

Multidimensional Pain Readiness to Change Questionnaire (MPRCQ & MPRCQ2)

Assessment Overview

Assessment Area

ICF Domain:

Body Function

Subcategory:

Sensory Functions

Subscales:

Exercise, Task Persistence,
Relaxation, Cognitive Control,
Pacing, Avoiding Pain Contingent
Rest, Avoiding Asking for
Assistance, Assertive
Communication, Use of Proper
Body Mechanics

You Will Need

Length:

69 items

Scoring:

Items rated 1-7, mean subscale
score calculated
Total score (9-63) as sum of 9
subscale scores

Summary

The MPRCQ2 is a measure of readiness to adopt various pain management and coping strategies. It is made up of two sections and nine subscales. The first section concerns the use of adaptive coping behaviours while the second addresses stopping maladaptive coping behaviours. Higher scores indicate a greater use of adaptive coping behaviours.

The MPRCQ2 is more practical to use than the original MPRCQ as the statements have been simplified and the number of response items expanded from 6 to 7 options, which provides a more accurate assessment. It is easily administered and easy to score, and answering the questions do not represent a significant burden to SCI patients. The multidimensional subscales allow specific aspects of readiness to change to be examined.

A self-administered format is recommended but an interviewer or proxy could be used in the case of severe physical disability

Availability

Not available

Languages: English

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Mean (SD) Total Score:
38.82 (7.87)

(MPRCQ2; Nielson et al. 2008; n=127 with SCI,
no information on injury type or chronicity)

Measurement Properties

Validity – **Low** to **High**

MPRCQ:

Low to **High** correlation with subscales of the Pain Stages of Chance Questionnaire:

Contemplation: $r = 0.29$ ($P < .006$)

Action: $r = 0.69$ ($P < .0001$)

Maintenance: $r = 0.66$ ($P < .0001$)

Low to **Moderate** correlation with subscales of the Survey of Pain Attitudes:

Control: $r = 0.51$ ($P < .0001$)

Harm: $r = 0.24$ ($P = .03$)

(MPRCQ; Nielson et al. 2003; $n = 88$, 43 with SCI, 28 males, no information on injury type or chronicity)

MPRCQ2:

Low correlation with Exercise and CPCI subscales:

CPCI Relaxation = 0.29

CPCI Pacing = 0.28

Low to **Moderate** correlation with Cognitive Control and CPCI subscales:

CPCI Self-Statements: $r = 0.31$

CPCI Pacing: $r = 0.36$

CSQ Catastrophizing: $r = -0.26$

CSQ Ignore Sensations: $r = 0.43$

Low correlation with Body Mechanics and CPCI

Pacing:

CPCI Pacing: $r = -0.26$

Moderate correlation with Pacing and CPCI Pacing:

CPCI Pacing: $r = 0.59$

(MPRCQ2; Nielson et al. 2008; $n = 127$ with SCI, no information on injury type or chronicity)

Number of studies reporting validity data: 2

Reliability – **Moderate** to **High**

MPRCQ:

Moderate to **High** Internal Consistency:

Exercise: $\alpha = 0.84$

Task persistence: $\alpha = 0.82$

Cognitive control: $\alpha = 0.91$

Avoid asking for assistance: $\alpha = 0.73$

Assertive communication: $\alpha = 0.82$

Pacing: $\alpha = 0.64$

Relaxation: $\alpha = 0.68$

(MPRCQ; Nielson et al. 2003; $n = 88$, 43 with SCI, 28 males, no information on injury type or chronicity)

MPRCQ2:

Moderate to **High** Internal Consistency:

Exercise: $\alpha = 0.83$

Task persistence: $\alpha = 0.75$

Cognitive control: $\alpha = 0.91$

Avoid pain contingent rest: $\alpha = 0.77$

Avoid asking for assistance: $\alpha = 0.83$

Assertive communication: $\alpha = 0.83$

Pacing: $\alpha = 0.88$

Relaxation: $\alpha = 0.81$

Use of proper body mechanics: $\alpha = 0.76$

(MPRCQ2; Nielson et al. 2008; $n = 127$ with SCI, no information on injury type or chronicity)

Number of studies reporting reliability data: 2

Responsiveness

Floor/Ceiling Effect:

Not established in SCI

Effect Size:

Not established in SCI

Number of studies reporting

responsiveness data: 0