused on content validity and identified two themes: AOF-CV Administration aspects and AOF-CV Yield of Occupational Profile. Content expert rated AOF-CV items as representative of MOHO constructs (93%), with 90% of items demonstrating clarity. Conclusion: The results strengthen the existing evidence on inter-rater reliability and identified alignment with majority of current MOHO constructs. The AOF-CV can measure occupational functioning of young adults and effectively contribute to developing an occupational profile. Future research should address recommendations for revisions, use with other populations and continued psychometric research to support increased use of the AOF-CV in practice.

Keywords: occupational functioning; measurement; inter-rater reliability; content validity; Model of Human Occupation, assessment psychometrics**.**

Content Validity and Inter-rater Reliability of the Assessment Occupational Functioning- Collaborative Version

This psychometric study examined the content validity and inter-rater reliability of the Assessment of Occupational Functioning – Collaborative Version (AOF-CV) in light of the latest edition of the Occupational Therapy Practice Framework (American Occupational Therapy Association [AOTA], 2020) and current edition of the Model of Human Occupation (MOHO) (Taylor, 2017a).

The original Assessment of Occupational Functioning (AOF) was designed to gather information regarding factors that influence an individual's occupational performance based on components of the MOHO (Raber & Watts, 2020). In 1993, Watts and Madigan later adapted the original AOF into the current AOF-CV, which was found to be compatible with the fourth edition of the MOHO (Kielhofner, 2008). In the 1980s and 1990s, research regarding the original assessment's reliability and validity was established through a series of studies. The original AOF was found to have strong content validity, which helped developers to later create the second AOF revision (Brollier et al., 1988; Watts et al., 1988). McGuigan (1993) established content validity for the current AOF-CV in English-speaking countries and found similar results to Brollier et al. (1988). Lee et al. (2008) found that less than 10% of therapists reported using the AOF-CV and approximately 65% reported that they did not know of the AOF-CV's existence, while 35% reported that they knew about the assessment but did not use it.

These findings indicate that more research and resources may help to educate therapists about the AOF-CV and its usefulness as an assessment tool. There is currently a lack of recent research on the AOF-CV, and the assessment could benefit from additional psychometric testing particularly inter-rater reliability. While use of the AOF-CV has been examined with individuals

with mental health conditions (Eklund & Hansson, 1997; Elliott & Newman, 1993), older adults (Lycett, 1992), and individuals who have experienced strokes (Widen-Holmqvist, et al., 1993) limited research regarding the use of the AOF-CV in measuring occupational performance among young adults has been conducted. As seen in the last year, COVID-19 has increased the number of practitioners providing services over telehealth (Dahl-Popolizio et al., 2020). During the time of the current worldwide pandemic, a younger population may be more receptive to working with researchers through a virtual platform. Examining the virtual administration of the AOF-CV may address its potential clinical utility in the realm of telehealth.

Literature Review

Occupational Functioning

In occupational therapy, occupation refers to everyday activities or tasks individuals do to fill their time, and occupations are central to a client's health and identity by bringing value and significance to life (AOTA, 2020). To assess occupational functioning, it must first be defined. Trombly (1993) defined occupational functioning through the lens of the client's contentment and capability to complete meaningful tasks. In 2010, Kielhofner et al. described occupational function through the lens of MOHO as the level at which a client successfully interacts with his or her environment or how a client participates in occupation. The American Occupational Therapy Association (AOTA) published the latest fourth edition of the Occupational Therapy Practice Framework (OTPF-4; AOTA, 2020), a document to summarize and describe the dynamic constructs of occupational therapy practice, wherein the term occupational functioning was not used. Instead, the OTPF-4 refers to occupational engagement and occupational performance. The OTPF-4 describes the process by which occupational therapists assess the transactional relationship between the client, their engagement in meaningful occupations, and

their environment when designing occupation-based interventions. Occupational performance is the result of a dynamic interaction between the client, their contexts, and an occupation, and therefore, does not have one singular form of measurement (AOTA, 2020).

During the initial evaluation, occupational therapists gather information about a client's "occupational history, experiences, patterns of daily living, interests, values, needs, and relevant contexts" (AOTA, 2020, p. 21) to develop an occupational profile, which helps the therapist understand the client's perspective and life experiences. Creating an occupational profile promotes client-centered care and collaboration between client and therapist through client identification of meaningful occupations and goals. This collaboration between client and therapist guides the processes of evaluation and intervention planning, which helps identify additional assessments that can inform delivery of occupational therapy services. The occupational profile is a flexible process and can be refined as new client information is gained throughout evaluation and intervention (AOTA, 2020).

When creating an occupational profile, the practitioner asks why the client is seeking services, what the client's concerns are regarding engaging in occupations, what occupations the client feels successful in or what barriers to success the client is experiencing, and information about the client's life experiences. Additionally, therapists ask questions about environmental or personal factors the client see as supporting or inhibiting occupational engagement, the client's habits, routines, roles, and rituals and how have they changed over time to support or inhibit occupational engagement, and the client's priorities and desired outcomes from therapy (AOTA, 2020). The AOF-CV is a screening tool that gathers much of this information and may be an appropriate method for building a client's occupational profile, furthering a practitioner's ability to provide client-centered care (AOTA, 2021a). An occupational profile can also be submitted to

insurance using evaluation and re-evaluation current procedural terminology (CPT) codes, which are specific sets of numbers assigned to healthcare services used by insurers for reimbursement purposes (AOTA, 2021b).

Measuring Occupational Performance

There are two ways to assess occupational performance: self-report methods and direct observation. Some assessments rely on self-report methods, either through clients' direct responses on an assessment or through a practitioner administering a questionnaire or interview to gather necessary information. Client self-report may be enhanced by directly observing the client engaging in an occupation to measure occupational performance. Both methods provide data regarding the client's occupational performance, and both help identify potential areas where the client might benefit from occupational therapy services. The AOF-CV is an instance of a self-report occupational performance measure (Parkinson et al., 2017).

Occupational therapists are implored to use more occupation-based and standardized assessments in practice (Manee et al., 2020). Standardized assessments are formal instruments to be administered and scored the same way across practitioners (Lin et al, 2019). These assessments present practitioners with objective data they can use in the clinical reasoning process to ascertain a client's ability to function. Although the AOTA urges practitioners to use assessments, many do not (Lin et al, 2019). Occupational therapists are more likely to use standardized assessments if they are available for free at work and are less likely to use an assessment if it is time consuming (Manee et al., 2020). Additionally, occupational therapists report they are less likely to use collaborative assessments because they find clients set unrealistic goals or expectations (Enemark-Larson et al., 2018).

Semi-structured interviews are the most common method of gathering information in healthcare settings due to the flexibility of the assessments themselves and their ability to be adapted for use across populations, settings, and diagnoses (Kallio et al., 2016). Semi-structured interviews help to build rapport between practitioners and clients, allowing for demonstration of active listening and unscripted dialog to occur as needed. Additionally, these interviews prompt clients to use their own words to describe their responses, increasing the practitioners' understanding of the client's perspective and ability to provide client-centered care. Semi-structured questions are used in the AOF-CV follow up interview, or in instances in which the assessment is delivered entirely as an interview in lieu of using the self-report feature.

Therapeutic Reasoning

While all practitioners use clinical reasoning to evaluate and make decisions based on a client's condition, practitioners should also use therapeutic reasoning, which is the skill of using occupation-based models and their underlying theories as a lens through which one can view a client to better understand and provide client-centered care (Forsyth, 2017a). A theory is an underlying understanding of why two concepts are related (Taylor, 2017b). The MOHO is conceptual practice model, which provides a framework to use as a guide to help practitioners identify important interactions the client has within their environment (Forsyth, 2017a). For example, the MOHO draws on other theories to support the constructs volition, habituation, performance capacity, and environment. Having a deeper understanding of a conceptual practice model serves as a guide for selecting additional assessments and can improve the overall occupational therapy process for developing, implementing, and monitoring a plan of care (Forsyth, 2017a). Conceptual practice models also support the field of occupational therapy through providing a theoretical foundation for research, strategies for carrying out therapeutic

interventions, and distinguishing occupational therapy services from other professions (Taylor, 2017b). Occupational therapists who attempt to treat clients without using theory risk carrying out interventions that are not therapeutic or within the occupational therapy scope of practice (Taylor, 2017b).

Occupational therapists use assessments based on occupational-based models as tools to support therapeutic reasoning (Forsyth, 2017a). While the field of occupational therapy does not have one singular theoretical basis to serve as a foundation for assessment development, the Model of Human Occupation (MOHO) has emerged as the most widely used, evidence-based occupational therapy occupation-based model (Taylor & Kielhofner, 2017). The current fifth edition of the MOHO is comprised of four main elements: volition (motivation for performing occupations), habituation (repeatedly engaging in occupations), performance capacity (the ability to complete tasks without physical or mental hinderances) and environment (the social and physical contexts in which the occupations are being performed) (Taylor & Kielhofner, 2017). Applying MOHO, therapists can view a client using each of the four elements as well as examine the interactions between each element to understand how each impacts a client's occupational participation.

There are a variety of MOHO assessments a clinician can choose to administer based on a client's age, capacity, diagnoses, and culture. MOHO assessments can also be chosen based on time efficiency, client-centeredness, use as an outcome measure, and use in conjunction with non-MOHO assessments (Forsyth, 2017b). A central MOHO principle is the belief that clients are experts on their own lives (Kramer et al., 2017). For this reason, self-reports can be valuable for many reasons. Self-reports can aid the client in reflecting on what he or she specifically desires or needs, increasing participation in collaboration and problem-solving within the

intervention process. Clients report that being more involved in assessments and planning interventions increases the meaningful impact occupational therapy has on their lives (Kramer et al., 2017). Self-reports also help to establish a therapeutic relationship wherein the client feels valued and respected. Furthermore, self-reports provide therapists with a deeper understanding of client circumstances, values, and beliefs, promoting success in therapy (Kramer et al., 2017).

MOHO self-report measures were created to be easy to use and understand, written with clear and simple language (Kramer et al., 2017). These measures are also designed to be flexible; the questionnaires can be completed by the client independently or with help from the therapist, where the client responses can be discussed immediately or after the assessment has been completed. The AOF-CV is designed to be administered to clients who are capable of thoughtful introspection and responding to questions (Raber & Watts, 2020). For this reason, it may be administered to adolescents, adults, and older adults.

Additionally, there are interview-based MOHO assessments which can be adapted to cater to the needs of each client, be administered formally or informally, provide a rating scale or checklist of what was revealed within the interview, and provide a way in which qualitative data can be recorded (Hemmingsson et al., 2017). Some MOHO assessments combine interview, observation, or self-reporting methods of gathering information, such as the AOF-CV (Parkinson et al., 2017). Using MOHO collaborative assessments to promote client-centered care can help provide a holistic evaluation of the client. Client-centered care has been a principle concept in occupational therapy (Sawada et al., 2020). Recent studies have shown client participation in the therapeutic process is important (Enemark Larsen et al., 2018). However, many clients that have experienced rehabilitation report feeling the practitioners did not treat them according to their individual needs and were unconcerned about their feelings (Enemark-Larsen et al., 2018). This

highlights the need for assessments that actively promote client-centered care, which can be easily found in the client-centered occupation-based conceptual model of MOHO.

The Assessment of Occupational Functioning-Collaborative Version (AOF-CV)

The MOHO was originally developed in 1980 when Dr. Gary Kielhofner and colleagues published a series of articles through the American Journal of Occupational Therapy, outlining the conceptual framework (Kielhofner & Burke, 1980), ontogenesis (Kielhofner, 1980a), cycles (Kielhofner, 1980b), and assessment and intervention (Kielhofner et al., 1980). Over the decades, MOHO has grown, and early concepts and terminology have changed. The first version of the AOF was developed in 1986, using the original MOHO framework (Watts et al., 1986). Watts and Madigan later developed the collaborative version in 1993, directly based on the second edition of MOHO, and later found the AOF-CV to be congruent with the fourth edition of MOHO (Watts & Raber, 2020). The AOF-CV is a twenty-item questionnaire that can be administered through self-report or semi-structured interview (Parkinson et al., 2017). Upon the client's completion and review of responses, any additional details are obtained via a semi-structured interview based upon the information revealed through the self-report questionnaire. The AOF-CV is then scored on the following components using a five-point rating scale: values, personal causation, interests, roles, habits, and performance skills (Parkinson et al., 2017).

MOHO has continued to develop through research and clinical use from a worldwide community of therapists who use MOHO in their daily clinical practice, leading to a recent publication of a fifth edition (Taylor, 2017a), in which the AOF-CV is described, noting that this assessment has not been reexamined since development (Watts & Madigan, 1993). MOHO initially used a hierarchical approach, placing volition as a "subsystem" that governs lower subsystems of habituation and performance (Kielhofner & Burke, 1980). This hierarchical

approach is no longer used; instead, the four elements of volition, habituation, performance, and environment are viewed heterarchical, all equally influencing each other and occupational engagement (O'Brien & Kielhofner, 2017). Within this heterarchical approach all four main elements are considered of equal importance; however, the elements can be broken down into smaller categories (O'Brien & Kielhofner, 2017). For example, volition is made up of personal causation (the client's self-efficacy), values (what the client finds meaningful or important), and interests (occupations the client finds satisfying or enjoyable) (O'Brien & Kielhofner, 2017). Habituation is further broken down into habits (automatic tendencies to respond or perform the same way to the same stimuli over time) and internalized roles (personal attitudes and behaviors one has incorporated through social or personal beliefs of what comprises a role) (O'Brien & Kielhofner, 2017).

