

Child Engagement in Daily Life Measure (Version 2)

Description: The Child Engagement in Daily Life is a self-report measure intended to be completed by parents of children, 18 months through 12 years of age, to describe and evaluate children's participation in family and recreational activities and performance in self-care.

Instructions for Parents:

We are interested in your child's participation in daily activities such as interactions with others, play, and performance in 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 they know the child well.

You will be presented with two Parts (**Part 1: Participation in Family and Recreational Activities**; and **Part 2: Performance 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.

These are the responses and their descriptions for the two scales:

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

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

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

Part Two: Performance in Self-Care

This section asks you to rate how your child **performs** 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?

These are the 5 choices and their descriptions:

| Choice | | Description |
|--------|--|---|
| 5 | Does the activity independently most of the time | The child does the activity without physical assistance from a person throughout the day in a variety of situations, except for infrequent circumstances (e.g. time constraints, child not feeling well, etc.). |
| 4 | Does the activity independently some of the time | The child does the activity without physical assistance from a person some of the time, but is not always able to do it by him or herself (e.g. not in all environments or situations, requires verbal instructions, etc.). |
| 3 | Does part of the activity independently but needs help for some of the activity | The child does part of the activity by himself / herself but requires physical assistance from a person to complete the entire activity. |
| 2 | Does assist but needs help for all of the activity | The child requires physical assistance from a person for the entire activity. |
| 1 | Does not do the activity | The child does not do the activity. Caregiver does the activity for the child. |

Choices:

5. Does the activity independently most of the time
4. Does the activity independently some of the time
3. Does part of the activity independently but needs help for some of the activity
2. Does assist but needs help for all of the activity
1. Does not do the activity

| FEEDING AND DRINKING: Does your child do the following activities? | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 5 | 4 | 3 | 2 | 1 |
| ENG12. Feed him/herself finger foods <i>Score of 5 reflects that child feeds self finger foods independently with little spillage and most of the food reaches his/her mouth.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG13. Feed him/herself solid foods using a utensil? <i>Score of 5 reflects that child feeds self solid foods using a utensil independently with little spillage and most of the food reaches his/her mouth.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG14. Feed him/herself semi-solid foods (such as applesauce, puddings, mashed potatoes) using a utensil? <i>Score of 5 reflects that child feeds self semi-solid foods using a utensil independently with little spillage and most of the food reaches his/her mouth.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG15. Feed him/herself liquid foods (such as soup) using a spoon? <i>Score of 5 reflects that child feeds self liquid foods using a spoon independently with little spillage and most of the food reaches his/her mouth.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG16. Drink from a bottle or closed cup? <i>Score of 5 reflects that child picks up, holds, and drinks from a bottle/closed cup independently with little spillage.</i> <input type="checkbox"/> CHECK HERE IF YOUR CHILD NO LONGER DRINKS FROM A BOTTLE OR CLOSED CUP | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG17. Drink from an open cup? <i>Score of 5 reflects that child picks up, holds, and drinks from an open cup independently with little spillage.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |

Choices:

5. Does the activity independently most of the time
4. Does the activity independently some of the time
3. Does part of the activity independently but needs help for some of the activity
2. Does assist but needs help for all of the activity
1. Does not do the activity

| DRESSING: Does your child do the following activities? | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 5 | 4 | 3 | 2 | 1 |
| ENG18. Undress his/her upper body? <i>Score of 5 reflects that child takes off shirts that include undoing fasteners, such as buttons, snaps, and zippers.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG19. Dress his/her upper body? <i>Score of 5 reflects that child puts on shirts that include doing fasteners, such as buttons, snaps, and zippers.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG20. Undress his/her lower body? <i>Score of 5 reflects that child takes off pants/shorts, (skirts if applicable) that include undoing fasteners, such as buttons, snaps, and zippers.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG21. Dress his/her lower body? <i>Score of 5 reflects that child puts on pants/shorts, (skirts if applicable) that include doing fasteners, such as buttons, snaps, and zippers.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG22. Put on his/her socks and shoes, including any leg or foot braces? <i>Score of 5 reflects that child puts on socks and shoes that include doing shoe fasteners, such as velcro and/or laces and any leg or foot braces.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |

Choices:

