

AMPS SCORE FORM

Occupational Therapist: _____
 Client: _____
 Client ID: _____ Age: _____
 Gender: Male _____ Female _____
 Major Diagnosis: _____
 Secondary Diagnosis: _____
 Date of Evaluation: _____
 Task Observation Number: 1 _____ 2 _____ 3 _____ 4 _____
 Task Number: _____
 Task: _____

RATE THE OVERALL QUALITY OF THE PERSON'S PERFORMANCE OF THIS TASK:

	No Problem			Inordinate		
Increased Effort	1	2	3	4	5	6
Decreased Efficiency	1	2	3	4	5	6
Decreased Safety	1	2	3	4	5	6
Assistance Provided	1	2	3	4	5	6

RATE THE PERSON'S OVERALL ABILITY TO LIVE IN THE COMMUNITY. (Consider everything you know about the person):

- The person can/could live *independently*
 The person needs/should have *minimal assistance/supervision*
 The person needs/should have *moderate to maximal assistance*

ITEM RAW SCORES

COMPETENT = 4 QUESTIONABLE = 3 INEFFECTIVE = 2 DEFICIT = 1

BODY POSITION

Stabilizes 4 3 2 1

Aligns 4 3 2 1

Positions 4 3 2 1

OBTAINING AND HOLDING OBJECTS

Reaches 4 3 2 1

Bends 4 3 2 1

Grips 4 3 2 1

Manipulates 4 3 2 1

Coordinates 4 3 2 1

MOVING SELF AND OBJECTS

Moves 4 3 2 1

Lifts 4 3 2 1

Walks 4 3 2 1

Transports 4 3 2 1

Calibrates 4 3 2 1

Flows 4 3 2 1

SUSTAINING PERFORMANCE

Endures 4 3 2 1

Paces 4 3 2 1

Attends 4 3 2 1

Heeds 4 3 2 1

APPLYING KNOWLEDGE

Chooses 4 3 2 1

Uses 4 3 2 1

Handles 4 3 2 1

Inquires 4 3 2 1

TEMPORAL ORGANIZATION

Initiates 4 3 2 1

Continues 4 3 2 1

Sequences 4 3 2 1

Terminates 4 3 2 1

ORGANIZING SPACE AND OBJECTS

Searches/Locates 4 3 2 1

Gathers 4 3 2 1

Organizes 4 3 2 1

Restores 4 3 2 1

Navigates 4 3 2 1

ADAPTING PERFORMANCE

Notices/Responds 4 3 2 1

Adjusts 4 3 2 1

Accommodates 4 3 2 1

Benefits 4 3 2 1