The current version of the AOF-CV uses traditional MOHO language for scoring codes, such as V for values, PC for personal causation, I for interests, R for roles, H for habits, and S for occupational performance skills. Values, personal causation, and interests all compromise a client's volition, which is congruent with the fifth edition of MOHO. Habituation, consisting of roles and habits, is also congruent with the current edition of MOHO. However, occupational skills, categorized as occupational performance in the second edition of MOHO (Kielhofner, 1995), is used in the AOF-CV. The currently conceptualization of doing is performance capacity, which encompasses objective and subjective aspects of doing (Tham et al., 2017). The AOF-CV does not reflect the current heterarchical organization of the fifth edition of MOHO and does not explicitly assess environment.

The AOF-CV relies on the client's ability to self-report. Self-reported data is often the most straightforward way of understanding a client's beliefs, values, motivations, and inner

emotions (Fryer & Nakao, 2020). Even data that is outwardly observable can often belie inward processes. For these reasons, clinicians and researchers increasingly depend on self-report. Self-reported ratings are often questioned on their validity and reliability. Because of this, many have suggested the use of peer-reports (Fryer & Nakeo, 2020).

Paunonen and O'Neill (2010) examined the literature on self-reports and compared them to peer-reports to see which are more valid. The authors found that peer-ratings only get closer to self-reported ratings as they get to know the person better. Peer-ratings also show close alignment with self-reported ratings when rating observable behavior. Peers tend to rate based on circumstantial evidence, while self-reports have more insight. Paunonen and O'Neill (2010) concluded that peer-reported ratings, which are different from therapist observations, may be useful in adding to an assessment, but cannot be used interchangeably with self-reports. This study provided further evidence to support self-reported ratings as a valid means of assessment (Paunonen & O'Neill, 2010). As a self-report assessment, the AOF-CV provides the opportunity for reflection on occupational functioning.

Current Status of AOF-CV

The AOF-CV addresses the client's perception of their occupational functioning throughout daily life (Taylor, 2017a) and promotes collaboration between therapist and client, which contributes to client-centered care and strengthens the therapeutic relationship. The information derived from the semi-structured interview helps practitioners build a client's occupational profile and aids in evaluating a client's motor, process, and social interaction skills (Raber & Watts, 2020). The AOF-CV is flexible, time-efficient, and free, so occupational therapists may be more likely to use it within various settings. Preliminary research has found the AOF-CV to be a valid and reliable assessment (Raber & Watts, 2020). While use of the AOF-CV

has been examined with individuals with mental health conditions (Eklund & Hansson, 1997; Elliott & Newman, 1993), older adults (Lycett, 1992), and individuals who have experienced strokes (Widen-Holmqvist, et al., 1993) limited research regarding the use of the AOF-CV in measuring occupational performance among young adults has been conducted.

Occupational engagement has been linked to academic major satisfaction in undergraduate students (Cox et al., 2016) indicating that participating in a wide range of activities can increase knowledge about oneself and the world, thereby increasing self-concept and self-efficacy and satisfaction with decisions. Occupational engagement has also been linked to having a high internal locus of control. This is shown through college students' ability to become adaptable when problems arise and is observable when college students take responsibility for their respective futures (Kim & Lee, 2018). Similarly, in university students with disabilities, an increase in occupational engagement can increase self-confidence, self-worth, life meaning, and well-being (Ekelman, 2013). Pre-pandemic college students were found to be at an increased risk for elevated levels of stress, as well as at an increased risk for developing mental health conditions and substance use disorders (Pedrelli et al., 2015) but this risk has been exacerbated by the COVID-19 pandemic (Clabaugh et al., 2021).

There has been a recent initiative to increase telehealth-focused research (Proffitt et al., 2021), as the COVID-19 pandemic has caused many practitioners to provide services through telehealth. Research on the AOF-CV's compatibility to be administered virtually aligns with efforts to establish evidence-based telehealth practice and could prove to be clinically useful as a tool for creating an occupational profile. Currently, there is a lack of research on use of the AOF-CV with a college-student population, and the AOF-CV may serve to be a useful tool in examining a student's occupational engagement and well-being, especially after the hardships

brought on by the COVID-19 pandemic. Additionally, there has been no current research up until now examining the alignment of the AOF-CV with the current 5th edition of the MOHO. For these reasons, research further examining the AOF-CV is warranted. This study addressed the following research questions: What is the role of the AOF-CV in developing an occupational profile for adults attending college? Does the AOF-CV have acceptable inter-rater reliability? Does the AOF-CV align with current Model of Human Occupation (MOHO) constructs? Is the AOF-CV compatible with being administered over virtual platforms?

Methods

Research Design

A psychometric experimental study was conducted using two phases to address the research questions. The first phase of the psychometric research study included the examination of inter-rater reliability of the AOF-CV, and its utility as an occupational profile for adults attending college. The first phase also helped determine the AOF-CV's compatibility with virtual platforms. The second phase included the examination of the content validity of the AOF-CV through psychometric study using results of completed AOF-CV from participants and input from a content expert interview. Study design used recommendations by Rubio et al. (2003) to complete content validity through the analysis of an expert panel to show representativeness and clarity of items on a measure, and to offer suggestions for improvement. As the Model of Human Occupation (MOHO) has been updated since the AOF-CV was originally developed, it is vital to understand how the screening tool aligns with the current MOHO model. Therefore, this study is needed to determine any changes that may be considered for the assessment to best fit with MOHO-directed clinical practice, as recommended from the presentation of suggested future research by Raber and Watts (2020). Thematic analysis was utilized in both phases to identify

themes across the textual data to address research questions. According to Braun & Clark (2006), a thematic analysis is a method for identifying, analyzing, and reporting themes within a set of data. Obtaining the inter-rater reliability and content validity values helps to establish a screening tool as clinically useful. Reviewing content validity helps understand how the AOF-CV aligns with current MOHO constructs, as this screening tool was developed in 1993 (Raber & Watts, 2020).

Participants

IRB (Institutional Review Board) approval was obtained on April 30, 2021, through an expedited review from the Shawnee State IRB. Consent forms for participants and content experts are included in Appendix A. For participants of the first phase of the study, inclusion criteria were: college-aged students aged 18 and older, of any gender, currently registered in full or part-time college courses. Recruitment occurred primarily at one regional public institution, with network sampling from other college campuses. Methods used to recruit college students included a flyer, emailing students, and network sampling. The flyer is attached in Appendix B. The email invitation to participate in the study, as well as talking points used for participant recruitment are found in Appendix C. Twenty-six signed consent forms were received from October 25, 2021 to January 10, 2022. However, only nine participants returned a completed AOF-CV and followed through with the interview. These nine participants attended one of two universities and were between the ages of nineteen and forty-two years old. Participant demographic characteristics are found in Table 1.

Table 1

Demographic Data of Phase 1 Participants	n
Educational Level	
Graduate student	**6**
Undergraduate student	**3**
Enrollment Status	
Full-Time	**8**
Part-Time	**1**
Gender	
Male	**6**
Female	**3**
Marital Status	
Single	**6**
Married/partnered	**3**

In the second phase of the study, inclusion criteria were: experienced occupational therapists/scholars who use and/or are familiar with MOHO and the AOF-CV. Due to time constraints, one expert was recruited for the expert panel. The expert possessed extensive knowledge and expertise in MOHO instrument development, MOHO theory development, and occupational therapy.

Instrumentation

The AOF-CV is a self-report screening tool based on the constructs of MOHO, which collects information about clients' perceptions of their strengths and weaknesses in the areas of

habits, interests, personal causation, roles, skills, and values. The AOF-CV is intended to provide information to better understand a client and their occupational functioning using a five-point rating scale for twenty items; items are categorized using MOHO constructs of Volition (11 items), Habituation (6 items), and Occupational Functioning Skills (3 items) (n (Raber & Watts, 2020). The AOF-CV includes an administration protocol, a summary page asking about employment history and reasons for job changes, the twenty-two-question interview, and a five-point ordinal rating scale which rates twenty items. It can either be used as a self-report with therapist follow up or a semi-structured interview. The AOF-CV is located in Appendix D. Each of the research members were trained in administration and scoring of the AOF-CV using guidance from the administration protocol and instruction from primary researcher. Two mock participants were administered the AOF-CV and researchers independently completed ratings. Ratings were reviewed and discussed, with increased agreement across raters for all items after the second administration.

According to Raber and Watts (2020), the AOF-CV (research version) was created in 1991, and research was conducted to examine its content validity, appropriateness of terminology across cultures, and to determine which patients could use the AOF-CV in the self-administration format. McGuigan (1993) found a similar pattern established in previous research when considering content validity and found there was a need to interpret items relative to cultural values when determining appropriateness of terminology across cultures. Elliott and Newman (1993) found individuals, in a sample of psychiatric patients, having higher Mini-Mental State scores (greater than twenty-seven), educational level and verbal ability were able to complete the AOF-CV (research version) independently with limited follow-up. These studies informed the current AOF-CV, which was refined in 1993. A descriptive study conducted in

2005 used online survey (n=20) to determine clinical utility, and results indicated the AOF-CV was rated superior in the areas of overall usefulness and ease of use (Raber & Watts, 2020).

In addition to administering the AOF-CV, this study also used semi-structured interviews to collect information about participants' experience completing the AOF-CV, as well as to address content validity by content expert. A sample of interview questions for AOF-CV participants and questions for content expert are found in Appendix E. Researchers were trained in semi-structured interview techniques. For AOF-CV participants, two researchers conducting the interviews reviewed responses and formulated additional potential questions (specific to the participant and general questions) to provide a more in-depth review of the participants' occupational functioning as it pertains to values, personal causation, interests, roles, habits, and skills. These two researchers collaborated in developing the additional questions for each participant ensuring no duplicates, and questions were appropriate and clear. The focus of these questions was a follow-up to the AOF-CV, as discussed in the administration instructions for the AOF-CV. The interview was recorded via Microsoft Teams and then downloaded to a computer and transferred to a flash drive which could be retrieved by other team members as needed from a locker with protected combination. One research team member reviewed each recorded interview and provided a written transcription for the two blinded researchers to use for ratings and for member check.

In the second phase of the research study, a content validity rating form (adapted from Rubio et al., 2003) was administered to MOHO content expert and AOF-CV author to evaluate content validity of the AOF-CV in relation to current MOHO constructs. Rubio et al. (2003) recommends use of rating scale for items in a measure, and outlines instructions for the implementation of two four-point scales to follow for each of the items being rated based on

representativeness and clarity, and a comment section for each. This format was used to develop the content validity rating form, found in Appendix F. Research team conducted a virtual interview with the content expert to discuss the AOF-CV and how it aligns with MOHO constructs. The researchers developed guiding questions for the interview based on Rubio et al. (2003), and addressed the comprehensiveness, representativeness, clarity, and factor structure of each item, as well as feedback on the entire measure to specify the addition or deletion of any item. Following the interview, the recorded session was downloaded to a computer and transferred to a flash drive which can be retrieved by other team members as needed. One research member also reviewed the content expert interview and provided a written transcription for MOHO construct evaluation and member check. The questions used during the expert interview can be found in Appendix E.

Procedures

A sample of participants were recruited primarily from one university through rolling recruitment using targeted student groups, College of Professional Studies students, and outreach to SSU faculty to invite student participation. Participants from other universities were recruited through network sampling to achieve the desired number of participants. Students interested in participating in research study shared their emails with research members; all emails and personal information were kept in a secure Blackboard student research site and all individuals were assigned a participant number. Interested students were contacted by a research member and sent fillable, IRB approved, consent forms. When participants returned completed consent forms, a fillable word document form of the AOF-CV was then given to each student participant. When participants returned the completed AOF-CV's, researchers coordinated time and method (virtual platform or telephone) with participants for the follow-up semi-structured interview.

After the participant filled out the assessment independently, the participant interview was conducted to discuss responses and answer any questions, concerns, or missed areas of the assessment. Researchers communicated with participants via email and a Microsoft Teams meeting or phone call while following COVID-19 protocol. All participants provided verbal permission for virtual sessions to be recorded. Participants were able to choose whether the session was recorded as video or audio only. Consent forms are in Appendix A. Follow-up interviews for the first phase and content expert interview for the second phase were held in private areas to ensure confidentiality. Demographic information was collected during follow-up interviews with participants once the participant's AOF-CV was completed. For both phases of the study, all online session recordings were transcribed and provided to the participants to review as a member check for data analysis. No participant requested revision of interview transcript.

