

## Children's Leisure Assessment (CLASS)

Rosenblum, 2010

- Please indicate how often you perform each activity, always marking the highest frequency (never; once every few months; once a month; once or twice a week; every day).  
There is a table at the end where you can add other activities that are not included in the questionnaire.
- Please indicate with whom you perform the activity, and how much you like the activity (1- Do not like at all to 10 - Like very much).  
Please disregard this part for all activities marked "Never".

**1 2 3 4 5 6 7 8 9 10**

Like very much

Do not like at all

G		Activity	How often do you usually perform the activity?					With whom do you usually perform the activity?				How much do you like the activity?  Score from 1-10 1=Do not like at all 10= Like very much
			Never	Once every few months	Once a month	Once or twice a week	Every day	Alone	With a family member	With one friend	With a few friends	
	1	Watching television										
	2	Watching videos or DVDs										
	3	Watching movies at the cinema										
	4	Playing computer games										
	5	Typing on the computer										

G		Activity	How often do you usually perform the activity?					With whom do you usually perform the activity?				How much do you like the activity?  Score from 1-10 1=Do not like at all 10= Like very much
			Never	Once every few months	Once a month	Once or twice a week	Every day	Alone	With a family member	With one friend	With a few friends	
	6	Surfing the Internet										
	7	Communicating over the Internet (Facebook, Skype, Messenger or other)										
	8	Sleeping during the day										
	9	Listening to music										
	10	Taking care of pets										
	11	Helping at home										
	12	Arts and crafts										
	13	Cooking or baking										
	16	Drawing										
	17	Dancing										
	18	Singing										
	19	Playing a musical instrument										
	20	Playing board games/card games										
	21	Jigsaw puzzles										

G		Activity	How often do you usually perform the activity?					With whom do you usually perform the activity?				How much do you like the activity?  Score from 1-10 1=Do not like at all 10= Like very much
			Never	Once every few months	Once a month	Once or twice a week	Every day	Alone	With a family member	With one friend	With a few friends	
	23	Rollerblading, roller skating, scooter riding										
	24	Bicycle riding										
	25	Playing outdoors										
	27	Team ball games										
	29	Going to the pool or to the beach										
	33	Going to a restaurant										
	34	Going to the theater/ entertainment show										
	35	Paid work										
	37	Gardening										
	38	Visiting relatives										
	39	Picnic/ barbeque										
	40	Hiking										
	41	Going to the library										
	42	Reading a book										
	44	Talking to your parents										
	45	Talking on the phone (calls longer than 2 minutes)										

46	Meeting friends or going to a friend's house											
47	Youth organization activities											
48	Hanging around											
49	Spending time at the mall											
50	Volunteering, helping others											
<b>Please list any additional activities below</b>												
	<b>Activity</b>	<b>How often do you usually perform the activity?</b>					<b>With whom do you usually perform the activity?</b>				<b>How much do you like the activity?</b>	
		Never	Once every few months	Once a month	Once or twice a week	Every day	Alone	With a family member	With one friend	With a few friends	Score from 1-10 1=Do not like at all 10= Like very much	
	A											
	B											
	C											
	D											
	E											

- A. Now look back over the questionnaire and select 5 activities on which you spend a lot of time during the day or throughout the week. Circle their number and in the left column (G), write how many minutes or hours a day you spend on each activity.
- B. Select up to 5 activities that you do not perform today but would like to perform in the future. Mark an X to the left of these activities (outside the table).
- C. Go through all the activities that you marked in the questionnaire and indicate the ones that you perform as an organized group activity or at a club.

**\*The questionnaire was developed by Dr. Sara Rosenblum, Occupational Therapy Department, University of Haifa.**

**Scoring sheet for the tester**

**1 2 3 4 5 6 7 8 9 10**

Like very much

Do not like at all

H	G	F	A-Variety D-Frequency					E -Sociability				C
		Activity	How often do you usually perform the activity?					With whom do you usually perform the activity?				How much do you like the activity?
			<div style="border: 1px solid black; display: inline-block; padding: 5px;">D</div>									
For activities that the child wishes to perform in the future, score 1. For the rest, score 0	Write the time spent (in minutes) on the child's selected activities	For each activity that the child performs once or twice a week, or more, score 1. For the rest, score 0	Never	Once every few months	Once a month	Once or twice a week	Every day	Alone	With a family member	With one friend	With a few friends	Score from 1-10 1=Do not like at all 10= Like very much
			0	1	2	3	4	1	2	3	4	<b>1-10</b>

- A- How many activities are performed - mark those that the child never performs. To calculate the percentage of activities performed out of the entire activity list, subtract the number of activities that the child never performs from 40, and multiply that by 2.5.
- B- Mark 1 next to each of the child's group activities and 0 next to those not performed in a group.