# Impact on Participation and Autonomy Questionnaire (IPAQ)

## **Assessment Overview**

#### Assessment Area

**ICF** Domain: Participation Subscales: **Participation Domain** Autonomy Outdoors Autonomy Indoors Family Role Social Relations Paid Work and Education **Problem Experience Domain** 

#### You Will Need

### Length:

20 minutes, 39 items Scoring: Items rated 0-4, subscale scores are means of respective items. Each domain can also be summed to create domain scores (Participation = 30-155, Problem Experience = 0-16). Higher scores indicate lower autonomy.

# Assessment Interpretability

#### Minimal Clinically Important Statistical Error **Typical Values** Difference Standard Error of Not established in SCI Measurement: Autonomy Indoors = 0.25 Family Role = 0.99 (0.97) Family Role = 0.30 Autonomy Outdoors = 0.42 Social Life & Relationships = 0.28 (0.70)Work & Education = 0.35 Work & Education = 0.99 (1.12) Minimal Detectable Change: Autonomy Indoors = 0.70 Family Role = 0.83 Autonomy Outdoors = 1.18 Social Life & Relationships = 0.76 Work & Education = 0.96 (Noonan et al. 2010a; n=545; 145 with SCI, 79 males; ASIA A-D; n=187 spinal column fracture; n=213 spinal degenerative disease)

## Summary

The IPAQ is a self-administered questionnaire developed using the ICF model of human functioning and disability.

It assesses autonomy and participation as perceived by the individual. It measures two different aspects of participation: perceived participation and the experience of problems of participation.

## Availability

Worksheet: Can be found here.

Languages: English and Thai.

Mean (SD) Subscale Scores: Autonomy Indoors = 0.55(0.77)Autonomy Outdoors = 1.14(1.14)Social Life & Relationships = 0.62

(Noonan et al. 2010a; n=545; 145 with SCI, 79 males; ASIA A-D; n=187 spinal column fracture; n=213 spinal degenerative disease)

# **Measurement Properties**

## Validity – Low to High

#### Moderate to High correlation between IPAQ **Autonomy Indoors and:**

London Handicap Scale: r = -0.31 to -0.68 Functional Limitations Profile: r = 0.43 to 0.63 SF-36: r= -0.43 to -0.57

## Moderate to High correlation between IPAQ Family Role and:

London Handicap Scale: r = -0.37 to -0.70 Functional Limitations Profile: r = 0.50 to 0.66 SF-36: r = -0.42 to -0.68

#### Moderate correlation between IPAQ Social Life and **Relationships and:**

London Handicap Scale: r = -0.32 to -0.58 Functional Limitations Profile: r = 0.45 to 0.53 SF-36: r = -0.43 to -0.46

#### Low to High correlation between IPAQ Autonomy **Outdoors and:**

London Handicap Scale: r = -0.29 to -0.74 Functional Limitations Profile: r = 0.45 to 0.66 SF-36: r = -0.45 to -0.65

# Low to Moderate correlation between IPAQ Work and Education and:

London Handicap Scale: r = -0.19 to -0.51 Functional Limitations Profile: r = 0.42 to 0.50 SF-36: r = -0.40 to -0.49

(Sibley et al. 2006; n=213 (42 SCI); 89 males, outpatient)

#### Number of studies reporting validity data: 7

#### Number of studies reporting reliability data: 5

#### Responsiveness

#### Floor/Ceiling Effect:

There are significant ceiling effects (>20% have best possible score) in all the IPAQ subscales.

(Lund et al. 2007; n=161, 101 males, 60 females; mean age: 52 years; 100 paraplegia, 61 tetraplegia)

**Effect Size:** Standardized Response Mean: Not established in SCI. For patients with various neurological diagnoses: Autonomy Indoors (0.4) Family Role (0.8) Autonomy Outdoors (1.2) Social Relations (0.1) Work and Education (1.3)

(Cardol et al. 2002; n=49; 13 males; mixed diagnoses; median duration of disease = 2 years)

# Number of studies reporting responsiveness data: 1

Reliability – High

## **High Test-retest Reliability:**

Autonomy Indoors: ICC = 0.84 Family Role: ICC = 0.88 Autonomy Outdoors: ICC = 0.85 Social life and relationships: ICC = 0.83 Work and Education: ICC = 0.86

#### **High Internal Consistency:**

Autonomy Indoors:  $\alpha = 0.94$ Family Role:  $\alpha = 0.95$ Autonomy Outdoors:  $\alpha = 0.95$ Social life and relationships:  $\alpha = 0.90$ Work and Education:  $\alpha = 0.96$ 

(Noonan et al. 2010a; n=545; 145 with SCI, 79 males; ASIA A-D; n=187 spinal column fracture; n=213 spinal degenerative disease)