Participants were also enrolled in an optional drawing for a chance to win a $20 gift card. There were two gift cards for phase one, increasing the participants' chance to win. Respondents must have completed the AOF-CV form and follow-up interview to be eligible for the gift cards. The participants' AOF-CV word document and virtual interview were rated by two groups of raters: a first group of two raters who conducted the interview and a second group of two raters who did not conduct the interview. The pairs of raters were blinded to the other pairs' rating. The second group of raters, who did not conduct the interview with AOF-CV participants, used transcriptions of the virtual interview ensuring independence of raters to analyze inter-rater reliability for the AOF-CV. Fieldnotes were completed by one of the two researchers during and after the virtual interviews. Notes were taken regarding comments or concerns of the interview process or of any information gathered that supported the rating process. Fieldnotes were

completed for each participant on a Word document. Interviews, fieldnotes, and completed AOF-CVs were uploaded to a secure Blackboard research team website, and downloaded to a flash drive, which could be retrieved by other team members from a team locker as needed.

In the second phase of the study, an experienced occupational therapist and MOHO content expert was recruited through network sampling to complete a content validity rating form (see Appendix F) and then participated in one recorded online interview to answer guided questions (see Appendix E) to share insights of how the AOF-CV aligns with latest edition of MOHO. Content expert participant was provided a $20 Amazon gift card for completing the rating form and interview. Researchers communicated with the participant via email for scheduling purposes and Microsoft Teams for the content expert interview. The content expert interview took place on March 7, 2022.

The transcription process included downloading the recorded AOF-CV interview from the secure Blackboard site and transcribing it using Express Scribe software, using a foot pedal. Headphones were used to ensure confidentiality in the research lab. The finished transcriptions were uploaded to the secure Blackboard site and secure flash drive and all data was erased from the research lab computer. The transcripts were checked once more for accuracy before sending the transcripts in an email to the respective participants. In the member checking process, each participant was encouraged to review the transcript of their AOF-CV interview and respond with corrections or verification of accuracy. Transcripts were sent within a week of the participants interview, six participants confirmed accuracy and three participants did not respond to the follow up email. To view the member check email, see Appendix G.

Content validity was then analyzed through thematic analysis using Hyper Research software to note themes throughout the AOF-CV. Member checks were completed by sending

participants transcripts of their interview to make sure the information was correct before analysis began.

Data Analysis

Interrater reliability was calculated based on percent agreement between raters. Thematic analysis was also used to help researchers detect themes throughout the AOF-CV.

The percent agreement was used to assess inter-rater reliability. Inter-rater reliability is assessed to determine the reliability between raters and is calculated for representativeness and clarity (Rubio et al., 2003). This is calculated by adding the number of times raters agreed on an assessment item and dividing that number by the total number of ratings (Rubio et al., 2003) Specifically, interrater reliability was calculated by taking the number of times the raters agreed on a rating for a certain item and dividing that number by the number of overall ratings given for that item. Then, the average is calculated by adding the individual item interrater reliability scores, dividing that sum by the number of items that were rated, and then multiplying that number by one hundred to give an overall interrater reliability percentage.

Content validity was then analyzed through thematic analysis using Hyper Research software to note themes throughout the AOF-CV. Member checks were completed by sending participants transcripts of their interview to make sure the information was correct before analysis began. To analyze the qualitative data gathered over the course of the study from the participants' completed AOF-CVs, the transcriptions of the completed interviews, and the researcher's filed notes, research members developed a codebook containing eight codes pertaining to the patterns of information observed in beginning stages of data collection. Operational definitions were developed for each coding category and divided into two overarching categories of AOF-CV administration items and AOF-CV content and yield items.

Researchers applied these codes to initial data collected and then discussed and revised based on usefulness of codes. This codebook is included in Appendix H. The codes were then inputted into HyperRESEARCH software along with all data collected.

HyperRESEARCH (2015) a software tool that allows researchers to code qualitative information and identify potential themes from the data, was used for thematic analysis of all qualitative data collected. Coding was completed independently by two research members to increase validity of coded data. These researchers applied codes per operational definitions and included annotations of support of code application to participant-completed AOF-CVs, interview transcripts, and researcher fieldnotes. Coded data was utilized during qualitative thematic data analysis. Thematic analysis is a flexible and useful research tool which can provide rich, detailed, and complex sets of data (Braun and Clarke, 2006). Researchers noted areas of interest, including the length of time it took to complete the AOF-CV, the perception of difficulty to complete the assessment, language of the AOF-CV, mode of delivery through a virtual platform, consistency in terminology compared to the latest edition of the MOHO, the ability of the AOF-CV to generate an occupational profile, and the researchers' reflections on the scoring process.

The content validity data from the content expert interview was examined by research members; the content expert insights on the use of the AOF-CV in a clinical setting and the AOF-CV's alignment with current MOHO (Taylor, 2017a) and OTPF-4 constructs (AOTA, 2020) were documented from interview. Rigor of data from the content expert interview was ensured by only using a content expert in the field occupational therapy, although some subjectivity should be expected during qualitative study (Rubio et al., 2003). All results reported were done so without identifying information.

Results

The data from this study generated both quantitative and qualitative data. The quantitative data from AOF-CV scores is presented first and addresses the research question regarding the AOF-CV acceptable inter-rater reliability. Next, the qualitative results of the textual data provided from the completed AOF-CVs, transcripts of interviews, and researchers' fieldnotes are presented in the form of two themes that help to answer the research questions regarding the ability of the AOF-CV to provide an occupational profile for adults attending college and the ability of the AOF-CV to be administered over a virtual platform. Lastly, the results from the expert interview are presented to help answer the research question: does the AOF-CV align with current MOHO constructs?

Phase One Inter-rater Reliability Result

The quantitative analysis addressed inter-rater reliability data calculated using Microsoft Excel. The values provided are based upon the researchers' AOF-CV ratings of nine participants involved in phase one of the research study (n=9). Table 2 presents the average percentage agreement between the four raters of each of the twenty items, and the total inter-rater reliability for the AOF-CV in this study. This table ranks the items from highest percent agreement to lowest. There were seven items in the 90-100% agreement range (items 19, 13, 12, 18, 4, 20, and 1), seven items in the 80-89% agreement range (items 3, 10, 8, 5, 7, 17, 16), and six items below the 80% agreement range (items 9, 6, 15, 14, 11, and 2). The total percent agreement (inter-rater reliability) was 84.35% for this study.

Table 2

Percent Agreement of Items Across Participants

Item Number	Percent Agreement
19	100.00%
13	100.00%
12	100.00%
18	100.00%
4	94.44%
20	94.44%
1	90.74%
3	88.89%
10	87.04%
8	85.19%
5	83.33%
7	81.48%
17	81.48%
16	81.48%
9	75.93%
6	72.22%
15	72.22%
14	70.37%
11	66.67%
2	61.11%
Total Percent Agreement	**84.35%**

Table 3 presents the average percentage agreement in relation to each of the subsystems on the AOF-CV; while the current MOHO uses the term "elements", not subsystems, results are reported using AOF-CV terminology. This table ranks the subsystems from highest percent agreement to lowest. There were two subsystems in the 90-100% agreement range (occupational performance skills and habituation - roles), four subsystems in the 80-89% agreement range (habituation – total, volition – values, volition – total, and volition – personal causation), and two subsystems below the 80% agreement range (habituation – habits and volition - interests).

Table 3

Percent Agreement of Subsystems Across Raters

Subsystem	Percent Agreement
Occupational Performance Skills	98.15%
Habituation - Roles	90.12%
Habituation - Total	84.26%
Volition - Values	83.80%
Volition - Total	80.64%
Volition - PC	80.56%
Habituation - Habits	78.40%
Volition - Interests	76.54%

Table 4 presents the average percentage agreement between the raters, showing how often each rater agreed with each of the other raters. R1 is rater one, R2 is rater two, R3 is rater 3, and R4 is rater four. This table also presents the overall interrater reliability for the AOF-CV in this study. This figure ranks the rater combinations from highest percent agreement to lowest. There was one combination in the 90-100% agreement range (R1/R2), and five combinations in the 80-89% agreement range (R1/R3, R2/R3, R2/R4, R3/R4, and R1/R4). The total percent agreement (interrater reliability) was 84.35% for this study.

Table 4

Average Percent Agreement Between Raters

Rater Combination	Percent Agreement
R1/R2	91.11%
R1/R3	86.67%
R2/R3	86.11%
R2/R4	81.11%
R3/R4	80.56%
R1/R4	80.56%
Total Percent Agreement	**84.35%**

Phase One Qualitative Results

Two overall themes were noted in the analysis of all textual data from participants completing AOF-CV and raters' fieldnotes: 1) Aspects related to the administration of the AOF-

CV and 2) Aspects related to the development of the occupational profile according to AOTA's template (AOTA, 2021a). In providing the following results, all participants have been assigned pseudonyms.

Theme 1: AOF-CV Administration

Time. During the interview with participants, researchers asked the participants how long it took them to complete the AOF-CV. Participants gave approximate answers based on how long they thought it took them to complete the assessment. The participants' answers varied from 15 minutes to 2 hours. The average length of time it took to complete the AOF-CV across the nine participants was 49 minutes. Notably, some participants did not complete the assessment in one sitting, preferring to break it up to better fit with their schedules. Across researchers it took approximately 2-5 minutes to complete the AOF-CV rating form for each participant.

Table 5

Results of AOF-CV Administration Codes (pseudonyms used for each participant)

Participants	**Time to complete**	**One or multiple sessions**	**Notes**
Mark	**15-20 minutes**	**One session**	
Margaret	**1 hour (approx.)**	**Multiple sessions**	**Perceived as taking a long time**
Jude	**20 minutes**	**One session**	
Matt	**2 hours**	**Multiple sessions**	**Reported multitasking while completing**
Jennifer	**45 minutes (approx.)**	**Not specified**	**Perceived as "time consuming"**
Tim	**30 minutes (approx.)**		**Reported multitasking while completing**
Estavon	**1 hour (approx.)**	**Multiple sessions**	
Peter	**30 minutes (approx.)**		
Stephanie	**1 hour (approx.)**		

Ease of Use and Language. Out of the nine participants, three participants noted the assessment was easy and stated no challenges in completing the assessment, while one

participant noted that the assessment was challenging to complete. Four participants noted that the assessment was easy at times and challenging at others while one participant noted that it was neither easy nor challenging. Researchers probed further in the interviews to determine what aspects of the assessment participants perceived as easy or challenging. For participants who found the assessment easy to complete reasons such as "simple to understand" and "questions weren't difficult to understand" were listed. Many of the difficulties noted with the assessment were related to aspects of language of the assessment, such as vagueness or open-endedness of the questions and repetitiveness of questions, or the length of the assessment.

While five of the nine participants responded that the language of the assessment did not impact understandability of the questions or ability to complete the AOF-CV, four of the participants noted at least one instance of the language of the assessment impacting the clarity of the questions. Participants who reported no language issues related to the understandability of the assessment indicated that items were not difficult, confusing, or repetitive and some gave additional thoughts regarding the clarity of the language or its ability to allow for thorough responses. Participants who reported that the language impacted responses on the assessment noted language limitations and gave further insight about how thought the language impacted ability to respond. Table 6 provides examples of responses by participants regarding ease of completion and language.

Table 6

Examples of participant perspectives on independently completing the AOF-CV

Example Quote	**Code**
"I felt that it was difficult to complete… like the questions were… kinda vague, and then some of them were… repetitive… I didn't know the difference between [the questions]" – Jude	**Challenging & Language**

"Some of the questions were a little vague in what they were expecting, and it was kind of long… so in that it was kind of difficult." – Margaret	**Challenging & Language**
"It was fairly easy, but there were… some thought provoking questions in there." – Peter	**Easy & challenging**
"There were some questions that were asking to detail my personal life which I could have written like 3 paragraphs and gone crazy with it, but for time's sake and efficiency I was just trying to be straight to the point only saying things that were very obvious or applicable" -- Matt	**Language**
When asked whether he found any parts of the assessment confusing: "No, um still fairly straightforward." - Estavon	**Language**
"Yeah, the wording was kind of weird on a couple of them, I guess... so I tried to do it the best way that I could." - Mark	**Language**

Mode of Delivery. All the participants completed the AOF-CV independently on their own time and returned to researchers before completing an interview. Two of the participants printed out the AOF-CV and completed it by hand while the remaining participants completed the AOF-CV using the fillable Word document. One participant noted that filling out the AOF-CV through Word was difficult at times due to formatting issues that would arise when typing in answers. After the completion of the AOF-CV, each of the participants met with two of the researchers to complete the recorded interview portion of the AOF-CV. Four participants met using Microsoft Teams video while five participants met over a phone call. Researchers noted that interviews conducted over the phone were difficult to hear and contributed to difficulty understanding the responses of participants. None of the participants noted difficulty using a virtual platform to complete the interview.

