Reliability and validity of the Leisure Satisfaction Scale (LSS – short form) and the Adolescent Leisure Interest Profile (ALIP)

ANGELA N. TROTTIER Sudbury Regional Hospital Children's Treatment Centre, Sudbury, Ontario, Canada
G. TED BROWN Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada; Children's Hospital of Eastern Ontario Research Institute, Ottawa, Ontario, Canada; and Department of Occupational Therapy, University of Queensland, Brisbane, Queensland, Australia
SANDRA J.G. HOBSON School of Occupational Therapy, University of Western Ontario, London, Ontario, Canada
WILLIAM MILLER School of Rehabilitation Sciences, University of British Columbia, and Vancouver Hospital and Health Sciences Centre, British Columbia, Canada

ABSTRACT: *This study aimed to evaluate the reliability and validity of the Leisure Satisfaction Scale (LSS – short form) and the Adolescent Leisure Interest Profile (ALIP). The LSS and the ALIP are instruments that occupational therapists can use to evaluate the leisure activities that clients enjoy. Evaluation of leisure interest and participation will assist in creating goals for therapy to maximize a client's ability to participate in leisure activities. This study examined the test–retest reliability and concurrent validity of the LSS and the ALIP using a sample of 37 adolescents between the ages of 13 and 17 with no known impairments. The assessments were administered individually or in small groups 7 to 17 days apart. Cronbach's alpha was used to determine the internal consistency. Pearson product moment correlations were calculated to examine the test–retest reliability of the 60 subscales and the six question totals of the ALIP, as well as for the 6 subscales and total score of the LSS. Concurrent validity was evaluated between the 'How often?' question of the ALIP and the LSS (short form). Based on the study results, the ALIP and the LSS seem to have good test–retest reliability levels when used with adolescents with no known physical or mental impairments. The concurrent validity between the two instruments was not supported, with many of the scores indicating only weak or no association to each of the subscales, suggesting that the assessments differ in some fundamental way. However, the evidence of some relationships between subscales may indicate some areas where the ALIP and the LSS are similar.*

Key words: adolescence, Adolescent Leisure Interest Profile, leisure activities, Leisure Satisfaction Scale

Introduction

Occupational therapists are concerned with the dynamic relationship between the person, environment and occupation components of an individual's occupational performance (Law et al., 1997). Client-centred therapy focuses on all three domains of occupation: self-care, productivity and leisure. The concept of leisure occupations and their influence on a person's health has been studied for some time (Ragheb and Beard, 1980). Individuals make their own choices about what to do in their spare time. In addition, satisfaction with these choices is individually determined. For this reason, in order to fully examine leisure pursuits of individuals, occupational therapists must assess not only those activities in which people participate but also their personal level of satisfaction with those chosen activities (Knox, 1998). Unfortunately, few reliable and valid leisure measures exist. If a therapist cannot expect consistent results from an instrument, the tool may prove to have little or no clinical relevance. Therefore, the purpose of this study was to evaluate the test–retest reliability and the concurrent validity of the Leisure Satisfaction Scale (LSS – short form) (Beard and Ragheb, 1980) and the Adolescent Leisure Interest Profile (ALIP) (Henry, 1998).

Literature review

Leisure and adolescence

Adolescence is a time when a person begins the transition from childhood to adulthood. It begins at the onset of puberty and ends at the age of 19 or 20. This time is characterized by many physiological changes and many emotional developments. The adolescent is in the process of acquiring an identity, becoming independent, developing his/her value system, and forming intimate adult relationships (Cordes and Ibrahim, 1996). In fact, Kelly (1983) remarks that it is a time for adolescents to develop many preparatory identities including sexual, productive, social and intimate identities.

Leisure is a central concept to adolescence, because 'it may be a crucial life space for the expression and development of selfhood, for the working out of identities that are important to the individual' (Kelly, 1983: 23). Adolescents participate in various activities from 'hanging out' with friends, to reading, to clubs and sports. 'There is a general consensus that leisure-time and recreational activities are not only ends, providing immediate gratification and enjoyment, but also means for attaining long-range personal and social goals' (Willits and Willits, 1986: 190). Active participation in leisure activities has been linked to healthy psychological development, and therefore the examination of adolescents' leisure activities will provide important information about the social and psychological world of this age group. This information can be used to establish whether individual needs are being met by the activities and occupations that are available and accessible to the adolescent (Garton and Pratt, 1991).

