Child Engagement in Daily Life Measure

Description: The Child Engagement in Daily Life is a self-report measure intended to be completed by parents of young children to describe and evaluate children's participation in family and recreational activities and self-care.

Instructions for Parents:

We are interested in your child's participation in daily activities such as interactions with others, play, and self-care.

We would like the person who fills in this questionnaire to be the child's parent or caregiver who lives with the child on a daily basis, so she or he knows the child well.

You will be presented with two Parts (**Part 1: Participation in Family and Recreational Activities**; and **Part 2: Participation in Self-Care**). For each Part, there will be a number of items for you to answer about your child's participation. For each item, please check the appropriate response. The definitions for the responses are provided as guidelines to help you select the best response for your child.

Part One: Participation in Family and Recreational Activities

You are asked to rate the items for Participation in Family and Recreational Activities on two scales: 1) How often your child participates in the activity and 2) Your perception of how much your child enjoys the activity. Examples are provided for some of the activities, such as "family activities at home". Your child does not need to participate in all of the examples. Please rate your child's participation by considering the broad category, "family activities at home". If your child has never participated in a type of activity, enjoyment is rated as Not Applicable, NA.

Но	w often:	How much your child enjoys the activity:			
5	Very Often – Your child always participates in the activity (at every opportunity)	5	5 A great deal – Your child loves the activity		
4	Often – Your child frequently participates in the activity	4	Very much – Your child really likes the activity		
3	Once in a while – Your child sometimes participates in the activity	3	Somewhat – Your child likes the activity		
2	2 <i>Almost never</i> – Your child rarely participates in the activity		Very little – Your child is okay with the activity		
1	<i>Never</i> – Your child never participates in the activity	1	Not at all – Your child dislikes the activity		

These are the responses for the two scales:

	How often?		How much do you think your child enjoys the activity?								
Does your child safely participate in:	Very Often 5	Often 4	Once in a while 3	Almost Never 2	Never 1	A Great Deal 5	Very Much 4	Somewhat 3	Very Little 2	Not at All 1	NA
ENG1. Family activities at home such as chores, mealtime, watching TV, engaging in conversations, holiday rituals	0	0	0	0	0	0	0	0	0	0	\bigcirc
Comments:											
ENG2. Family outings in the community such as shopping, going to religious services or the library, visiting family and friends	0	0	0	0	0	0	0	0	0	0	0
Comments:											
ENG3. Indoor play with adults	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments:											
ENG4. Indoor play with children	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments:											
ENG5. Outdoor play with adults	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments:											
ENG6. Outdoor play with children	0	0	0	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	0	\bigcirc
Comments:											

			How often?	?		Hov	v much do y	ou think your ch	nild enjoys t	he activity?	
Does your child safely participate in:	Very Often 5	Often 4	Once in a while 3	Almost Never 2	Never 1	A Great Deal 5	Very Much 4	Somewhat 3	Very Little 2	Not at All 1	NA
ENG7. Quiet recreational activities such as coloring, card games, reading books, computer/video games, arts and crafts	0	0	0	0	0	0	0	0	0	0	0
Comments:											
ENG8. Organized lessons, adapted sports, and arranged play groups such as swimming, dance / creative movement, parent & me classes	0	0	0	0	0	0	0	0	0	0	0
Comments:											
ENG9. Active physical recreation such as riding a tricycle, swimming, running outside, climbing on playground equipment	0	0	0	0	0	0	0	0	0	0	0
Comments:											
ENG10. Entertainment outings such as going to the zoo, a children's museum, the circus, concerts	0	0	0	0	\bigcirc	0	\bigcirc	0	\bigcirc	0	0
Comments:											
ENG11. Social activities such as a play date, going to parties Comments:	0	0	0	0	0	0	0	0	0	0	0

Part Two: Participation in Self-Care

This section asks you to rate how your child PARTICIPATES IN some activities of daily life such as feeding and dressing.

The 5 answers below describe different ways that children do activities of daily life. We are using this questionnaire for children who are learning to do activities. We do not expect your child to be able to fully complete all the activities. Some of the activities may require help of an individual and others may require assistance for safety. Also, we know that some children may use special equipment, walking devices, or wear an orthosis/brace to do these activities. It is fine if your child uses special equipment to complete the activity.

When you read the descriptions below, you will see there are 2 main ideas to think about when answering the questions:

- Does your child need the help of another person to do the activity?
- Does your child do the activity most of the time that is to say is your child always able to do it except for exceptional circumstances?