Scoring. Researchers reported thoughts about scoring after completing the follow-up interview with each participant. Researchers noted reflections regarding questions, concerns,

comments, and overall impressions with the interview and rating processes. Throughout data collection, researchers showed growth in ability to use the AOF-CV in a way that obtained more thorough and in-depth information, in an efficient manner about the participants that aided the rating process. Examples of researchers' notes showing growth throughout data collection are listed in Table 7.

Table 7

Examples of researcher perspectives on rating the AOF-CV

Example Quote	**Stages of data collection (beginning, middle, end)**
"I do want more information about the participants daily life" and "I was nervous"	**Beginning**
"If we were to ask more in depth or open-ended questions, would we gain better insight into how the tool is intended to be used and its ability to gain information about a client?" and "I feel questions were too general and we didn't get a good overall idea of the specific person's life. We were able to gain some info, but when asking questions, we realized a lot of our questions were closed-ended creating less opportunity for conversation."	**Beginning**
"We gained some good insight into the participants' life and how he spends his time, however, I still feel we could improve on our question quality from less general to more specific questions" and "Simply understanding the differentiation between 4 and 5 on the rating scales is difficult. Gauging when it is appropriate to rate a participant a 5 vs. a 4 based on the information acquired from interview and AOF-CV"	**Beginning**
"While I feel I could rate the client based on the information given, I feel I struggled with rating a few items due to the lack of information, we plan to improve our interview process to make up for this"	**Middle**

"I believe we need to become better at evaluating the AOF-CV and 'reading between the lines' to determine what questions would be best during the interview" and "I feel we are beginning to become more thorough in our interview methods. This interview went well in terms of gathering information from the client in comparison to past interviews"	**Middle**
"It is sometimes difficult to determine an appropriate rating score between 4 or 5, based on information provided via interview and AOF-CV answers - what is considered sufficient for a rating of 5 vs 4?"	**Middle**
"Researchers worked on obtaining more information on this participant. Researchers prepared some questions specific to participant #30"	**End**
"All information gathered was adequate and answered any questions we had about the participant"	**End**

Theme 2: AOF-CV Development of Occupational Profile

The ability of the AOF-CV to generate an occupational profile was examined by categorizing AOF-CV responses of the participants into the various elements of the AOTA's occupational profile template (AOTA, 2021a). Researchers examined the extent that the AOF-CV was able to capture the occupational profile elements of client report, contexts, client factors, and client goals. Within each of these categories additional subcategories were also examined.

An analysis of qualitative data from Phase 1 resulted in a total of 720 uses of the code "occupational profile" between the two coders. Table 8 shows frequency of codes used for each aspect of the occupational profile template (AOTA, 2021a). Values, beliefs, and spirituality, personal context, and performance patterns were aspects of the occupational profile template

(AOTA, 2021a) reflected the most in the participants' responses to the AOF-CV and follow-up interviews.

Table 8

Frequency of Occupational Profile Code by Item

Occupational Profile Template Item	*Number of Annotations*	*%*
Values, Beliefs & Spirituality	176	24.4%
Personal Context	132	18.3%
Performance Patterns	112	15.6%
Environmental Context	78	10.8%
Occupational History	55	7.6%
Interests	55	7.6%
Occupation Success/Barriers	40	5.5%
Body Functions	37	5.1%
Client Goals	26	3.6%
Body Structures	9	1.3%
TOTAL	720	

The Occupational Therapy Occupational Profile Template uses ten categories (AOTA, 2021a). The category "values, beliefs, and spirituality" were elements of the occupational profile that were captured the most in the completed AOF-CV and follow-up interview. Values and beliefs specifically are identified by AOF-CV questions such as, "What activities do you value or what activities give you a sense of purpose to your life? Please be specific in identifying these meaningful activities" and "Do you have certain ideas about how you should carry out your daily activities? Discuss any thoughts you have about performing these activities particularly well or to a standard" (Watts & Madigan, 1993, p. 5 & 8). Questions regarding spirituality are not explicit in the AOF-CV, but aspects of spirituality, as defined by OTPF-4 (AOTA, 2020) were drawn out at times during follow-up interview questions regarding activities of meaning or in questions about how individuals spend their time (i.e. religious participation).

The AOF-CV items provide direct information regarding the personal context of the participants including age, lifestyle, and education, but items do not explicitly provide information regarding gender identity, sexual orientation, race and ethnicity, cultural identification, social background, upbringing, or psychological assets (AOTA, 2020). The AOF-CV begins by asking the name, age, number of years of education, and employment history, all of which contribute to developing the personal context of the participant's occupational profile. Other questions throughout the assessment provide information regarding other aspects of personal context including social background and upbringing and were teased out more in the interview by researchers.

The third most coded category, performance patterns, was ascertained from participants through questions focused on participants' habits and roles. Questions such as, "What do you do in a typical weekday?" and "Some people are workers or students. What kinds of things (that is, roles) are you involved in everyday life? (In other words, what do you spend most of your time doing; with whom do you spend most of your time; and how often do you do these things?)" (Watts & Madigan, 1993, p. 6 & 8).

The fourth most coded category, environmental context, was captured by the AOF-CV despite not having any questions that specifically ask about the environment of the participant. Environmental context aspects, such as support and relationships, are captured through the AOF-CV and follow-up interview. The remaining categories of AOTA's occupational profile (occupational history, interests, occupation success/barriers, body functions, client goals, and body structures) were also identified in the completed AOF-CV and/or follow-up interview, but to a much lesser extent than the other categories.

Phase Two: Content Validity

One MOHO content expert completed the content validity rating form (adapted from Rubio et al., 2003) to evaluate content validity of the AOF-CV in relation to current MOHO constructs. Each AOF-CV item was rated on a scale from one to four for both representativeness and clarity, one meaning the item is not representative/clear, two meaning the item needs major revisions to be representative/clear, three meaning the item needs minor revisions to be representative/clear, and four meaning the item is representative/clear. Sixteen out of twenty-two items were given a four out of four for representativeness. The other six items were given a three out of four for representativeness. Overall, the content expert ratings revealed the AOF-CV's representativeness of MOHO to be 93.18 %. Fifteen out of twenty-two items were given a four out of four for clarity, six items were given a three out of four for clarity, and one item was given a two out of four for clarity. Overall, the content expert ratings revealed the AOF-CV's clarity to be 90.90%. No items were given a one out of four for either representativeness or clarity. For a summary of the content expert's ratings on the AOF-CV Content Validity Rating Form, see Table 9.

Table 9
Summary of Results from AOF-CV Content Validity Rating Form

AOF-CV Item	Representativeness of MOHO	Clarity	MOHO Factor
Item 1	3/4	4/4	Volition
Item 2	4/4	4/4	Habituation
Item 3	3/4	3/4	All
Item 4	3/4	3/4	Volition
Item 5	3/4	3/4	Habituation
Item 6	3/4	3/4	Habituation
Item 7	3/4	2/4	Volition
Item 8	4/4	4/4	Volition
Item 9	4/4	4/4	Volition
Item 10	4/4	4/4	Volition

Item 11	4/4	4/4	Volition
Item 12	4/4	4/4	Volition
Item 13	4/4	4/4	Volition
Item 14	4/4	4/4	Volition
Item 15	4/4	4/4	Volition
Item 16	4/4	4/4	Habituation
Item 17	4/4	4/4	Habituation
Item 18	4/4	3/4	Habituation
Item 19	4/4	4/4	Habituation
Item 20	4/4	3/4	Performance Capacity
Item 21	4/4	4/4	Performance Capacity
Item 22	4/4	4/4	Performance Capacity

Qualitative data was gathered from the content expert from both the AOF-CV Content Validity Rating Form and the content expert interview. The content expert provided information on the usefulness of the AOF-CV in clinical practice, the development and history of MOHO and the AOF-CV, how the AOF-CV aligns with the current model of MOHO, as well as suggestions for how to improve the instrument.

Clinical Utility of the AOF-CV

The content expert noted that while the AOF-CV had proven to be clinically useful for gathering information about the client, particularly in the nursing home setting, the AOF-CV could benefit from revision to increase its clinical utility. Regarding the ability of the AOF-CV to gather information that was helpful for guiding the occupational therapy process within a long-term care setting, the expert noted the AOF-CV, "gave me the useful information that I needed" and "it was very useful in that setting" (personal communication, March 7, 2022) when the expert chose to use it with clients. The expert also stated that she did not use the AOF-CV with all her clients but only at times when she thought the client would be able to participate in completing the AOF-CV in a way that would provide her with useful information.

Regarding potential revisions to increase the assessment's clinical utility, the expert reflected her hopes: "my wish at this point is that... we could get it in a format that is easiest to administer...without it being cumbersome and too academic sounding" (personal communication, March 7, 2022). The expert reflected on the matter of timing noting that while it is important to not "prematurely redirect" someone in the interview process because you can learn about a client through him or her telling their story, that it can be a "tricky balance because there is not much time to [administer assessments]" (personal communication, March 7, 2022).

Generating an Occupational Profile

Within the expert interview, researchers and the expert discussed the current role of the AOF-CV in generating an occupational profile for college students. Together, the researchers and content expert reflected how students may experience role-strain due to increased amounts of time focused on completing tasks for their student role while neglecting other interests and roles. The content expert remarked that compared to the population of individuals seeking occupational therapy services, college students differ in that "[college students] choose to be in that student role and... [college students] probably are giving up some things to do it... [they are] not going to perceive things... in the same way as somebody who has some sort of interruption in their life" (personal communication, March 7, 2022). This difference in perception about life circumstances may impact the way that participants respond to questions in the AOF-CV, and thus how the assessment is scored. The expert noted "when people have had things interrupted by an illness or you know, a life circumstance or whatever, it's going to be perceived very differently, probably, I would think, give much more um, sort of extreme or you know, discriminating sort of information" (personal communication, March 7, 2022).

Content Validity

The content expert believed that the AOF-CV captured the items of the MOHO well but could benefit from revisions to improve the clinical usefulness as a screening tool to make the assessment more user-friendly to help practitioners develop a holistic, theory-based, client centered plan of care. The content expert stated "[the AOF-CV] is basically working, but you know, you can make it better by doing a tweak here and a tweak there" (personal communication, March 7, 2022). The content expert believed the AOF-CV would benefit from minor revisions to increase representativeness of the updated MOHO and revise language to increase clarity of items and make it less "academic sounding" (personal communication, March 7, 2022).

In discussing the shift from the original hierarchy of subsystems to the current heterarchical view of volition, habituation, performance capacity, and environment, the content expert shared that this shift has created a more flowing process. Instead of working one's way down through a hierarchical approach, a practitioner can identify the best area to work on with the client first, that will get the "biggest resonation through the whole system," (personal communication, March 7, 2022). In other words, since these systems are all intimately integrated, a practitioner can choose to, per se, begin by addressing the client's environment and in doing so can largely improve the client's volition, habituation, and performance capacity, whereas the practitioner may not get such a resounding effect by beginning with addressing habituation.

In discussing the emphasis the fifth edition of the MOHO places on the client's lived experience, the content expert shared that the AOF-CV captures the client's lived experience, even though the authors did not have the concept of "lived experience" explicitly in mind while

creating the assessment. The content expert stated the AOF-CV captures the client's lived experience through questions that address the client's subjective understanding of their performance capacity. In discussing the few discrepancies where the AOF-CV listed the item's factor differently than the content expert categorized on the AOF-CV rating form (i.e. Item 7 on the AOF-CV is listed as H for habits, while the content expert categorized is as volition on the AOF-CV content expert rating form), the content expert explained that because the four elements of MOHO are so interconnected, it is difficult to put items into neat boxes. The content expert explained how it is acceptable to assign a specific aspect of a theory to an item if it is clinically useful, for example, practitioners may find labeling items a helpful tool to keep the concepts in order, or as a prompt to "zero in on important issues" (personal communication, March 7, 2022).

As some participant's answers differed from the question's label (for example, one participant's answer to a question asking about interests would on occasion reveal more information about a client's performance capacity, habituation, or environment), the content expert explained that this happens because all clients are unique and not everyone will interpret the questions in the same manner. The content expert went on to explain how a practitioner's knowledge of MOHO really comes in to play; that even though the question is addressing the client's interests, practitioners can use their understanding of the underlying elements of MOHO and can gain information as it "spills over" (personal communication, March 7, 2022).

Potential Revisions

The content expert stated "[the AOF-CV] is a worthy instrument, but it's underused, and yet it has really good research and really good potential" (personal communication, March 7, 2022). The content expert went on to report that the AOF-CV may be underused because practitioners may find it too lengthy or too formal, and therefore the content expert believes it

would benefit from slight revisions to improve its clinical utility and representation of the updated version of MOHO. The content expert reflected that placement of "job employment dates and reason for leaving" as the first item of the AOF-CV struck her as odd, explaining "because there are so many other things that we do that matter, and it's not just jobs." The content expert went on to say that the question and its placement has an underlying assumption, that the meta-communication is that we all have jobs that we may or may not have left, which can be off-putting to clients. The content expert suggested this be updated, saying "there are other ways to approach that information" (personal communication, March 7, 2022).

