

Reviewer ID: Emily Procter			
Type of Outcome Measure: Multidimensional Pain Readiness to Change Questionnaire (MPRCQ) & MPRCQ2			Total articles: 2
Author ID Year	Study Design	Setting	Population (sample size, age) and Group
Nielson et al. 2003	Development and validation of an assessment tool	Not specified	N=88, 43 of which were SCI patients (and 65% of these were male). Mean age 47.84±12.08yrs (range 22-79yrs) Must have had some chronic pain (≥1 on a 10-point scale). No details given for injury level or duration.
Nielson et al. 2008	Postal survey	Research program on pain in persons with disabilities in the Department of Rehabilitation Medicine, University of Washington (UW), Seattle	127 SCI participants (29.6% female) mean age: 44.82±14.48 88.8% Caucasian, 1.6% African-American, 4.0% Hispanic, 2.4% Asian, 4.0% Native American, 2.4% other
1. RELIABILITY			
Author ID	Internal Consistency	Test-retest, Inter-rater, Intra-rater	
Nielson, WR et al. 2003	Cronbach's alpha levels were sufficiently high on all scales (exercise, 0.84; task persistence, 0.82; cognitive control, 0.91; avoid asking for assistance, 0.73; assertive communication, 0.82); however, they were only marginal for pacing (0.64) and relaxation (0.68).	No data available	
Nielson et al. 2008	Cronbach's alpha for MPRCQ2 subscales Exercise: 0.83 Persist: 0.75 Relax: 0.81 Pacing: 0.88 Avoid rest: 0.77 Avoid assistance: 0.83 Assertive communication: 0.83 Body mechanics: 0.76 Cognitive control: 0.91 Divert attention: 0.77 Self-statement: 0.80 Reinterpret sensations: 0.84 Avoid catastrophizing: 0.83 Ignore pain: 0.91	No data available	
2. VALIDITY			
Author ID	Validity		

<p>Nielson, WR et al. 2003</p>	<p>Factor analysis with varimax rotation.</p> <p>Two factors were derived – active coping (relaxation, cognitive control, pacing and assertive communication), which accounted for 32.1% of the variance, and perseverance (task persistence, avoid asking for assistance and exercise), which accounted for 23.5% of the variance.</p> <p>MPRCQ responses were compared to those of the Pain Stages of Change Questionnaire (PSOCQ) and Survey of Pain Attitudes (SOPA).</p> <p>PSOCQ: MPRCQ total scores correlated significantly with the PSOCQ subscales of contemplation ($r=0.29$, $P<.006$), action ($r=0.60$, $P<.0001$), and maintenance ($r=0.66$, $P<.0001$).</p> <p>MPRCQ perseverance scores correlated significantly with the contemplation ($r=0.39$, $P<.0001$), action ($r=0.59$, $P<.0001$) and maintenance ($r=0.61$, $P<.0001$) scales.</p> <p>MPRCQ active coping scores correlated significantly with the precontemplation ($r=-0.28$, $P<.01$), action ($r=0.26$, $P<.02$) and maintenance ($r=0.33$, $P<.002$) scales.</p> <p>SOPA: MPRCQ total scores correlated significantly with the SOPA subscales of control ($r=0.51$, $P=.0001$) and harm ($r=-0.24$, $P=.03$).</p> <p>MPRCQ active coping scores correlated significantly with the control scale ($r=0.46$, $P<.0001$), and the perseverance scores correlated significantly with all subscales (control, $r=0.26$, $P<.02$; harm, $r=-0.42$, $P<.0001$; disability, $r=-0.43$, $P<.0001$).</p>																		
<p>Nielson et al. 2008</p>	<p>The validity of the MPRCQ2 was evaluated by correlating the MPRCQ2 scales with the questionnaires measuring the use of related coping behaviors (Chronic Pain Coping Inventory (CPCI), Catastrophizing and Ignoring Sensations scales of the Coping Strategies Questionnaire (CSQ) and Pain Stages of Change Questionnaire (PSOCQ))</p> <p>Moderate correlations were generally found between the MPRCQ2 scales and the corresponding CPCI scales. Readiness to Avoid Guarding was not significantly correlated with the CPCI Guarding scale.</p> <p>Significant correlations were obtained between 6 of the 9 MPRCQ2 scales and the same 3 PSOCQ scales. No significant correlations were found between MPRCQ2 scales and the PSOCQ Contemplation scale.</p>																		
<p>3. RESPONSIVENESS –no data available</p>																			
<p>4. FLOOR/CEILING EFFECT – no data available</p>																			
<p>5. INTERPRETABILITY</p>																			
<p>Author ID</p>	<p>Interpretability</p>																		
<p>Nielson et al. 2008</p>	<p>Mean (SD) scores for the MPRCQ2:</p> <table border="1" data-bbox="228 1535 841 1875"> <thead> <tr> <th>MPRCQ2 scale:</th> <th>Mean (SD) score:</th> </tr> </thead> <tbody> <tr> <td>Exercise</td> <td>4.53 (1.62)</td> </tr> <tr> <td>Task Persistence</td> <td>5.38 (1.59)</td> </tr> <tr> <td>Relaxation</td> <td>3.12 (1.58)</td> </tr> <tr> <td>Cognitive Control</td> <td>5.03 (1.41)</td> </tr> <tr> <td>- Divert Attention</td> <td>5.16 (1.86)</td> </tr> <tr> <td>- Self-statements</td> <td>5.01 (1.84)</td> </tr> <tr> <td>- Reinterpret sensations</td> <td>4.54 (2.06)</td> </tr> <tr> <td>- Avoid catastrophizing</td> <td>4.92 (1.76)</td> </tr> </tbody> </table>	MPRCQ2 scale:	Mean (SD) score:	Exercise	4.53 (1.62)	Task Persistence	5.38 (1.59)	Relaxation	3.12 (1.58)	Cognitive Control	5.03 (1.41)	- Divert Attention	5.16 (1.86)	- Self-statements	5.01 (1.84)	- Reinterpret sensations	4.54 (2.06)	- Avoid catastrophizing	4.92 (1.76)
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	- Ignore sensations	5.52 (1.82)	
	Pacing	5.10 (1.89)	
	Avoid Contingent Rest	3.23 (2.07)	
	Avoid Asking for Assistance	3.61 (2.20)	
	Assertive Communication	4.53 (2.10)	
	Proper Body Mechanics	4.49 (1.81)	
	MRPRCQ2 Total	38.82 (7.87)	