Adolescence is a period of life in which leisure interests can provide a focus for the future. A disruption in these activities could lead to difficulties with identity in adulthood (Kelly, 1983). Therefore, it is important for occupational therapists to have a means to evaluate an adolescent's leisure occupations, and such assessments must be reliable and valid to provide information that is consistent and useful.

Leisure instruments for adolescents

Although adolescent leisure interests are significant in shaping the future identity of the individual, few instruments are available specifically for this age group. The Adolescent Role Assessment (Black, 1976) attempted to verify crucial variables for adaptive role performance as a starting point for intervention. Black (1976) conducted a reliability study using the Adolescent Role Assessment and described excellent test–retest reliability. However, the sample used was small and the length of time between administrations was not reported. Furthermore, the Adolescent Role Assessment did not focus on leisure activities alone and was published more than 20 years ago and therefore may no longer be relevant to today's adolescents.

The Leisure Satisfaction Scale (LSS) evaluates the extent to which individuals feel that their needs are met through their leisure activities. Categories of effects of participation are used as the component parts and subscales of the LSS. These are: psychological, educational, social, relaxational, physiological and aesthetic. The theoretical base for the subscales was derived from an extensive literature review. The items are rated on a 5-point Likert scale from 'Almost never true for you' to 'Almost always true for you'. A leisure activity in this instrument is defined as a non-work activity in which the individual has free choice to participate (Beard and Ragheb, 1980). The short version of this 51-item assessment consists of four questions from each subscale, to include 24 questions only. The short version of the LSS can be administered in less than 10 minutes and has an internal consistency score of 0.93 (Beard and Ragheb, 1980). This instrument consists of items such as: 'My leisure activities are very interesting to me'. These questions are unlike the ALIP, which asks questions based on the specific leisure activities that an individual enjoys.

The authors of the LSS state that it may be used for the client to develop awareness of and interest in how spare time can be spent and to develop priorities for these activities (Beard and Ragheb, 1980). Some of the questions raised at the end of the article by Beard and Ragheb (1980) query whether leisure activities may have a different importance or may vary according to age, gender, income or education, and marital status.

Only recently, an instrument was published that focused specifically on this age group and also included activities relevant to present-day teenagers: the Adolescent Leisure Interest Profile (ALIP), developed by Henry (1998). Because the ALIP is a relatively new instrument, it has not been as widely

used in clinical settings to date as other well-known instruments such as the Leisure Satisfaction Scale (LSS) (Beard and Ragheb, 1980).

The Adolescent Leisure Interest Profile (ALIP) (Henry, 1998) was published in 1998. The instrument contains 86 items within 10 subscales: exercise activities, social activities, creative activities, sport activities, family activities, outdoor activities, relaxational activities, intellectual activities, clubs and organization activities, and other activities. Subjects are first asked to rate 'How interested are you in this?' and 'How often do you do this?' on a Likert scale of 3 points and 5 points respectively. Participants who indicate that they are interested or participate regularly in the activity are asked to complete four other questions: 'Why do you do this?', 'How well do you do this?', 'How much do you enjoy doing this?' and 'Do you do this with others or alone?'.

The ALIP was field-tested on 88 subjects diagnosed with psychiatric, learning and physical disabilities as well as with a group of 28 adolescents without any apparent difficulties. The total score internal consistency score for the group of participants without any disabilities was 0.92, and the total score test–retest reliability coefficients for the subscales ranged from 0.53 to 0.85. Henry (1998) describes several studies that provide some evidence that the assessment may be able to discriminate between adolescents with and without disabilities.

Henry (1998) suggests that the ALIP can be used in clinical settings by occupational therapists in discussions with adolescents regarding their leisure interests. She also suggests that some cultural, geographic and ethnic biases may exist within the ALIP.

Because both the ALIP and the LSS can be used in a clinical setting to determine leisure interest or satisfaction it was decided that concurrent validity between these two measures be calculated. Henry (2000) discusses the importance of leisure interests and participation in life satisfaction. Leisure satisfaction and interest directly impact each other and may possibly be adequately measured by either tool discussed in this research.