As the MOHO has developed over the years and increasingly highlights the client's environment, the content expert speculated that the AOF-CV does not need to add items to explicitly ask about the client's environment, as the AOF-CV captures a lot of information about the environment implicitly. The content expert went on to say "you know, I wouldn't want to make [the AOF-CV] longer or more detailed. I even wonder if it maybe even needs to be shorter or could be shorter and still yield sufficient information" (personal communication, March 7, 2022).

In discussing the length of the AOF-CV and the depth of information the AOF-CV gathers, the content expert shared that maybe the AOF-CV and its rating form is more fine-grained than it should be as it is a screening tool. The content expert believes the AOF-CV should be refined to assess and identify essential items for screening the client and determine which items may be unnecessary or gathering too much information. The content expert discussed in further detail the intentions behind the questions on the AOF-CV rating form. For example, under *Interests* on the AOF-CV rating form it asks, "Does this person clearly discriminate between degrees of interests?" "Does this person clearly identify a range of

interests?" and "Does this person routinely pursue his/her interests?" (Watts & Madigan, 1993, p. 12). The content expert explained these questions are guiding the practitioner to consider how many interests the client has, if the client has enough interests, and are the client's interests balanced.

The content expert provided feedback on possible revisions to the AOF-CV to increase representativeness of the current edition of MOHO, improve clarity of language, and improve instructions of administration. For example, the content expert suggested the language of the AOF-CV should be updated to use the current language of MOHO, using the term "performance capacity" instead of the term "skills" originally used in the first editions of MOHO. For more examples of revision suggestions from the content expert, see Table 10.

Table 10

Examples of Content Expert's Suggested Revisions

Use "How many years of education have you completed (formal, informal, non-formal, trade, other)" instead of "How many years did you complete in school?"
Use "Name at least three things you enjoy doing. Why do you like to do these things? How much do you like each?" instead of "Name at least 5 things you enjoy doing. Why do you like to do these things?" **Additional comment: "Change directly addresses volition (interests and experience). List fewer, but get more information regarding degree of liking"**
Use "what activities do you value or provide a sense of purpose? Please be specific in identifying these meaningful activities." Instead of "what activities do you value or what activities give you a sense of purpose to your life? Please be specific in identifying these meaningful activities."

Additional comment: "Edit for conciseness"
Use "When was this?" instead of "be sure to specify when this typical weekday occurred" **Additional comment: "Consider asking follow up questions, probing the personal assessment of meaningfulness (e.g. how do you feel about this routine?)"**

Discussion

Clinical utility is a term that describes the relevance and usefulness of a tool in clinical practice (Smart, 2006). Results indicate that the AOF-CV has the potential to be clinically useful in a college-aged population. Nine respondents were able to answer questions and provide relevant information regarding their roles, habits, personal causation, interest, values, and skills. The AOF-CV gathers relevant information that is helpful in developing an occupational profile and can be administered virtually with college-aged participants. Findings also reinforce existing psychometric properties of the AOF-CV, namely inter-rater reliability and content validity.

Adequate inter-rater reliability for the sample in this study indicates that the AOF-CV may be a useful tool for assessing occupational performance for college students. Fourteen out of twenty items demonstrated acceptable inter-rater reliability (81.48% to 100%). The other six items were below this level (61.11% to 75.93%). These items may not be as well understood by the participants and/or raters, giving a lower percent agreement result for this time, however, an overall percent agreement of 84.35% represents an acceptable interrater reliability score for the AOF-CV (Pignolo et al., 2017). Notably, the inter-rater reliability percentages between raters were highest for the raters who conducted the interviews with the nine participants. This leads the researchers to suggest inter-rater reliability would improve if all raters had interviewed each of the participants, but further research is needed to examine variations in inter-rater reliability

findings with diverse populations, settings, and administration methods (i.e., virtually, electronic versus paper forms, etc.).

When using the AOF-CV in clinical settings, prior knowledge of MOHO and adequate training with the assessment should be done before administration with clients. Within the fieldnotes, researchers noted the trial-and-error process that occurred in the administration of the AOF-CV. The fieldnotes also included entries about the difficulty in navigating follow-up questions in the interview and gauging discussion with the participant that would support the rating process on the AOF-CV. Over time the researchers developed skills to navigate the interviews and discussion to better reflect the rating process. Consistent with best practices (Forsyth, 2017b), before administration of the AOF-CV with a client, it is recommended that clinicians practice administering the AOF-CV to become familiar with the assessment and its concepts. Similarly, training in addition to the manual would be useful to improve administrator confidence and competence when using the AOF-CV and should be further explored.

Researchers noted that delivery of the AOF-CV over a virtual platform presented challenges with converting the AOF-CV pdf into fillable form that could be sent via email. Researchers converted the AOF-CV into a Word document so participants could type their responses; however, this method places burden on the therapist to convert the AOF-CV into a format acceptable for online use. Many MOHO assessments can be completed using a fillable pdf form, or via MOHO Web (https://moho-irm.uic.edu/products.aspx?type=moho).

The online format involves much less burden for therapist than the current AOF-CV pdf format. The college-aged population who participated in this study were equipped with knowledge of technology and Microsoft Word. However, the oldest participants mentioned during the interview that using the Microsoft Word document was difficult and the formatting

was "wonky". Thus, the older populations may find it more difficult to use electronic formats. If the AOF-CV were converted to a more user-friendly electronic format, there would be decreased therapist and patient burden. In the era of telehealth, which has shown to improve access to health services, the World Health Organization has deemed telehealth effective as a service delivery model for rehabilitation (Carson, 2014). This includes remote use of assessments. With telehealth delivery growing rapidly within heath care, researchers are investigating the ability to administer assessments over a virtual platform. The findings of this study indicate that the AOF-CV is compatible with being administered over a virtual platform for the college-aged population. However, more research is needed to determine which populations can effectively use and benefit from virtual administration of the AOF-CV.

The data yielded by the AOF-CV aligns with content suggested as essential to developing an occupational profile as outlined by the OTPF-4 (AOTA, 2020). Notably, the AOF-CV contributed significant information to the "values, beliefs, and spirituality" category of the occupational profile template (AOTA, 2021a). Volition items on the AOF-CV assist in understanding the beliefs and values of the client, a central component of "values" (Lee & Kielhofner, 2017). The AOF-CV does not however, provide an understanding of the client's spirituality as defined by the OTPF-4 (AOTA, 2020). The AOF-CV can capture aspects of the participants' volition, which can be difficult to decipher at times during the occupational therapy process. Volition can be difficult to draw out through other standard clinical assessments that rely on observation of the client. Using the AOF-CV with the college student population may help practitioners to better understand their clients through the lens of MOHO while simultaneously providing occupational profile information, one of the first steps in the occupational therapy process (AOTA, 2020).

While the AOF-CV gathers information relevant to an occupational profile, it gathers less information about a client's body structures or functions (AOTA, 2021a). Item twenty on the AOF-CV is the only question to explicitly ask about any physical limitations that interfere with occupational engagement. However, implicit information about body structures and functions is gleaned from the client's subjective experience of doing reported in responses to other items. The ability of the AOF-CV to capture a client's body structures and functions could have been influenced by this study's target population of well college students, who were not currently seeking occupational therapy services. While participants may have had health concerns, the study did not intentionally recruit students who would typically be referred for occupational therapy services. It is possible the AOF-CV would gather more information about the client's body structures and functions should the client be more impacted by limitations in these areas. Additionally, six of our nine participants were enrolled in graduate school and demonstrated high levels of cognitive functioning and internal motivation, which could have impacted the depth of information gathered through the AOF-CV. Using the AOF-CV as a screening tool at the start of the occupational therapy process guides the selection of additional assessments to gain a better understanding of the client holistically. For example, if a client responds that shoulder pain is limiting engagement in desired occupations on item twenty of the AOF-CV, it can inform the practitioner that a clinical assessment should be utilized.

Occupational therapists commonly use assessments that provide objective data as they are more indicative of impairment of activity level and subjective data target dysfunction in participation (Liddle & McKenna, 2001). However, objective assessments do not provide much information specific to the client's values, beliefs, personal or environmental contexts,

performance patterns, or meaningful occupations, and focus more on body structures and functions.

Since its conception, the MOHO has advocated for understanding the client holistically and as an occupational being. By choosing to use the AOF-CV, practitioners can further develop their understanding of their clients and create an occupational profile to guide the rest of the occupational therapy process under the construct of MOHO. Using the AOF-CV at the initiation of the OT process may help a therapist draw out aspects regarding values, beliefs, personal context, performance patterns, and environmental context that may be difficult to decipher from other assessments.

Revisions of language to increase clarity and representativeness of MOHO are recommended based on findings from this study. The AOF-CV uses "occupational performance skills" as a factor, which is now replaced with "occupational capacity" (Taylor, 2017a). When the AOF-CV was created the element environment focused primarily on physical and social aspects. Assessing the need to include specific items that address the role of the environment and its influence on occupational participation is suggested. Within the rating form, use of the earlier term "subsystem" is included (volition subsystem, habituation subsystem, and occupational performance subsystem). Current systems theory conceptualization of MOHO is heterarchical (O'Brien & Kielhofner, 2017), and therefore this terminology should be revised accordingly.

While the rating form of the AOF-CV is straightforward, detailed instructions for rating, as well as clearer definitions of the five-point rating scale are needed. Currently, no definitions of the rating scale (very highly, highly, moderately, little, and very little) are provided, making the differentiation between ratings open to interpretation by each rater. A consideration for

changes in the rating scale could be reviewed by using the MOHOST's FAIR scale (Parkinson et al., 2006). The rating scale for the MOHOST uses the four-part FAIR scale, in which "F" indicates Facilitates occupational participation, "A" represents Allows occupational participation, "I" notes Inhibits occupational participation, and "R" indicates Restricts occupational participation (Parkinson et al., 2006). Using either the FAIR scale, or a better-defined rating scale, would benefit the consistency and ease of rating AOF-CV items, and could contribute to clearer interpretation.

Limitations and Recommendations for Future Research

This study had a small sample of nine participants. While this study provides an indication of the AOF-CV's inter-rater reliability, further research is needed to strengthen this result with a larger sample. The nine participants were recruited through network sampling from only two universities, primarily in the midwestern portion of the United States. Although one participant was from the West coast, the sample primarily reflects this geographic region as opposed to the whole United States. Further research is needed to strengthen the finding that the AOF-CV gathers sufficient information to develop an occupational profile using the OTPF-4 (AOTA, 2020). Six of the nine participants were enrolled in graduate school in related fields and were familiar with administering and scoring assessments, and some language used within the AOF-CV. The two participants who explicitly reported the AOF-CV was easy were graduate students in a related field, which could have influenced their perception, as they were more aware and prepared for what information AOF-CV was gathering. As the content expert discussed, the AOF-CV uses academic-sounding language. Our inclusion criteria of full-time or part-time students could have impacted the results of this study, as students are immersed in academia and are more familiar with academic language. Additionally, network sampling by

researchers generated mostly graduate students. While other sampling methods were utilized such as fliers placed around campus and sent through email, these methods only recruited three participants. Graduate students may have been more likely to participate in this research study because they were aware of the importance of research. This study specifically chose to assess how the AOF-CV generates data about occupational performance within a student population because this information has not previously been assessed. However, replication studies may benefit from gaining a more diverse sample of undergraduate students and students in non-related fields. Timing of data collection may have been a barrier to participant engagement and a contributor to attrition. Fifty students expressed interest in participating, twenty-six returned consent forms, and only nine completed the AOF-CV and follow up interview. Due to overlap of study with end of the academic semester, the period of data collection was extended, resulting in two additional AOF-CVs and follow up interviews. Further research of administering the AOF-CV to a college student population may benefit from beginning recruitment and data collection towards the beginning of the semester or during a common break period to avoid conflicting with school assignments.

In addition to the suggested changes to the wording of items and the rating scale, evaluating the length of assessment would be useful, based on participant feedback. Participants who completed consent forms may have begun to complete the AOF-CV but abandoned completion upon seeing the length of the assessment. While this study found the AOF-CV was compatible with being administered virtually, one participant mentioned experiencing virtual burnout from spending extended time on a laptop as their program moved online due to COVID-19. Future research should consider the amount of screentime while studying the administration of telehealth services to college students as more universities are increasing use of online and

hybrid programs to increase enrollment (Nadworny, 2022). Future research may benefit from administering the AOF-CV as a semi-structured interview to decrease participant burden and attrition, which would also provide more data to support the clinical utility of administering the AOF-CV virtually.

This study gathered data from a well population of college students, which may have impacted the data collected. College students elect to pursue higher education, and as a result often have limited time to engage in desired occupations. Additionally, by being enrolled in graduate school, graduate students have demonstrated high levels of motivation and internal locus of control. This could have impacted the depth of information gathered through the AOF-CV, as all participants could engage in meta-cognition, identify goals, and reveal high functioning levels of volition and habituation. Future research studies could benefit from recruiting only undergraduate students or young adults who are not enrolled in higher education to further understand how the AOF-CV gathers information about occupational performance in young adults. Further research is needed to establish whether the AOF-CV can be administered across diagnoses or cultures as this study yielded results from typical college students in the Midwestern area of the United States. Future research is also needed to better understand how the AOF-CV yields occupational functioning data and how it compares to other assessments which evaluate occupational functioning, which is a term not as heavily used in occupational therapy practice currently. If recommended revisions are made, the updated AOF-CV would need to undergo additional psychometric examination of content validity and reliability.

