

OPHI-II Data Summary Sheet

Date: _____	
<input type="checkbox"/> Therapist _____	
<input type="checkbox"/> Student: _____	
Informed Consent Status:	
<input type="checkbox"/> Informed consent obtained and attached	
<input type="checkbox"/> Informed consent obtained and on client record	
<input type="checkbox"/> Interview collected as part of clinical data and submitted for secondary analysis	
Non-English Translation used? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, specify which language:	
<input type="checkbox"/> Chinese	<input type="checkbox"/> German
<input type="checkbox"/> Danish	<input type="checkbox"/> Icelandic
<input type="checkbox"/> Dutch	<input type="checkbox"/> Japanese
<input type="checkbox"/> Finnish	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Flemish-Dutch	<input type="checkbox"/> Spanish
<input type="checkbox"/> French	<input type="checkbox"/> Swedish
Country Where Data Collected: _____	
Client Information	
Name: (initials only) _____	
Age: _____	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Nationality: _____	
Ethnicity:	
<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Black/African origin	
<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Multiracial	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Unknown	
Years of Education: _____	
Degree(s) Earned: _____	
Employment Status:	
<input type="checkbox"/> Employed	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Student	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other
Living Situation:	
<input type="checkbox"/> Lives alone	
<input type="checkbox"/> Assisted living	
<input type="checkbox"/> Institution (e.g., nursing home > 6 months)	
<input type="checkbox"/> Lives with family	
<input type="checkbox"/> Lives with friend/roommate	
<input type="checkbox"/> Other _____	
Independence in Occupational Behavior:	
<input type="checkbox"/> Independent	
<input type="checkbox"/> Needs assistance	
<input type="checkbox"/> Totally dependent	
Main Disabling Condition	

Occupational Identity Scale	1	2	3	4
Has personal goals and projects				
Identifies a desired occupational lifestyle				
Expects success				
Accepts responsibility				
Appraises abilities and limitations				
Has commitments and values				
Recognizes identity and obligations				
Has interests				
Felt effective (past)				
Found meaning and satisfaction in lifestyle (past)				
Made occupational choices (past)				
Occupational Competence Scale	1	2	3	4
Maintains satisfying lifestyle				
Fulfills role expectations				
Works toward goals				
Meets personal performance standards				
Organizes time for responsibilities				
Participates in interests				
Fulfilled roles (past)				
Maintained habits (past)				
Achieved satisfaction (past)				
Occupational Behavior Settings Scale	1	2	3	4
Home-life occupational forms				
Major productive role occupational forms				
Leisure occupational forms				
Home-life social group				
Major productive social group				
Leisure social group				
Home-life physical spaces, objects and resources				
Major productive role physical spaces, objects and resources				
Leisure physical spaces, objects and resources				

Key: 4 = Exceptionally competent occupational functioning;
 3 = Appropriate, satisfactory occupational functioning; 2 = Some occupational dysfunction; 1 = Extremely occupationally dysfunctional