5. Does the activity independently most of the time
4. Does the activity independently some of the time
3. Does part of the activity independently but needs help for some of the activity
2. Does assist but needs help for all of the activity
1. Does not do the activity

| GROOMING AND TOILETING: Does your child do the following activities? | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ENG23. Wash and dry his/her hands? <i>Score of 5 reflects that child turns water on and off, applies soap and cleans hands, and dries them completely with a towel.</i> | 5 | 4 | 3 | 2 | 1 |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG24. Wash his/her body? <i>Score of 5 reflects that child applies soap to and uses washcloth/sponge to clean entire body, including back, arms, legs and face.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG25. Dry off his/her body? <i>Score of 5 reflects that child gets and uses towel to dry entire body, including back and hair.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG26. Brush his/her hair? <i>Score of 5 reflects that child brushes or combs hair, successfully getting tangles out.</i> <input type="checkbox"/> CHECK HERE IF THIS ACTIVITY IS NOT A ROUTINE IN YOUR FAMILY | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG27. Brush his/her teeth? <i>Score of 5 reflects that child places toothpaste on the brush, thoroughly brushes teeth, and rinses mouth.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG28. Blow and wipe his/her nose with a tissue? <i>Score of 5 reflects that child obtains a tissue, thoroughly blows nose and cleans off face.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |
| ENG29. Use the potty or toilet? <i>Score of 5 reflects that child goes to the toilet, undresses, uses the toilet, wipes self, and redresses.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comments: | | | | | |

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 **Performance** in Self-Care: Sum the raw scores on the 18 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:
 - 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: Frequency of Participation in Family and Recreational Activities | | | | Table 2: Performance in Self-care Activities | | | | | | | |
|--|--------------|------------------|--------------|---|--------------|------------------|--------------|------------------|--------------|------------------|--------------|
| Summed Raw Score | Scaled Score | Summed Raw Score | Scaled Score | Summed Raw Score | Scaled Score | Summed Raw Score | Scaled Score | Summed Raw Score | Scaled Score | Summed Raw Score | Scaled Score |
| 44 | 100.0 | 27 | 50.9 | 90 | 100.0 | 71 | 61.2 | 52 | 49.0 | 33 | 35.8 |
| 43 | 87.2 | 26 | 49.4 | 89 | 88.6 | 70 | 60.5 | 51 | 48.4 | 32 | 34.9 |
| 42 | 80.4 | 25 | 48.0 | 88 | 82.8 | 69 | 59.8 | 50 | 47.8 | 31 | 34.0 |
| 41 | 76.3 | 24 | 46.5 | 87 | 79.4 | 68 | 59.1 | 49 | 47.2 | 30 | 33.2 |
| 40 | 73.1 | 23 | 45.0 | 86 | 77.0 | 67 | 58.5 | 48 | 46.5 | 29 | 32.2 |
| 39 | 70.4 | 22 | 43.5 | 85 | 75.0 | 66 | 57.8 | 47 | 45.9 | 28 | 31.2 |
| 38 | 68.2 | 21 | 41.9 | 84 | 73.4 | 65 | 57.1 | 46 | 45.3 | 27 | 30.2 |
| 37 | 66.2 | 20 | 40.2 | 83 | 72.0 | 64 | 56.5 | 45 | 44.6 | 26 | 29.2 |
| 36 | 64.3 | 19 | 38.4 | 82 | 70.8 | 63 | 55.8 | 44 | 44.0 | 25 | 28.1 |
| 35 | 62.6 | 18 | 36.5 | 81 | 69.7 | 62 | 55.2 | 43 | 43.4 | 24 | 26.7 |
| 34 | 61.0 | 17 | 34.4 | 80 | 68.6 | 61 | 54.6 | 42 | 42.6 | 23 | 25.2 |
| 33 | 59.4 | 16 | 31.9 | 79 | 67.7 | 60 | 54.0 | 41 | 41.9 | 22 | 23.4 |
| 32 | 58.0 | 15 | 29.1 | 78 | 66.8 | 59 | 53.3 | 40 | 41.3 | 21 | 21.0 |
| 31 | 56.5 | 14 | 25.7 | 77 | 65.8 | 58 | 52.7 | 39 | 40.5 | 20 | 17.5 |
| 30 | 55.1 | 13 | 21.0 | 76 | 65.0 | 57 | 52.0 | 38 | 39.8 | 19 | 11.7 |
| 29 | 53.7 | 12 | 13.6 | 75 | 64.2 | 56 | 51.5 | 37 | 39.0 | 18 | 0.0 |
| 28 | 52.2 | 11 | 0.0 | 74 | 63.4 | 55 | 50.9 | 36 | 38.2 | | |
| | | | | 73 | 62.7 | 54 | 50.2 | 35 | 37.4 | | |
| | | | | 72 | 61.9 | 53 | 49.6 | 34 | 36.6 | | |

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

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Reference:

Original version: 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.

Version two: Sarah Westcott McCoy, Doreen Bartlett, Monica Smersh, Barbara Galuppi & Steven Hanna. Collaboration Group: On Track Study Team (March 2018). Monitoring development of children with cerebral palsy: the On Track study. Protocol of a longitudinal study of development and services. Available at: <https://www.canchild.ca/en/resources/294-monitoring-development-of-children-with-cerebral-palsy-the-on-track-study-protocol-of-a-longitudinal-study-of-development-and-services>.