Conclusion

The current study builds upon previous psychometric research on the AOF-CV and the results strengthen the evidence of the AOF-CV's inter-rater reliability. Alignment with current

MOHO constructs was noted with the exception of the use of "performance skills" which is now referred to as performance capacity, and the layout of the rating form that reflects the organization of MOHO elements using the original format of subsystems. Results contribute to the current body of evidence and support the conclusion that the AOF-CV can be used to assess occupational performance among young adults using a virtual format for this population. The potential clinical utility of the AOF-CV is reflected in its flexibility in administration and usefulness in developing an occupational profile, as the AOF-CV yields data consistent with AOTA occupational profile template (AOTA, 2020).

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Appendix A

Consent Forms

Student Participant Consent Form

SHAWNEE STATE UNIVERSITY
DOCUMENT APPROVED BY THE INSTITUTIONAL REVIEW BOARD
DATE: 4/28/21 APP. # 2021-6 A

CONSENT FORM FOR INTERVIEW PARTICIPANTS

Study Title: - Content Validity and Inter-rater reliability of the Assessment of Occupational Functioning -Collaborative Version

Researchers:
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Joanna Deal, B.S., OT/S, mcginnisj2@mymail.shawnee.edu

Purpose of Study: The focus of this study is to examine the content validity and inter-rater reliability of the Assessment of Occupational Functioning – Collaborative Version (AOF-CV). The AOF-CV was designed to help occupational therapists work with collaboratively to gather information with clients about actors that may be influencing their functioning in daily activities, also referred to as "occupational performance."

Participants Included: College students of any age and gender, currently registered in full or part-time college courses.

Number of Participants: If you agree to participate in this research, you will be one of 30 participants.

Study Procedures: If you agree to participate in the study, you will do the following things, which will take about an hour of your time:

- Fill out the AOF-CV (Assessment of Occupational Functioning - Collaborative Version). This is a screening tool designed to collect a broad range of information believed to influence and be indicative of a person's occupational performance. This will take roughly 15-20 minutes.

- A follow-up meeting with one of the researchers will be scheduled to discuss the form (AOF-CV) you filled out. This will take roughly 15-20 minutes. This meeting will be recorded, if you do not want to be recorded but would still like to participate, a follow-up phone call can be arranged, and the researcher will take notes during the discussion.

Risks: Risks are minimal and involve protection of confidentiality. In order to protect your confidentiality, all information gathered during this study will be kept in a locked storage cabinet and on password protected devices, and only the researchers will access the files. Your name will not be used in any information reported from the study. While risks are minimal, the alternative is to not participate in the study.

SHAWNEE STATE UNIVERSITY
DOCUMENT APPROVED BY THE INSTITUTIONAL REVIEW BOARD
DATE: [illegible] APP. # 262-6 A

Right to Refuse: You may choose not to participate or to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.

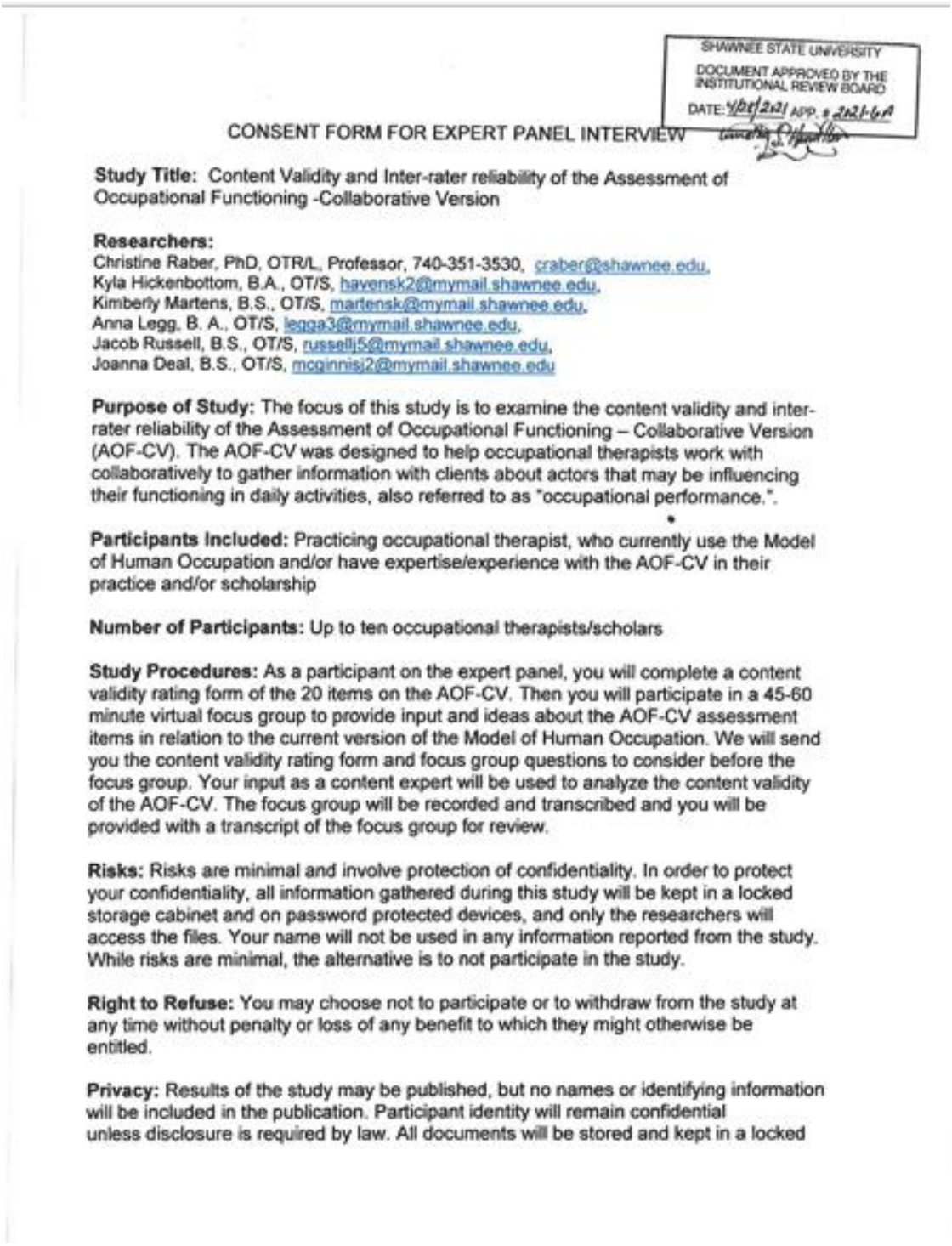
Privacy: Results of the study may be published, but no names or identifying information will be included in the publication. Participant identity will remain confidential unless disclosure is required by law. All documents will be stored and kept in a locked storage cabinet for a period of five years, at which point the documents will be destroyed.

12. Signatures:
I verify that I am 18 years of age or older. The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators listed above. If I have questions about participants' rights or other concerns, I can contact the Provost, Dr, Sunil Ahuja, Institutional Review Board, Shawnee State University, (740) 351-3641. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Participant Signature Participant Name (Printed) Date

Person Conducting Consent Discussion/Witness (Signature, printed) Date

Content Expert Consent Form



SHAWNEE STATE UNIVERSITY
DOCUMENT APPROVED BY THE INSTITUTIONAL REVIEW BOARD
DATE: 4/26/2021 APP. # 2021-64

CONSENT FORM FOR EXPERT PANEL INTERVIEW

Study Title: Content Validity and Inter-rater reliability of the Assessment of Occupational Functioning -Collaborative Version

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Purpose of Study: The focus of this study is to examine the content validity and inter-rater reliability of the Assessment of Occupational Functioning – Collaborative Version (AOF-CV). The AOF-CV was designed to help occupational therapists work with collaboratively to gather information with clients about actors that may be influencing their functioning in daily activities, also referred to as "occupational performance.".

Participants Included: Practicing occupational therapist, who currently use the Model of Human Occupation and/or have expertise/experience with the AOF-CV in their practice and/or scholarship

Number of Participants: Up to ten occupational therapists/scholars

Study Procedures: As a participant on the expert panel, you will complete a content validity rating form of the 20 items on the AOF-CV. Then you will participate in a 45-60 minute virtual focus group to provide input and ideas about the AOF-CV assessment items in relation to the current version of the Model of Human Occupation. We will send you the content validity rating form and focus group questions to consider before the focus group. Your input as a content expert will be used to analyze the content validity of the AOF-CV. The focus group will be recorded and transcribed and you will be provided with a transcript of the focus group for review.

Risks: Risks are minimal and involve protection of confidentiality. In order to protect your confidentiality, all information gathered during this study will be kept in a locked storage cabinet and on password protected devices, and only the researchers will access the files. Your name will not be used in any information reported from the study. While risks are minimal, the alternative is to not participate in the study.

Right to Refuse: You may choose not to participate or to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.

Privacy: Results of the study may be published, but no names or identifying information will be included in the publication. Participant identity will remain confidential unless disclosure is required by law. All documents will be stored and kept in a locked

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DATE: 4/8/2021 APP. # 2021-64

storage cabinet for a period of five years, at which point the documents will be destroyed.

12. Signatures: I verify that I am 18 years of age or older. The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators listed above. If I have questions about participants' rights or other concerns, I can contact the Provost, Dr. Sunil Ahuja, Institutional Review Board, Shawnee State University, (740) 351-3641. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Participant Signature Participant Name (Printed) Date

Person Conducting Consent Discussion/Witness (Signature and printed) Date

Appendix B

Participant Recruitment Flyer

PARTICIPANTS NEEDED

FOR A STUDY TO BETTER UNDERSTAND THE ASSESSMENT OF OCCUPATIONAL FUNCTIONING –Collaborative Version

Who do we need?

- Participants must be 18 years and older
- College students enrolled in full-time or part-time course work

Participants will be asked to:

- Fill out the AOF-CV (Assessment of Occupational Functioning - Collaborative Version). This is a screening tool used by occupational therapists. The AOF-CV was designed to collect a broad range of information about factors that are believed to influence functioning in daily activities.
- A follow-up meeting with one of the researchers will be scheduled to discuss the form (AOF-CV) you filled out.

We are Master of Occupational Therapy Students at Shawnee State University and invite your participation in this study, which will help occupational therapists better understand ways to use this assessment in practice.

For more information contact Joanna Deal:

Phone: 740-464-7274

Email: mginnisj2@mymail.shawnee.edu

Appendix C

Student Participation/Recruitment Speaker Notes

Posting or Email Recruit Participants

Hello! A team of Master of Occupational Therapy Students need your help! We are conducting a study to explore and promote research that relates to occupational therapy as a profession. If you choose to be a participant in our study, you could be entered in a drawing for a chance to win to a $20 Amazon gift card (3 $20 gift card winners overall)! Please contact us via text or call (740) 464-7274 or email us at ssumotreseachteam@gmail.com. We appreciate your participation and look forward to hearing from you.

Talking Points

Thank you for contacting us. We greatly appreciate your time. For this study we will need your time and attention for:

- Roughly 15-minutes to administer the Assessment of Occupational Functioning – Collaborative Version. (This a brief assessment that measures occupational performance).
- Follow-Up interview that will take roughly 15-30 minutes (Interview will be virtual)

The assessment and interviews will take place Fall 2021

We want you to know that, as a volunteer, you will be anonymous, and all material will be confidential.

If you are ready to participate, this is what we will need next:

1. Sign a consent form – this can be sent via email or mail and returned. It could also be dropped off at the OT administration office in Kricker Hall. A consent forms states that you recognize all potential risks and tasks required by participating in the study.
    a. NOTE: You can decide you do not want to participate at anytime. If you sign the consent form and later decide you would not like to participate, you will not be penalized and can withdraw at any time.

Once again, we greatly appreciate your participation and look forward to meeting with you! I will be in touch soon to send updates and information.

Thank you for your time,

MOT Research Team Participant Coordinator,

Joanna Deal, S/OT

Appendix D

The AOF-CV

Assessment of Occupational Functioning
Collaborative Version

Administration Protocol

The AOF-CV is a screening tool designed to collect a broad range of information believed to influence and indicative of a person's occupational performance and to identify areas needing more in- depth evaluation. It is based directly on the Model of Human Occupation (Kielhofner, 1995) and measures aspects of the human system as defined by this practice model. Therapists using this instrument should be familiar with the practice model. The AOF-CV does not attempt evaluation of specific daily living skills or environmental variables directly, but aims to efficiently generate a picture of numerous complex and interrelated factors likely to influence a person's ability to function.

Administration

The AOF-CV may be therapist-administered or self-administered with therapist follow-up. Either way, proper administration assumes use with clients capable of responding to an interview, therapist interviewing skill, and knowledge of the Model of Human Occupation since AOF-CV instrument development research is derived from this theoretical framework.