Purpose

The Leisure Satisfaction Scale (LSS) (Beard and Ragheb, 1980) and the Adolescent Leisure Interest Profile (ALIP) (Henry, 1998) are two instruments that have been created for use in clinic settings to establish leisure goals for adolescents. The LSS was used in a recent study (Di Bona, 2000) in an adapted form and face validity was established using this measure. Unfortunately, it has not been established that the LSS is reliable over time. In addition, no concurrent validity studies involving the LSS have been reported in the literature (Beard and Ragheb, 1980). Similarly, the ALIP has scores reported for test–retest reliability, but these scores were generated by the author and have not been replicated. This study presents an independent examination and comparison of test–retest reliability for both the LSS and the ALIP. Furthermore, because

the ALIP is a relatively new tool, no studies have been published establishing its concurrent validity in comparison with other leisure instruments (Henry, 1998). The purpose of this study, therefore, was to determine test–retest reliability and concurrent validity of the LSS and the ALIP.

Methods

Study design

This study used a test–retest methodology for a group of subjects completing the LSS and the ALIP. Each subject completed the LSS and ALIP on two occasions 7–17 days apart.

Subjects

The sample for this study was one of convenience, consisting of 37 adolescents between the ages of 13 years and 17 years. Inclusion criteria for subjects to be eligible to participate in the study included being (a) between the ages of 12 and 18 years, (b) having a working knowledge of the English language and (c) no history of mental or physical impairments. The subjects for the study were recruited via two methods: (1) through a recreation facility in Russell, Ontario, Canada and (2) through informal networks of the first author in Ottawa, London and Kitchener, Ontario, Canada. The parents of potential participants were contacted initially, and then informed consents were obtained from both the adolescent subjects and their legal guardians.

The mean age of participants was 14.24 years (SD=1.04). Of the subjects who participated in the study, 10 were male and 27 were female. The adolescents were in grades ranging from 8 to 12. No data were collected regarding intelligence, academic achievement or socioeconomic status of the participants. According to Donner and Eliasziw (1987), the sample size suggested for a reliability study is about 40 subjects, with two instruments per subject, which is consistent with the size of the sample in this study.

Instrumentation

The materials for this study included (1) the LSS, (2) the ALIP, (3) a demographic questionnaire and (4) consent forms. Psychometric information about the LSS and the ALIP are reviewed in the literature review section.

Procedures

Prior to the initiation of this study, ethical approval was gained from the Review Board for Health Sciences Research Involving Human Subjects at the University of Western Ontario, London, Ontario, Canada.

The study was a correlational design, and both of the instruments were administered to each individual on two separate occasions 7–17 days apart. The average time between administrations was 13.92 days (SD=1.61). Recognizing the possibility of order, learning and fatigue effects, half of the adolescent subjects in each group received the LSS to begin while the other half completed the ALIP. After completing the first instrument, the groups were given the other instrument to complete. During the retest session, this order was reversed.

The administration of the LSS (Beard and Ragheb, 1980) included asking subjects to rate their satisfaction with leisure activities using the Likert scale from 1–5 (1 – 'almost never true for you' and 5 – 'almost always true for you') in answer to the questions of the LSS – short form. For the administration of the ALIP (Henry, 1998) the participants were asked to record how often they participated in an activity; those activities that are generally reserved for a particular season were recorded considering the frequency of participation in the activity during the season in which participation is possible. Also, for the questions 'why?' and 'with others or alone?' participants were asked to record the response that occurred most often and, if they occurred equally, to choose both. Subjects had to complete the first two questions, 'how interested?' and 'how often?' for all of the items and did not have to complete the other four questions ('why?', 'how well?', 'how much they enjoy?' and 'with others or alone?') for those items that did not interest them or in which they never had an opportunity to participate, similar to the administration of the measure as outlined by the original author (Henry, 1998).

Data analysis

The analyses of the data were completed using the Statistical Package for the Social Sciences (SPSS) (Norusis, 1997) computer program. The data were entered and analysed using the SPSS system, and the reliability measures for the study were analysed in several steps. First Cronbach's alpha calculations were used to examine the internal consistency of the six subscales of the LSS (Beard and Ragheb, 1980) and the 10 subscales of the ALIP (Henry, 1998) for the first administration of the assessments. Next, Pearson product moment correlations were calculated to determine test–retest reliability of continuously measured items and subscales. The concurrent validity between the two instruments was established by a derivation of Pearson product moment correlations between the LSS and the ALIP subscales (for the question 'How often?' only, as this question had to be answered by all participants for all activities as indicated by the original author (Henry, 1998)).

