

**CDE Notice of Copyright
Canadian Occupational Performance Measure (COPM)**

Availability	Available for purchase at this website: <u>Canadian Occupational Performance Measure (COPM)</u>
Classification	Supplemental – Sickle Cell Disease (SCD)
Short Description of Instrument	<p>Construct measured: Performance and satisfaction in leisure productivity and self-care from client perspective.</p> <p>Generic vs. disease specific: Generic</p> <p>Means of administration: Typically administered by an Occupational Therapist</p> <p>Intended respondent: Participant, although a caregiver may respond on the participant's behalf</p> <p># of items: The five most urgent problems are identified.</p> <p># of subscales and names of sub-scales: N/A</p> <p># of items per sub-scale: N/A</p>
Comments/Special Instructions	<p>Background: The COPM is designed to detect change in an individual's self-perception of occupational performance over time. The instrument has been validated for ages 6-65+. The COPM has been translated into over 35 languages.</p>
Scoring and Psychometric Properties	<p>Scoring: Importance is ranked, performance and satisfaction are scored separately from 1-10. Scores (importance and performance and importance and satisfaction) can then be multiplied for a maximum of 100.</p> <p>Psychometric Properties: Recent studies have featured psychometric properties including clinical utility, validity and responsiveness (Eyssen et al., 2011). The results were very positive, demonstrating support for the reliability and validity of the COPM. Clinical utility, examined through several different studies supports the use of the COPM with a wide variety of clients in various settings (Dedding et al., 2004; Verkerk et al., 2006). This measure has moderate inter-rater agreement and mean performance and satisfaction score reproducibility, but poor reproducibility for separate problem scores (Eyssen et al.,2005).</p>
Rationale/Justification	<p>Strengths/Weaknesses: Some authors have commented that the tool can be time consuming and difficult to administer; requires the</p>

administrator to be comfortable with a patient centered approach; and due to the non-standardized interview, quality and consistency may vary between administrators. The COPM may be used for all levels and severities of injury but may be less appropriate for acute and early Phase trials/interventions.

The COPM has been well-established in adult and pediatric clinical samples (Cup et al., 2003; Dedding et al., 2004; Eyssen et al., 2005; Cusick 2006). Although it was adapted for very young children (Cusick et al., 2007), the COPM focuses assessment of performance in self-care, productivity and leisure (Law et al., 1990). The COPM has been used in SCI studies, several of which demonstrated its responsiveness to change (Mulcahey et al., 1995; Wangdell & Friden, 2010)

Administration: Time to administer is 10-20 minutes, no equipment is required, training can be conducted by reading an article/manual.

References

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