**I. General Information**

_title of the test: Craig Handicap Assessment and Reporting Technique (CHART)

_author: Gale G. Whiteneck, Susan W. Charlifue, Kenneth A. Gerhart, Drew Overholser, George N. Richardson

_publisher:

_time required to administer: 30 minutes to administer and score

_cost of the Test: Free online [http://www.tbims.org/combi/chart/chartrat.html](http://www.tbims.org/combi/chart/chartrat.html)

**II. Description of Test**

_type/purpose of test: 32-item questionnaire that measures participation across 6 domains: Physical independence, Mobility, Occupation, Social Integration, Economic Self-Sufficiency, and Orientation. Answers carry a point value. Each domain has a maximum score of 100, which is considered average performance of someone without a disability. Higher scores indicate higher social/community participation (less handicap).

_population: Originally used for those with spinal cord injuries but has been used for clients with TBI, CVA, MS, burns and amputations. There are also more studies using it for different populations.

_focus of measurement:

- Organic systems
- Abilities
- Participation/life habits
- Environmental Factors

**III. Practical Administration**

_ease of administration: Easy to administer. Designed to be given by interview. Can be self-administered. It also can be given to a family member if primary respondent is not able to take questionnaire.

_clarity of directions: Directions are clear and divided into domains. Questions are straightforward and easy for the administrator to read.

_scoring procedures: Scoring is a little difficult and can be time consuming at first. There is a scoring sheet that gives step-by-step directions. Each question carries a certain point value. Scores are added up in each individual domain. It is possible to score over 100 in each domain, but this test does not measure characteristics above average. If the score were over 100, the respondent would receive only a 100 for that section. In order to score the Economic Self-Sufficiency, you need the updated federal poverty level guidelines.

_examiner qualification & training: No qualification is listed, but a trained occupational therapist would be able to interpret scores.
### IV. Technical Considerations

<table>
<thead>
<tr>
<th>Standardization:</th>
<th>X Norms</th>
<th>____ Criterion Referenced</th>
<th>____ Other</th>
<th>______________</th>
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#### Reliability:
Test-retest reliability on subscales ranges from $r=0.80$ to $0.95$. And total score of $r=0.93$

#### Validity:
Rasch analysis supports construct validity. Studies support the CHART as a valid measure for social and community participation.

<table>
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<tr>
<th>Manual:</th>
<th>____ Excellent</th>
<th>X Adequate</th>
<th>____ Poor</th>
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### What is (are) the setting/s that you would anticipate using this assessment?
I think this is a valuable tool for research and for measuring participation within the community. The populations this assessment is used for is growing. I would use this in a setting where there is a client that I am interested in measuring his/her participation and re-integration within the community.

### Summary of strengths and weaknesses:

#### Weakness:
- Does not tell you where to find federal poverty level guideline. It just assumes that you know on the scoring sheet.
- Difficult to tell what the score means and only gives you a general understanding. A close score to 100 means “less handicap,” and a low score like 30 means “more handicap.” But it does give score comparisons to other disabilities.
- The assessment uses the word handicap. They have recently changed it to participation, which is more politically correct, but the term is still found throughout the reading.

#### Strength:
- Scoring form is helpful and gives you room to work out the score.
- The assessment added a new section that looks at cognition, which makes it usable with other populations other than just spinal cord injury.
- It is a valid and reliable tool that is used in research for measuring participation.