Results

Internal consistency scores were calculated using Cronbach's alpha for the first administration of both the ALIP (Henry, 1998) and the LSS (Beard and

Ragheb, 1980) (see Tables 1 and 2). For the ALIP, internal consistency scores (alpha coefficients) were established for the 10 subscales (that is, activity scales) using the first two questions only (that is, 'How interested?' and 'How often?'), because these questions were answered by all participants. The alpha coefficients for the total scores of the 'How interested?' and 'How often?' questions were 0.93 and 0.87 respectively. The internal consistency score for the total score of the LSS was 0.87. According to Law (1987), the alpha coefficients for the total scores for both assessments represent an acceptable level (that is, >0.70) for internal consistency.

The test–retest reliability scores were derived using Pearson product moment correlations for the six subscales and total score of the LSS (see Table 3) and the 10 subscales and six question totals of the ALIP (see Table 4). This calculation was used in order to be consistent with the procedure of the original ALIP psychometric testing (Henry, 1998) in an attempt to compare and verify the reliability of the measure. In addition, Law (1987) reports

TABLE 1: Internal consistency coefficients for the 10 subscales and the total scores of the ALIP using the questions 'How interested?' and 'How often?'

	'How interested?'	'How often?'
Exercise	0.67	0.62
Socializing	0.68	0.44
Creative	0.74	0.68
Sport	0.70	0.66
Family	0.80	0.74
Outdoor	0.84	0.59
Relaxation	0.58	0.24
Intellectual	0.81	0.81
Clubs/organizations	0.82	0.53
Total	0.93	0.87

* The subscale 'others' was not included in these coefficients as it contained too few data entries to be calculated.

TABLE 2: Internal consistency coefficients for the subscale and total scores of the LSS

	Alpha scores
Psychological	0.83
Educational	0.68
Social	0.80
Relaxation	0.57
Physiological	0.81
Aesthetic	0.59
Total	0.87

TABLE 3: Test–retest reliability coefficients for subscale and total scores of the Leisure Satisfaction Scale (LSS) (n = 37)

Subscale	Correlation (r)	Significance (p)
Psychological	0.73	<0.001
Educational	0.60	<0.001
Social	0.70	<0.001
Relaxation	0.73	<0.001
Physiological	0.72	<0.001
Aesthetic	0.56	<0.001
Total	0.75	<0.001

TABLE 4: Test–retest reliability coefficients for subscale and total scores of the Adolescent Leisure Interest Profile (ALIP)

Subscale	How interested?	How often?	Why?	How well?	How much enjoy?	Others or alone?
Exercise activities	0.79***	0.71***	0.66***	0.76***	0.77***	0.59**
Sports activities	0.91***	0.76***	0.72*** (28)	0.86*** (28)	0.81*** (28)	0.59** (28)
Creative activities	0.81***	0.64***	0.58** (29)	0.61*** (29)	0.62*** (29)	0.34 (29)
Intellectual activities	0.85***	0.60***	0.57** (27)	0.76*** (27)	0.75*** (27)	0.45* (27)
Clubs or organizations	0.80***	0.73***	0.84*** (17)	0.85*** (17)	0.92*** (17)	0.90*** (17)
Family activities	0.81***	0.75***	0.84*** (29)	0.77*** (29)	0.80*** (29)	0.77*** (29)
Socializing activities	0.68***	0.43*	0.60**	0.51**	0.48**	0.40*
Relaxation activities	0.87***	0.54**	0.58** (29)	0.76*** (29)	0.48* (29)	0.59** (29)
Outdoor activities	0.73***	0.81***	0.69*** (27)	0.77*** (27)	0.71*** (27)	0.75*** (27)
Other activities	0.66	0.83**	0.64 (9)	0.73* (9)	0.66 (9)	0.53 (8)
Total	0.93***	0.83***	0.89***	0.91***	0.93***	0.85***

Numbers in parentheses indicate number of subjects who participated in at least one activity within the category. *p<0.05, **p<0.01, ***p<0.001

that the Pearson product moment correlation may be used with interval/ratio variables and in a test–retest design.

Test–retest scores for the LSS subscales ranged from 0.56 to 0.73 (see Table 3). The total score coefficient was 0.75. These scores, according to Shoukri and Pause (1999), are in the acceptable/good range of standard values (that is, 0.40, 0.75).

For the test–retest of the ALIP (Henry, 1998), seven of the participants had omitted responses during testing administration that, if used, would have yielded biased results, therefore, the Pearson product moment scores were calculated using n=30. The scores for the subscale test–retest reliability for the ALIP ranged from 0.34 to 0.92 (see Table 4), many of which Shoukri and Pause (1999) would consider to be good reliability values. The total question coefficient scores, ranging from 0.83 to 0.93, are all in the excellent range (>0.75) for test–retest reliability (Shoukri and Pause, 1999). Also, 11 out of 20 subscales for the first two questions scored within the excellent range (that is, >0.75) (Shoukri and Pause, 1999).

