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Type of Outcome Measure: Multidimensional Pain Inventory – SCI (MPI-SCI)			Total articles: 4
Author ID Year	Study Design	Setting	Population (sample size, age) and Group
Cruz-Almeida et al. 2009	Face-to-face interview	VA Medical Center and Miami Project to Cure Paralysis, Miami, FL, USA	N = 180 with traumatic SCI and experiences chronic pain 155 men, 25 women mean age = 41.6 ± 13.4 Time since injury = 9.5 ± 8.9
Soler et al. 2013	Postal surveys; Validation of Spanish MPI-SCI (MPI-SCI-S)	Guttmann Institute, Barcelona, Spain	N=126, 78M 48F Mean age 49.0±13.8 Mean time since injury 11.8±10.8 yrs AIS-A/B/C = 78/20/28 43 traumatic, 83 nontraumatic Chronic pain (>1yr) & SCI (>2yr) & pain rating of ≥3 on Numerical Rating Scale
Widerstrom-Noga et al. 2002	Postal Survey	General Community	N = 120 with pain, 24 with no pain Mean age = 42.1 ± 12.1 with pain; 34.5 ± 7.6 with no pain Men: 94 with pain, 16 with no pain Time since injury = 9.8 ±5.2 with pain, 9.0 ±4.1 with no pain
Widerstrom-Noga et al. 2006	Interview	Veteran affairs medical centre & university-based institute	161 SCI participants (138 men, 23 women) mean age: 43.5±13.4 mean years post-injury: 10.9±7.8 Neurological level of injury: 76 cervical 84 below cervical 1 not determined Completeness of injury: 93 complete 50 incomplete 18 not determined
1. RELIABILITY			
Author ID	Internal Consistency	Test-retest, Inter-rater, Intra-rater	
Soler et al. 2013	Cronbach alpha of subscales: mean = 0.81; 0.66~0.94		
Widerstrom-Noga et al. 2006	Cronbach's alpha for MPI-SCI subscales: Pain severity: 0.76 Life interference: 0.90 Life control: 0.61	ICC's for MPI-SCI subscales: Pain severity: 0.69 Life interference: 0.81 Life control: 0.26 Affective distress: 0.71	

	Affective distress: 0.60 Support: 0.72 Negative responses: 0.87 Solicitous responses: 0.66 Distracting responses: 0.71 General activity: 0.83 Pain interference with activities: 0.94	Support: 0.59 Negative responses: 0.69 Solicitous responses: 0.86 Distracting responses: 0.85 General activity: 0.69 Pain interference with activities: 0.78
2. VALIDITY		
Author ID	Validity	
Cruz-Almeida et al. 2009	<p>Life Interference subscale appears to test limitations related to pain rather than other functional impairments related to SCI or average pain intensity as evidenced by the following findings:</p> <ul style="list-style-type: none"> • Excellent correlation with the Pain Disabilities Index ($r = 0.61$) • Adequate correlation with the Pain Interference with Daily Activities subscale ($r = 0.58$) and the Beck Depression Inventory ($r = 0.39$) • Poor correlation with the Functional Independence Measure ($r = -0.17$) and the General Activity subscale ($r = -0.13$) • Poor correlation with Average Pain Intensity on Numeric Rating Scale ($r = 0.29$) 	
Soler et al. 2013	<p>Pearson's r btwn:</p> <p>MPI-SCI life interference subscale and BPI: 0.75, $P < 0.000$</p> <p>MPI-SCI affective distress subscale and BDI: 0.48, $P < 0.000$</p> <p>MPI-SCI general activity subscale and FIM: 0.35, $P < 0.05$</p> <p>MPI-SCI pain interference with activities subscale and BPI: 0.50, $P < 0.000$</p>	
Widerstrom-Noga et al. 2002	<p>Content Validity:</p> <p>During development of the MPI-SCI, confirmatory and exploratory factor analyses were performed for each subscale of the Multidimensional Pain Inventory. As a result, six items were removed. An additional question per item of the General Activity subscale was added to determine whether in decrease in activity was due to pain.</p> <p>Face Validity:</p> <p>10 people with chronic pain and SCI reviewed the SCI-specific questions during development of the MPI-SCI. All 10 people reported a clear understanding of the questions with no modification to the wording required.</p>	
Widerstrom-Noga et al. 2006	<p>All MPI-SCI subscales were compared with an instrument evaluating the same constructs by using Pearson correlations.</p> <p>All subscales, except the perceived responses from significant other subscales, were significantly correlated with the related construct. For example, the pain severity subscale was highly ($r = .61$) and significantly ($P < .000$) correlated with the Numeric Rating Scale (NRS) for pain intensity. Similarly, life interference was strongly ($r = .61$) and significantly ($P < .000$) correlated with the Pain Disability Index (PDI). Although support was significantly ($r = .23$, $P < .05$) correlated with the appraisal subscale of Interpersonal Support Evaluation List (ISEL), the perceived responses by significant others subscales (negative, solicitous, and distracting responses) were not significantly correlated with the ISEL.</p> <p>MPI-SCI subscales were compared with instruments evaluating different constructs using Pearson correlations. All MPI-SCI subscales, except life control (compared with Chance Health Locus of Control subscale (CHLC)), were compared with the Internal Health Locus of Control (IHLC), a construct hypothesized to correlate only moderately or minimally with the MPI-SCI subscales. The correlation coefficients obtained suggest that the MPI-SCI subscales had minimal to no relation with the Multidimensional Health Locus of Control Scale (MHLC), confirming the discriminant validity of the subscales</p>	

	As expected, people with tetraplegia (n=76) and paraplegia (n=84) significantly ($t=3.714$, $P<.000$) differed with respect to level of general activity on the MPI- SCI.
3. RESPONSIVENESS	
Author ID	Responsiveness
Widerstrom-Noga et al. 2006	As expected, people with tetraplegia (n=76) and paraplegia (n=84) significantly ($t=3.714$, $P<.000$) differed with respect to level of general activity on the MPI-SCI. Persons with tetraplegia scored lower (34.3 ± 16.4) than those with paraplegia (45.0 ± 19.4). The magnitude of the effect (effect size) was moderate (0.6).
4. FLOOR/CEILING EFFECT – no data available	
5. INTERPRETABILITY – no data available	