

ID Number _____

**Child & Adolescent
Scale of Participation
(CASP-Youth Version)**

- Instructions -

1. This scale asks questions about your participation in activities and events at home, school and the community. There also are a few questions that ask about strategies, assistive devices or modifications that are used or have been done to help you participate if this is needed.
2. There are no right or wrong answers. You will have to choose, and in some cases write, the answer that best describes your participation and things that help or interfere with your participation. If you are not sure about how to answer a question, give your best guess.

Thank you!

Your name _____

Your age (*in years*) _____

Date you completed survey _____

(Month / Day / Year)

We are interested in finding out about the activities that you participate in at home, school and in the community.

You will be asked about your current level of participation with activities as compared to others your age. For each item, choose one of the following responses:

- **Full participation**, you participate in the activities the same as or more than others your age. [With or without assistive devices or equipment.]
- **Somewhat limited**, you participate in the activities somewhat less than others your age. [You may also need occasional supervision or assistance.]
- **Very limited**, you participate in the activities much less than others your age. [You may also need a lot of supervision or assistance.]
- **Unable**, you can not participate in the activities, although others your age do participate.
- **Not applicable**, others your age would not be expected to participate in the activities.

[Please select one answer by placing an X in one of the boxes next to each item. If you are not sure, choose your best guess]

| <p>Compared to others your age, what is your current level of participation in the following activities?</p> <p><u>HOME PARTICIPATION</u></p> | Full participation | Somewhat limited | Very limited | Unable | Not applicable |
|---|--------------------|------------------|--------------|--------|----------------|
| 1) Social, play or leisure activities with family members at home (e.g., games, hobbies, “hanging out”) | | | | | |
| 2) Social, play or leisure activities with friends at home (can include conversations on the phone or internet) | | | | | |
| 3) Family chores, responsibilities and decisions at home (e.g., involvement in household chores and decisions about family activities and plans) | | | | | |
| 4) Self-care activities (e.g., eating, dressing, bathing, combing or brushing hair, using the toilet) | | | | | |
| 5) Moving about in and around the home | | | | | |
| 6) Communicating with others at home | | | | | |

| <p>Compared to others your age, what is your current level of participation in the following activities?</p> <p><u>NEIGHBORHOOD AND COMMUNITY PARTICIPATION</u></p> | Full participation | Somewhat limited | Very limited | Unable | Not applicable |
|---|--------------------|------------------|--------------|--------|----------------|
| 7) Social, play, or leisure activities with friends in the neighborhood and community (e.g., casual games, “hanging out,” going to public places like a movie theater, park or restaurant) | | | | | |
| 8) Structured events and activities in the neighborhood and community (e.g., team sports, clubs, holiday or religious events, concerts, parades and fairs) | | | | | |
| 9) Moving around the neighborhood and community (e.g., public buildings, parks, restaurants, movies) [<i>Please consider your primary way of moving around, NOT your use of transportation</i>] | | | | | |
| 10) Communicating with others in the neighborhood and community | | | | | |

| <p>Compared to others your age, what is your current level of participation in the following activities?</p> <p><u>SCHOOL PARTICIPATION</u></p> | Full participation | Somewhat limited | Very limited | Unable | Not applicable |
|--|--------------------|------------------|--------------|--------|----------------|
| 11) Educational (academic) activities with other students in your classroom at school | | | | | |
| 12) Social, play and recreational activities with other students at school (e.g., “hanging out,” sports, clubs, hobbies, creative arts, lunchtime or recess activities) | | | | | |
| 13) Moving around at school (e.g., to get to and use bathroom, playground, cafeteria, library or other rooms and things that are available to other students your age) | | | | | |
| 14) Using educational materials and equipment that are available to other students in your classroom/s or that have been modified for you (e.g., books, computers, chairs and desks) | | | | | |
| 15) Communicating with other students and adults at school | | | | | |

| <p>Compared to others your age, what is your current level of participation in the following activities?</p> <p><u>HOME AND COMMUNITY LIVING ACTIVITIES</u></p> | Full participation | Somewhat limited | Very limited | Unable | Not applicable |
|--|--------------------|------------------|--------------|--------|----------------|
| 16) Household activities (e.g., preparing some meals, doing laundry, washing dishes) | | | | | |
| 17) Shopping and managing money (e.g., shopping at stores, figuring out correct change) | | | | | |
| 18) Managing daily schedule (e.g., doing and completing daily activities on time; organizing and adjusting time and schedule when needed) | | | | | |
| 19) Using transportation to get around in the community (e.g., to and from school, work, social or leisure activities) [<i>Driving vehicle or using public transportation</i>] | | | | | |
| 20) Work activities and responsibilities (e.g., completion of work tasks, punctuality, attendance and getting along with supervisors and co-workers) | | | | | |

- **Please describe the type of things that interfere with your participation in the above-mentioned activities (e.g., things that you or others do; or things about your home, school or community) [*Please write clearly*]:**

- **Please describe the type of things that help with your participation in the above-mentioned activities (e.g., things that you or others do; or things about your home, school or community) [*Please write clearly*]:**

- **Do you currently use any assistive devices or equipment to help you participate (e.g., adapted eating utensils, shower chair, note-taker for school, daily planner, computer)?**

Yes No

[If Yes], please identify.

- **Have any changes been made to your home, community or the school (or work) setting to help you participate (e.g., rearranging furniture and materials, adjusting lighting or noise levels, building a ramp or other physical structures)?**

Yes No

[If Yes], please describe.

**THANK YOU FOR COMPLETING
THE CHILD AND ADOLESCENT SCALE OF PARTICIPATION!**

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