Concurrent validity between the LSS and the ALIP was calculated using Pearson product moment correlations. The question 'How often?' for each subscale of the ALIP (Henry, 1998) was correlated with the LSS (Beard and Ragheb, 1980) subscale and total scores. The 'How often?' question was used rather than the 'How interested?' question because it indicated only those activities in which the respondents actually participated, similar to the LSS. The 'How interested?' question might have included activities in which they had not actually participated. The scores for concurrent validity ranged from –0.43 to 0.68 (Table 5), indicating that most of the correlations between the two instruments were poor (Shoukri and Pause, 1999). Therefore, concurrent validity between the LSS (short form) and the 'How often?' question of the ALIP was not supported.

Discussion

The alpha coefficients resulting for both the LSS (Beard and Ragheb, 1980) and the ALIP (Henry, 1998) in this study provided evidence for internal consistency, much like the results published by the authors of the instruments themselves (Beard and Ragheb, 1980; Henry, 1998). Beard and Ragheb (1980) reported an alpha measure for the total score on the LSS of 0.93. This is comparable to the 0.87 resulting from this study. The author of the ALIP, Henry (1998), reported an alpha coefficient of 0.92 for the total score using the first question (that is, 'How interested?'), and the results of this study indicated a 0.93 for internal consistency using the first question. Again, this is consistent with the original author's findings.

The total score test–retest reliability scores for the ALIP in this current study ranged from 0.83 to 0.93, which is slightly higher than the range of 0.53–0.85 as determined by Henry (1998) in the original reliability study on a sample of persons without disabilities. These results confirm the ability of this tool to measure adolescent leisure interest consistently over time. The implication of this result is that therapists can use this instrument with increased confidence in the clinical setting with adolescent clients. Consistency of results over time indicates that adolescents' leisure interests can be examined

TABLE 5: Pearson product moment coefficients for the ALIP (How often?) and the LSS subscales and total score

Subscale/LSS ALIP	Psychological	Educational	Social	Relaxational	Physiological	Aesthetic	Total
Exercise activities	0.30	0.07	–0.25	0.08	0.05	0.05	0.06
Socializing activities	–0.004	0.02	–0.19	–0.13	–0.19	–0.09	–0.15
Creative activities	–0.01	0.16	–0.43*	–0.31	–0.14	0.17	–0.15
Sport activities	0.03	–0.18	–0.39*	–0.05	0.09	–0.19	–0.18
Family activities	0.17	0.18	–0.14	–0.16	–0.11	0.04	–0.01
Outdoor activities	0.42*	0.24	–0.04	–0.01	0.05	0.05	0.18
Relaxation activities	0.51**	0.29	0.23	0.19	–0.01	–0.08	0.29
Intellectual activities	0.49**	0.43*	0.29	0.32	0.15	0.30	0.49*
Clubs or organizations	0.57**	0.53**	0.23	0.04	0.29	0.09	0.45*
Other activities	0.68*	0.21	0.43)	0.60*	0.19	0.41	0.63*
	(11)	(11)	(11)	(11)	(11)	(11)	

Note: n = 30, unless otherwise stated in parentheses; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

with some assurance that they will remain constant and stable when using the ALIP. Without acceptable/good test–retest reliability, the tool may be less useful, as the responses can vary over a short period of time and do not give a true indication of interest and satisfaction with leisure pursuits. The LSS test–retest reliability coefficients also indicate a good level of reliability and also have clinical relevance. Therefore, both the LSS and the ALIP may be useful during initial assessment, intervention and outcome evaluation.

The concurrent validity scores, although they do not strongly suggest an association between the ALIP and the LSS in this study, do have some coefficients that indicate a possible relationship between the two instruments. The outdoor, relaxation, intellectual, clubs/organizations and other activities category of the ALIP had coefficients ranging from 0.42 to 0.68, which significantly correlated with the psychological subscale of the LSS. These scores may be a result of the fact that the psychological portion of the LSS examines interest in the activity. It may be that the activities in these ALIP subscales are performed more often and indicate a greater interest to the participant. Also, the high correlation coefficients for the 'other activities' with the psychological, social, relaxational, aesthetic and total scores on the LSS may be the result of the small number of items in the subscale (2) and the smaller sample size of individuals who indicated other activities (n=11).