The five choices and their descriptions are:

	Choice	Description				
5	Yes, does the activity consistently	The child consistently does the activity during daily routines without help from another person.				
4	Yes, does the activity inconsistently	The child does the activity without help from another person but is not successful or motivated to do it by him or herself all of the time				
3	Yes, with help for part of the activity	The child does part of the activity by him or herself but requires help from another person to complete the activity.				
2	Yes, with constant help	The child does assist in the activity but requires help from another person for the entire activity.				
1	No, unable	The child does not do the activity. Caregiver does the activity for the child.				

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Does your child	Yes, does the activity consistently	Yes, does the activity inconsistently	Yes, with help for part of the activity	Yes, with constant help	No, does not do the activity
	5	4	3	2	1
ENG12. Feed self finger foods	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Comments:					
ENG13. Feed self with spoon or fork	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Comments:					
ENG14. Drink from a bottle or cup	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Comments:					
ENG15. Dress upper body	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Comments:					
ENG16. Dress lower body	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments:					
ENG17. Bathe / clean and tidy self	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Comments:					
ENG18. Use the potty or toilet	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Comments:					

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Instructions for Therapists:

Scoring:

- For Frequency of Participation in Family and Recreational Activities: Sum the raw scores on the 11 items and use the conversion table (Table 1) to determine the scaled score for the child.
- For Enjoyment of Participation in Family and Recreational Activities: Calculate the average of the **raw scores** on the 11 items and use the response options as a guide for interpretation of overall enjoyment. No conversion is needed for the enjoyment score.
- For Participation in Self-Care: Sum the raw scores on the 7 items and use the the conversion table (Table 2) to determine the scaled score relevant for young children with cerebral palsy.

Missing Answers:

- Therapists are encouraged to review the measure with parents to minimize missing answers. However, if there are missing answers, please refer to the following rules:
 - o If one or two items are not answered, calculate the average rating across the answered items and assign this value for the missing answer(s).
 - If more than two items are not answered, do not calculate a scaled score. Scores for the answered items can be considered for planning service needs.

Collaboration with Parents:

• Therapists are encouraged to review parent comments within the questionnaire, discuss their priorities and concerns and to decide on any particular focus for services and supports to address child and parent needs. Therapists may use the box below to document their notes.

Notes From Therapist and Parent Discussion:

Conversion Tables

Table 1: Conversion Table for Frequency Participation in							
Family and Recreational Activities							
Summed	Scaled	Summe	Scaled	Summed	Scaled		
Raw	Score	d Raw	Score	Raw	Score		
Score		Score		Score			
55	100.0	40	54.1	25	37.7		
54	88.2	39	52.8	24	36.6		
53	80.9	38	51.7	23	35.3		
52	76.6	37	50.6	22	34.0		
51	73.2	36	49.5	21	32.6		
50	70.5	35	48.4	20	31.3		
49	68.2	34	47.4	19	29.7		
48	66.1	33	46.3	18	28.1		
47	64.2	32	45.3	17	26.4		
46	62.5	31	44.3	16	24.4		
45	60.9	30	43.2	15	22.2		
44	59.4	29	42.2	14	19.5		
43	57.9	28	41.1	13	16.1		
42	56.6	27	39.9	12	10.3		
41	55.3	26	38.9	11	0.0		

Table 2: Conversion Table for Participation in Self-Care							
caled							
Score							
42.0							
39.5							
36.9							
34.0							
30.6							
26.5							
21.2							
12.8							
0.0							

FINAL SCORES	Raw Score	Scaled Score
Part 1: Frequency		
Part 1: Enjoyment		Not Applicable
Part 2: Self-Care		

Acknowledgements:

Research on this measure was supported by the Canadian Institutes of Health Research (MOP 81107) and the US Department of Education, National Institutes of Disability and Rehabilitation Research (H133G060254).

The authors acknowledge the contribution of Stephen M. Haley for his work as an author, in collaboration with Robert J. Palisano and Sally Westcott McCoy, on the Pediatric Physical Therapy Outcomes Management System (PPT-OMS). The Child Engagement in Daily Life Measure had its genesis in the Self-care and Participation items on the Early Movement Outcomes Program of the PPT-OMS. The authors also extend their gratitude to the pediatric rehabilitation sites, therapists, and families who participated in the research.

Reference:

Chiarello L, Palisano R McCoy SW, Bartlett D, Wood A, Chang HJ, Kang LJ, Avery L. (2014). Child Engagement in Daily Life: A measure of participation for children with cerebral palsy. Disability and Rehabilitation, 36(21), 1804-1816.

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