Therapist administration. Interview the person following this format. Parenthetical probes or clarifications should be used as needed. These are indicated if use of the specified question resulted in either no reply, a request for clarification, an answer suggesting interviewee misunderstanding, a superficial response, or other indications of poor communication. No other questions, probes, or clarifications are to be used. Note responses on this form. Responses from this interview will provide the information for you to mark the rating form. For use in research, investigators are to rely only on information from these interview questions to determine ratings.

Self-administration. Give the interview to the client to complete. Then review responses, use probes or clarifications as needed (see above), and rate.

Item clarification and probes. The following clarification relates to interview items 5 and 6: The interviewer should record the time period and any explanations about the degree of self-determination reported. This item is designed to gather clinically useful information about how persons organize time. Thus, a person in physical rehabilitation who is beginning to return to some self-directed routines would report their current routine. However, for acute care hospitalized patients, the period of time that would best reveal how they organized time would probably be that immediately preceding hospitalization---not the current hospital staff-determined schedule.

Scoring

Scoring codes. Codes for Model of Human Occupation components are printed to the left of each item to help the therapist generate follow-up questions that are appropriately related to the practice model:

(V)	=	Values
(PC)	=	Personal Causation
(I)	=	Interests
(R)	=	Roles
(H)	=	Habits
(S)	=	Skills

Scoring interpersonal and communication skills. The data for rating this item is included at the beginning of the AOF-CV Rating Form. Whether the assessment is administered by the therapist or self-administered with therapist follow-up, this item must be answered by therapists based on either their experience conducting the entire interview or based on their review and use of follow-up questions

Kielhofner, G. (Ed.). (1995). A model of human occupation: Theory and application (2nd ed.). Baltimore, MD: Williams & Wilkins.

Assessment of Occupational Functioning
Collaborative Version

To be completed by the client.

Name_____ Today's Date _____

Age_____

How many years did you complete in school? _____

Describe your two most recent job experiences below.

JOB	EMPLOYMENT DATES	REASON FOR LEAVING

Assessment of Occupational Functioning
Collaborative Version

(I) 1. Name at least 5 things you enjoy doing. Why do you like to do these things?

(I) 2. What interests do you actively participate in now? How often do you do each thing?

Interests	Frequency

(I) 3. Are there things that you have been interested in but are not doing now?

If so, list these.

Why don't you do these things now?

(V) 4. What activities do you value or what activities give you a sense of purpose to your life? Please be specific in identifying these meaningful activities.

(H) 5. What do you do in a typical weekday? Pick this typical weekday from a relatively current, stable period of time during which you had some control over determining the routine. Start with waking up and end with bed time. Be sure to specify when this typical weekday occurred.

(H) 6. What do you do in a typical weekend? Pick this typical weekend from a relatively current, stable period of time during which you had some control over determining the routine. Start with waking up and end with bed time. Be sure to specify when this typical weekend occurred.

(H) 7. <u>If</u> you currently experience decreased decision-making or control of life events, how does what you do <u>now</u> differ from what you did? In other words, compare your current activities to a typical week from a relatively current, stable period of time during which you had some control over determining the routine.

(H) 8. Do people think the way you spend your time is alright? Explain why or why not.

(V) 9. Do you believe you make good use of your time? Give an example. (Consider how you think you should spend your time and whether or not you accomplish this.)

(V) 10. What were you doing about one year ago?

What do you expect to be doing one year from now?

What do you expect to be doing five years from now?

(PC) 11. Do you believe you will be able to achieve your goals in the next year? (Examples may includemaking a quilt, applying for a job, finding a place to live, etc.)

(PC) 12. Do you feel in control of your life? For example, do you make your own decisions?

(PC) 13. Do you believe that other people or things have control of your life? If so, please explain. (Examples include family or friends who influence your decisions; and age, health, or institutional rules that may limit your freedom at times.)

(PC) 14. Everyone has things they believe they do well and things they believe they don't do well. What things do you believe you do well? (For example, a carpenter may say that he is good with hishands, but does not think he can do math very well.)

Do you believe these things are useful to your everyday life?

(V) 15. Do you have certain ideas about how you should carry out your daily activities? Discuss any thoughts you have about performing these activities particularly well or to a standard.

(R) 16. Some people are workers or students. What kinds of things (that is, roles) are you involved in ineveryday life? (In other words, what do you spend most of your time doing; with whom do youspend most of your time; and how often do you do these things?)

(R) 17. List each of your major life roles and tell what you think others expect you to do in each role.

role	expectations

(R) 18. List each of your major life roles and tell how you feel in each role listed. In particular, do you feel comfortable (i.e., do you feel like you belong in each of these roles)?

role | your feelings of comfort

(H) 19. If changes are made to your daily routine, how do you act? (For example, if the OT session is canceled or if a meal arrives late, sometimes people behave angrily and spend time complaininginstead of filling in the time with another satisfying activity. Another person may routinely go along with any changes.)

(S) 20. Do you have any physical limitations that interfere with daily activities? (Mention not only major limitations, but also limitations that only you may notice, such as incoordination when handlingsmall objects that may interfere with typing, sewing, and detail painting, or limited energy or strength to participate in vigorous physical activities, etc.)

If so, does this interfere with the things you need to do? Please explain.

Does this interfere with things you want to do? Please explain.

(S) 21. If you run into everyday problems, can you usually figure them out? (For example, if you do notdrive and want to visit a friend in another area of this city, could you arrange to get there?)

If no, what do you do?

Do you regularly depend on others for help to figure out a problem?

(S) 22. In general, how do you get along with people?

Assessment of Occupational Functioning
Collaborative Version

Rating Form

General Instructions
The therapist must complete the Communication/Interaction Skills assessment item before completing the component ratings.

Communication/Interaction Skills
The therapists must rate the person's receptive and expressive communication skills by circling one statement in "I" and one statement in "II". Base your judgements on experience either interviewing the client or conducting a review with follow-up questions after a client has filled out the assessment.
(S)

I.

A. This person seemed to hear and understand all interview questions.
B. This person seemed to have moderate difficulty hearing and/or understanding interviewquestions.
C. This person seemed to have consistent difficulty hearing and/or understanding theinterview questions. Please explain the nature, frequency, and/or degree of difficulty.

II.

A. This person easily expressed his/her ideas (consider thought processes and speech).
B. This person had moderate difficulty expressing his/her ideas (consider thoughtprocesses and speech).
C. This person had consistent difficulty expressing his/her ideas (consider thoughtprocesses and speech). Please explain the nature, frequency, and/or degree of difficulty.

Component Rating
Please circle only one number for each item. Consider items directly related (and coded) to each rating form item when determining the rating. Other spontaneously expressed information (either through the interview or in response to interview questions not coded for that particular component) may also contribute to your rating. Consider the Communication/Interaction Skills item (see above) along with other relevant assessment information when rating the Performance Subsystem skill #3.

Items rated with 3, 2, or 1 may suggest need for further detailed evaluation in that area.

Ratings are associated with the following labels:

5 = Very Highly
4 = Highly
3 = Moderately
2 = Little
1 = Very Little

VOLITION SUBSYSTEM						HABITUATION SUBSYSTEM					
Values (V)						**Roles (R)**					
1. Does this person demonstrate his/her values through theselection of well-defined, meaningful activities?	5	4	3	2	1	1. Does this person demonstrate an adequate array of liferoles (family member, student, worker, hobbyist, friend, etc.)?	5	4	3	2	1
2. Does this person demonstrate his/her values through theselection of personal goals?	5	4	3	2	1	2. Does this person have a realistic concept of the demands and social obligations of his/her life roles?	5	4	3	2	1
3. Does this person demonstrate socially appropriate values through the selection of personal standards for the conduct of dailyactivities?	5	4	3	2	1	3. Does this person express comfort or security in his/hermajor life roles?	5	4	3	2	1
4. Does this person demonstrate temporal orientation through expressed awareness of past, present, and future events and beliefsabout how time should be used?	5	4	3	2	1	**Habits (H)**					
Personal Causation (PC)						1. Does this person demonstrate habit patterns throughwell-organized use of time?	5	4	3	2	1
1. Does this person demonstrate personal causation through anexpressed belief in internal control?	5	4	3	2	1	2. Does this person report that his/her habits are sociallyacceptable?	5	4	3	2	1
2. Does this person demonstrate personal causation by expressing confidence that he/she has a range of skills?	5	4	3	2	1	3. Does this person demonstrate adequate flexibility inhis/her habits?	5	4	3	2	1
3. Does this person demonstrate personal causation by expressing confidence in his/her skill competence at personally relevanttasks?	5	4	3	2	1	**OCCUPATIONAL PERFORMANCE SKILLS (S)**					
4. Does this person demonstrate personal causation by expressing hopeful anticipation for success in the future endeavors?	5	4	3	2	1	1. Does this person have adequate motor skills necessaryto move himself/herself or manipulate objects?	5	4	3	2	1
Interests (I)						2. Does this person have adequate skills for managingevents, processes, and situations of various types?	5	4	3	2	1
1. Does this person clearly discriminate between degrees ofinterests?	5	4	3	2	1	3. Does this person have communication and interpersonal skills necessary for interacting with people?	5	4	3	2	1
2. Does this person clearly identify a range of interests?	5	4	3	2	1	**Comments:**					
3. Does this person routinely pursue his/her interests?	5	4	3	2	1						

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Sept. 19, 1996

Appendix E

Sample Follow-up Interview Questions for AOF-CV Phase I Participants

Do you have any questions before we begin?

Do you want to tell us a little about yourself?

Where are you originally from?

SSU or NON-SSU student?

Is this the first assessment you've ever completed?

How long did it take you to complete the assessment?

Did you feel as if the AOF-CV was easy or difficult to complete?

Did you find any questions confusing?

Do you have any additional comments regarding the AOF-CV?

Do you feel that you make time during the week for at least some of your interests?

Were you surprised to learn anything about yourself from this assessment?

Are there any skills you would like to improve upon or a new skill you'd like to learn?.

You mentioned you get distracted when performing your daily activities. What distracts you?

You said you socialize everyday? What social situations are you a part of? How do you communicate with friends?

What activity do you like to do when you need some relaxation?

What do you do when you are stressed out?

Do you feel you get enough sleep at night?

You mentioned you have a role as a student, worker, and secretary. Do you see any more roles in your life now or in the future?

Do you have any questions for us?

Guiding Questions for the Expert Panel Focus Group

Thank you for your willingness to share your expertise about the AOF-CV for this psychometric study examining the content validity of the assessment. We will record this focus group and you will be provided with a transcript of the focus group to review after participating.

Please share your experience with the AOF-CV. How has this assessment been useful in your practice and/or research?

With what population(s) have you used the AOF-CV, and how effective was the AOF-CV in screening for their occupational functioning?

How well do the questions help you be able to complete the ratings on the 20 items?

The AOF-CV was developed using MOHO concepts from the second edition (1995). While the concept of "subsystems" are no longer part of the model, what are your thoughts about items to be rated for:

Volition (Values, Personal Causation, and Interests)-11 items

Habituation (Roles and Habits)- 6 items

Occupational Performance Skills- 3 items

Does the wording of each item align with the current model? Why or why not? What are your suggested changes?

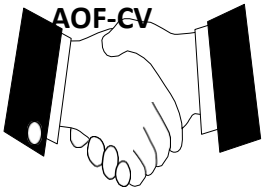
What are your thoughts about the five point rating scale (5 = Very Highly 4 = Highly 3 = Moderately 2 = Little 1 = Very Little)? Is the rating scale effective for screening to determine additional MOHO assessment(s)

Do you feel it is important and/or necessary to change the rating scale? If so, what suggestions do you have for changes?

Any other thoughts about the AOF-CV and its alignment with the current MOHO?

Appendix F

Content Validity Rating Form for Experts



Assessment of Occupational FunctioningCollaborative Version

Administration Protocol

The AOF-CV is a screening tool designed to collect a broad range of information believed to influence and indicative of a person's occupational performance and to identify areas needing more in- depth evaluation. It is based directly on the Model of Human Occupation (Kielhofner, 1995) and measures aspects of the human systemas defined by this practice model. Therapists using this instrument should be familiar with the practice model. The AOF-CV does not attempt evaluation of specific daily living skills or environmental variables directly but aims toefficiently generate a picture of numerous complex and interrelated factors likely to influence a person's ability tofunction.

Administration

The AOF-CV may be therapist-administered or self-administered with therapist follow-up. Either way, proper administration assumes use with clients capable of responding to an interview, therapist interviewing skill, and knowledge of the Model of Human Occupation since AOF-CV instrument development research is derived from this theoretical framework.

Therapist administration. Interview the person following this format. Parenthetical probes or clarificationsshould be used as needed. These are indicated if use of the specified question resulted in either no reply, a request for clarification, an answer suggesting interviewee misunderstanding, a superficial response, or other indications of poor communication. No other questions, probes, or clarifications are to be used. Note responses on this form. Responses from this interview will provide the information for you to mark the rating form. For use inresearch, investigators are to rely only on information from these interview questions to determine ratings.