The intellectual and clubs/organizations subscale of the ALIP correlated with the educational and total scores of the LSS. The questions on the educational subscale involve learning new things, learning about other people and learning about self. The activities included in the intellectual and clubs/organizations subscales were items such as reading, studying science, visiting art/science museums, volunteering and participating in student government. Therefore, the correlation between these items may be a result of the similarities inherent in the subscales. For instance, participating in clubs and intellectual activities may contribute to learning in many ways.

In the LSS social subscale, there are two fairly strong negative coefficients with the creative and sports activity subscales of the ALIP. The questions in the social domain include concepts such as social interaction with others, developing relationships with others, meeting friendly people and associating with others who enjoy leisure activities. It may be that creative and sports activities do not promote the development of these social relationships, as they are often solitary or competitive pursuits.

The range and magnitude of the concurrent validity coefficients overall suggest very little correlation between the LSS (Beard and Ragheb, 1980) and the 'How often?' subscale of the ALIP (Henry, 1998). This weak relationship may arise because the questions used in the LSS refer to leisure activities as a whole and do not ask the participants to specify those activities in which they actually engage. These general questions may not be comparable to the way the questions are asked within the ALIP, as it breaks leisure activities into separate and distinct activities. This difference in approach may contribute to the

lack of a high positive correlation between the LSS and the ALIP. It could also be argued that how often a person engages in a leisure activity may not be a true reflection of interest.

Several of the participants in this study indicated that the ALIP (Henry, 1998) was a long and laborious instrument to complete. Also, as shown by the need to omit seven participants from the final calculations for this instrument, the ALIP must be completed carefully in order to avoid skipping questions. Various activities had to be clarified throughout the administrations of the instruments, including sleeping late, martial arts, honour society, and what exactly was meant by sexual activity (for example, 'Does this include kissing?').

This research was intended to test the consistency of the ALIP and the LSS when given to the same group of adolescent subjects on two separate occasions. Therefore, the selected design allows for examination of test–retest reliability. Because a sample of convenience was used, there may be some confounding variable introduced, because the members of the group were similar in some way (that is, attended the same school, lived in the same neighbourhood). However, the scores were compared from one trial to another and not between subjects, so this potential variable should have had little effect on the results. The results of this study may have been influenced by various factors, including age, socioeconomic variables, time constraints, misunderstanding of instructions, cohort influence in the group sessions, grade level of participants and perceived expectations of subjects. Attempts were made throughout the administrations of the LSS and the ALIP to reduce the effects of some of the above-mentioned potential confounding variables, as discussed in the procedures for the administration of the instruments.

Demographic information could be derived from the ALIP which would contribute to a better appreciation for the leisure occupations in which particular adolescent groups participate. Research into questions like: 'Are some activities predominantly "male" or "female"?' or 'Are adolescents of a particular age or grade more likely to participate in certain leisure pursuits?' could lead to a greater understanding of adolescent abilities or disabilities in this area of function. As well, correlations could be examined between the questions asked in the ALIP. For instance, is how well individuals perform in an activity correlated to why they choose to participate?

Comparisons between this study and the original studies describing the original psychometrics for the assessments could also be examined. Henry (1998) listed the 10 most preferred activities of the adolescent participants of her study, and the same information could be generated from the information obtained during this study's administration or in other similar studies. By comparing the results of this study with the results found by the original authors of the ALIP (Henry, 1998) and the LSS (Beard and Ragheb, 1980), a stronger case could be made for the use of these instruments in a clinical setting. Some correlations may exist between these two instruments related to testing order,

age, school grade level or other factors. This could be further examined in the future. Further research with a larger sample size might clarify these relationships, if any.

Conclusion

This study evaluated the test–retest reliability and concurrent validity of the LSS and the ALIP using a group of 37 adolescent subjects. Both the LSS and the ALIP showed good levels of test–retest reliability. However, the correlations between the two assessments were not strong, indicating only a weak association between the two instruments. Therefore, concurrent validity between the LSS and the ALIP was not supported. This means that the LSS and the ALIP measure something different and that therapists cannot substitute one assessment for the other.

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Address correspondence to Angela N. Trottier, MClSc, OT, OT Reg (Ont), Occupational Therapist, Sudbury Regional Hospital's Children's Treatment Centre, 1204 St Jerome Street, Sudbury, Ontario, Canada P3A 2V9. Email: atrottier@hrsrh.on.ca