Self-administration. Give the interview to the client to complete. Then review responses, use probes or clarifications as needed (see above), and rate.

Item clarification and probes. The following clarification relates to interview items 5 and 6: The interviewer should record the time period and any explanations about the degree of self-determination reported. This item isdesigned to gather clinically useful information about how persons organize time. Thus, a person in physical rehabilitation who is beginning to return to some self-directed routines would report their current routine. However, for acute care hospitalized patients, the period of time that would best reveal how they organized time would probably be that immediately preceding hospitalization---not the current hospital staff-determined schedule.

Scoring

Scoring codes. Codes for Model of Human Occupation components are printed to the left of each item to help the therapist generate follow-up questions that are appropriately related to the practice model:

(V)	=	Values
(PC)	=	Personal Causation
(I)	=	Interests
(R)	=	Roles
(H)	=	Habits
(S)	=	Skills

Scoring interpersonal and communication skills. The data for rating this item is included at the beginning of the AOF-CV Rating Form. Whether the assessment is administered by the therapist or self-administered with therapist follow-up, this item must be answered by therapists based on either their experienceconducting the entire interview or based on their review and use of follow-up questions.

Kielhofner, G. (Ed.). (1995). A model of human occupation: Theory and application (2nd ed.). Baltimore, MD:Williams & Wilkins.

Assessment of Occupational Functioning
Collaborative Version

To be completed by the client.

Name_____ Today's Date_____

Age_____

How many years did you complete in school? _____

Describe your two most recent job experiences below.

JOB	EMPLOYMENT DATES	REASON FOR LEAVING

Expert Panel Participant:

We are interested in your expertise about the content validity of current AOF-CV items in relation to the current fifth edition of the Model of Human Occupation (Taylor, 2017). Recognizing the use of the term "subsystem" is no longer part of the model, and that "occupational performance skills" has been replaced with "performance capacity", please review the items AOF-CV component rating items (page 3, AOF-CV) and rate each AOF-CV component items using the following content rating scales for representativeness of item. Consider the existing component wording in light of current MOHO 5th edition formulation of volition (values, personal causation, interests), habituation (roles, habits) and occupational performance skills. Space is provided for your comments for revisions as well.

Instructions:

Please rate the level of representativeness on a scale of 1-4, with 4 being the most representative. Space is provided after each question. A box is provided to rate each item.

Please indicate to level of clarity for each item, also on a four-point scale. A box is provided to rate each item.

Please indicate to which factor the item belongs. The factors are listed below with a definition of each. If you do not think the item belongs with any factor specified, please choose number 4, and write in a factor that may be more suitable.

Representativeness:

1= item is not representative

2= item needs major revisions to representative

3= item needs minor revisions to be representative

4= item is representative

Clarity:

1= item is not clear

2= item needs major revision to be clear

3= item needs minor revisions to be clear

4= item is clear

Factors:

1=Volition – The process through which individuals find meaning, which motivates them to select activities in which they want to participate.

2=Habituation – the organization of actions into patterns and routines that are governed by habits and roles and shaped by context and the environment

3=Occupational Performance Skills (Performance Capacity) - an individual's underlying physical and mental abilities as well as how these abilities are used and experienced

4=Other

Assessment of Occupational Functioning
Collaborative Version

EXPERT OPINION ITEM: 1. Name at least 5 things you enjoy doing. Why do you like to do these things?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM :2. What interests do you actively participate in now? How often do you do each thing?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 3. Are there things that you have been interested in but are not doing now? If so, list these. Why don't you do these things now?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 4. What activities do you value or what activities give you a sense of purpose to your life? Please be specific in identify in these meaningful activities.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	

COMMENTS:

EXPERT OPINION ITEM: 5. What do you do in a typical weekday? Pick this typical weekday from a relatively current, stable period of time during which you had some control over determining the routine. Start with waking up and end with bedtime. Be sure to specify when this typical weekday occurred.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 6. What do you do in a typical weekend? Pick this typical weekend from a relatively current, stable period of time during which you had some control over determining the routine. Start with waking up and end with bedtime. Be sure to specify when this typical weekend occurred.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 7. If you currently experience decreased decision-making or control of life events, how does what you do now differ from what you did? In other words, compare your current activities to a typical week from a relatively current, stable period of time during which you had some control over determining the routine.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 8. Do people think the way you spend your time is alright? Explain why or why not.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 9. Do <u>you</u> believe you make good use of your time? Give an example. (Consider how you think you <u>should</u> spend your time and whether or not you accomplish this.)	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 10. What were you doing about one year ago? What do you expect to be doing one year from now? What do you expect to be doing five years from now?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 11. Do you believe you will be able to achieve your goals in the next year? (Examples may include making a quilt, applying for a job, finding a place to live, etc.)	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 12. Do you feel in control of your life? For example, do you make your own decisions?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 13. Do you believe that other people or things have control of your life? If so, please explain. (Examples include family or friends who influence your decisions; and age, health, or institutional rules that may limit your freedom at times.)	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 14. Everyone has things they believe they do well and things they believe they don't do well. What things do you believe you do well? (For example, a carpenter may say that he is good with his hands but does not think he can do math very well.)	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 15. Do you have certain ideas about how you should carry out your daily activities? Discuss any thoughts you have about performing these activities particularly well or to a standard.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 16. Some people are workers or students. What kinds of things (that is, roles) are you involved in in everyday life? (In other words, what do you spend <u>most</u> of your time doing; with whom do you spend <u>most</u> of your time; and how often do you do these things?)	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 17. List each of your major life roles and tell what you think others expect you to do in each role.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 18. List each of your major life roles and tell how you feel in each role listed. In particular,do you feel comfortable (i.e., do you feel like you belong in each of these roles)?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 19. If changes are made to your daily routine, how do you act? (For example, if the OT session is canceled or if a meal arrives late, sometimes people behave angrily and spend time complaining instead of filling in the time with another satisfying activity. Another person may routinely go along with any changes.)	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 20. Do you have any physical limitations that interfere with daily activities? (Mention not only major limitations, but also limitations that only you may notice, such as incoordination when handling small objects that may interfere with typing, sewing, and detail painting, or limited energy or strength to participate in vigorous physical activities, etc.) If so, does this interfere with the things you <u>need</u> to do? Please explain. Does this interfere with things you <u>want</u> to do? Please explain.	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 21. If you run into everyday problems, can you usually figure them out? (For example, if you do not drive and want to visit a friend in another area of this city, could you arrange to get there?) If no, what do you do?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

EXPERT OPINION ITEM: 22. In general, how do you get along with people?	RATING 1, 2, 3, 4
Representativeness 1=not representative; 2= needs major revision to be representative; 3= needs minor revision to be representative; 4= item is representative	
Clarity 1= not clear; 2= needs major revision to be clear; 3= needs minor revision to be clear; 4= item is clear	
Factors: 1= Volition; 2= Habituation; 3= performance capacity; 4= other	
COMMENTS:	

AOF-CV
Assessment of Occupational Functioning Collaborative Version

Rating
Form

General Instructions

The therapist must complete the Communication/Interaction Skills assessment item before completing the component ratings.

Communication/Interaction Skills

The therapists must rate the person's receptive and expressive communication skills by circling one statement in "I" and one statement in "II". Base your judgements on experience either interviewing the client or conducting a review with follow-up questions after a client has filled out the assessment.

(S)

I.

A. This person seemed to hear and understand all interview questions.

B. This person seemed to have moderate difficulty hearing and/or understanding interview questions.

C. This person seemed to have consistent difficulty hearing and/or understanding the interview questions. Please explain the nature, frequency, and/or degree of difficulty.

II.

A. This person easily expressed his/her ideas (consider thought processes and speech).

B. This person had moderate difficulty expressing his/her ideas (consider thought processes and speech).

C. This person had consistent difficulty expressing his/her ideas (consider thought processes and speech). Please explain the nature, frequency, and/or degree of difficulty.

Component Rating

Please circle only one number for each item. Consider items directly related (and coded) to each rating form item when determining the rating. Other spontaneously expressed information (either through the interview or in response to interview questions not coded for that particular component) may also contribute to your rating. Consider the Communication/Interaction Skills item (see above) along with other relevant assessment information when rating the Performance Subsystem skill #3.

Items rated with 3, 2, or 1 may suggest need for further detailed evaluation in

that area. Ratings are associated with the following labels:

5 = Very Highly

4 = Highly
3 = Moderately
2 = Little
1 = Very Little

VOLITION SUBSYSTEM						HABITUATION SUBSYSTEM					
Values (V)						**Roles (R)**					
1. Does this person demonstrate his/her values through theselection of well-defined, meaningful activities?	5	4	3	2	1	1. Does this person demonstrate an adequate array of liferoles (family member, student, worker, hobbyist, friend, etc.)?	5	4	3	2	1
2. Does this person demonstrate his/her values through theselection of personal goals?	5	4	3	2	1	2. Does this person have a realistic concept of the demands and social obligations of his/her life roles?	5	4	3	2	1
3. Does this person demonstrate socially appropriate values through the selection of personal standards for the conduct of dailyactivities?	5	4	3	2	1	3. Does this person express comfort or security in his/hermajor life roles?	5	4	3	2	1
4. Does this person demonstrate temporal orientation through expressed awareness of past, present, and future events and beliefsabout how time should be used?	5	4	3	2	1	**Habits (H)**					
Personal Causation (PC)						1. Does this person demonstrate habit patterns throughwell-organized use of time?	5	4	3	2	1
1. Does this person demonstrate personal causation through anexpressed belief in internal control?	5	4	3	2	1	2. Does this person report that his/her habits are sociallyacceptable?	5	4	3	2	1
2. Does this person demonstrate personal causation by expressing confidence that he/she has a range of skills?	5	4	3	2	1	3. Does this person demonstrate adequate flexibility inhis/her habits?	5	4	3	2	1
3. Does this person demonstrate personal causation by expressing confidence in his/her skill competence at personally relevanttasks?	5	4	3	2	1	**OCCUPATIONAL PERFORMANCE SKILLS (S)**					
4. Does this person demonstrate personal causation by expressing hopeful anticipation for success in the future endeavors?	5	4	3	2	1	1. Does this person have adequate motor skills necessaryto move himself/herself or manipulate objects?	5	4	3	2	1
Interests (I)						2. Does this person have adequate skills for managingevents, processes, and situations of various types?	5	4	3	2	1
1. Does this person clearly discriminate between degrees ofinterests?	5	4	3	2	1	3. Does this person have communication and interpersonal skills necessary for interacting with people?	5	4	3	2	1
2. Does this person clearly identify a range of interests?	5	4	3	2	1	**Comments:**					
3. Does this person routinely pursue his/her interests?	5	4	3	2	1						

Appendix G

Member Check Email

Dear Participant,

Thank you once again for your participation in our SSU MOT research on the Assessment of Occupational Functioning-Collaborative Version! Your time is valuable, and we greatly appreciate your willingness to fill out the AOF-CV and meet with us for an interview. Your responses were extremely insightful and useful!

A transcript of your interview is attached to this email. We encourage you to review the transcript and verify that all the information you shared is accurate. Please feel free to respond with any necessary corrections! If you find the transcript is accurate, it would be helpful to receive a quick email confirmation that it correctly matches your interview. This will help to increase the credibility of the findings of this study.

Again, thank you so much for your time and effort that made this research study possible!

Anna Legge, S/OT
Joanna Deal, S/OT mcginnisj2@mymail.shawnee.edu
SSU MOT Research

Appendix H

Codebook

CODE	OPERATIONAL DEFINITION
AOF-CV administration items	Reflect experience of participants completing the AOF-CV
EASY (code name) **EASY (HR code; 8 characters)**	Perceptions about completing the AOF-CV items, understandability of instructions, by participant are that it was easy, not difficult. Annotate with reason(s) text matches this definition.
CHALLENGING **CHALLENG**	Perceptions about completing the AOF-CV items, understandability of instructions, by participant are that it was difficult, unclear, and/or confusing. Annotate with reason(s) text matches this definition
LENGTH **LENGTH**	Amount of time participant took to complete the AOF-CV. Annotate with comments about length of time it took, and perceptions.
LANGUAGE **LANGUAGE**	Impact of language used on understandability and clarity to complete AOF-CV. Include instances of repetitive language, wording. Annotate with details and reasons.
MODE	Administration of AOF-CV using virtual mode. Annotate with comments about
SCORING	Indicates that the researchers mentioned that they had ease or difficulty determining scoring for a participant
AOF-CV items: CONTENT and **YIELD**	Reflect analysis of items
MOHO TERMINOLOGY **MOHOTERM**	Use of MOHO terms that are inconsistent, inaccurate, and/or variable compared to MOHO 5th edition terms and concepts
OCCUPATIONAL PROFILE **OCCPROF**	Content contributes to development of occupational profile, per AOTA OP Template, including satisfaction with occupations, barriers to occupations, occupational history, values and interests, environment context, personal context, performance patterns, client factors, and client goals