Reviewer ID: Emily Procter, Matthew Querée, Risa Fox							
Type of O	utcome Measure: Multidimens & MPRCQ2	ional Pain Readiness	to Change Questionnaire	Total articles: 2			
Author ID Year	Study Design	Setting	Population (sample size, age) and	Group			
Nielson et 2003	al. Development and validation of an assessment tool (MPRCQ)	Not specified	N=88, 43 of which were SCI patients male). Mean age 47.84±12.08yrs (range 22 Must have had some chronic pain (≥ No details given for injury level or du	s (and 65% of these were 2-79yrs) 1 on a 10-point scale). iration.			
Nielson et 2008	al. Postal survey (MPRCQ2)	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-Am 2.4% Asian, 4.0% Native American,	erican, 4.0% Hispanic, 2.4% other			
1. RELIAB	ILITY						
Author ID	Internal Consistency		Test-retest, Inter-rater, Intra-rater				
Nielson et al. 2003	<ul> <li>Son Cronbach's alpha levels were sufficiently high on all scales (Exercise, 0.84; Task persistence, 0.82;</li> <li>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)</li> </ul>		No data available				
NielsonCronbach's alpha for MPRCQ2 subscaleset al.2008Exercise: 0.83Task persistence: 0.75Relaxation: 0.81Pacing: 0.88Avoid rest: 0.77Avoid asking for assistance: 0.83Assertive communication: 0.83Body mechanics: 0.76Cognitive control: 0.91Divert attention: 0.77Self-statement: 0.80Reinterpret sensations: 0.84Avoid catastrophizing: 0.83Ignore pain: 0.91		No data available					
Author ID							

Nielson et al	Factor analysis with varimax rotation.						
2003	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.						
	<ul> <li>MPRCQ responses were compared to those of the Pain Stages of Change Questionnaire (PSOCQ) and Survey of Pain Attitudes (SOPA).</li> <li><b>PSOCQ:</b> MPRCQ total scores correlated significantly with the PSOCQ subscales of contemplation (r=0.29, P&lt;.006), action (r=0.60, P&lt;.0001), and maintenance (r=0.66, P&lt;.0001).</li> <li>MPRCQ perseverance scores correlated significantly with the contemplation (r=0.39, P&lt;.0001), action (r=0.59, P&lt;.0001) and maintenance (r=0.61, P&lt;.0001) scales.</li> <li>MPRCQ active coping scores correlated significantly with the precontemplation (r=-0.28, P&lt;.01), action (r=0.26, P&lt;.02) and maintenance (r=0.33, P&lt;.002) scales.</li> <li><b>SOPA:</b> MPRCQ total scores correlated significantly with the SOPA subscales of control (r=0.51, P=.0001) and harm (r=-0.24, P=.03).</li> </ul>						
							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).
						Nielson et al. 2008	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))
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.							
Significant correlations (p<0.001): MPRCQ2 Exercise and: CPCI Relaxation = 0.29 CPCI Pacing = 0.28 MPRCQ2 Task Persistence and:							
	CPCI Persistence = 0.38 CPCI Ask Assistance = -0.35 CPCI Resting = -0.29 CPCI Support = -0.28 CSQ Catastrophizing = -0.34 CSQ Idnates Separations = 0.45						
	MPRCQ2 Relaxation and: CPCI Relaxation = 0.54 CPCI Self-Statements = 0.40 CPCI Pacing = 0.42 CPCI Resting = 0.28 CPCI Support = 0.28						
	MPRCQ2 Cognitive Control and: CPCI Self-Statements = 0.31						

<b>-</b>							
	CPCI Pacin CSQ Catas CSQ Ignore	ig = 0.36 trophizing = -0.26 e Sensations = 0.43					
	MPRCQ2 Avoid Ask Assistance and:						
	CPCI Persistence = 0.28 CPCI Ask Assistance = -0.41						
	MPRCQ2 Pacing & CPCI Pacing = 0.59						
	MPRCQ2 Avoid Rest & CPCI Rest = -0.40						
	MPRCQ2 Assertive and:						
	CPCI Ask Assistance = 0.23						
	CPCI Support = 0.28						
	INIPRUAZ BODY MECHANICS & UPUL PACING = -U.20						
	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.						
	Interscale variability significant correlations: SCI: $F(8,119) = 37.37$ , $P < .0001$						
	SCI maan (SD) for total MPPCO2 28.82 (7.87)						
	SCI mean (SD) for total MPRCQ2 – $38.82$ (7.87)						
3. RESPONSIVENESS – no data available							
4. FLOOR/	CEILING EFFECT - no data	a available					
5. INTERP	RETABILITY						
Author ID	Interpretability						
Nielson et	Mean (SD) scores for the I	MPRCQ2:					
al. 2008	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-statement	5.01 (1.84)					
	- Reinterpret sensations	4.54 (2.06)					
	- Avoid	4.92 (1.76)					
	catastrophizing	5 50 (1.00)					
	- Ignore sensations	5.52 (1.82)					
	Pacing	5.10 (1.89)					
	Avoid Contingent Rest	3.23 (2.07)					
	Avoid Asking for	3.61 (2.20)					
	Assortivo	1 53 (2 10)					
		4.00 (2.10)					
	Proper Body	<u>/</u> /0 /1 81)					
	Mechanics	T.T3 (1.01)					
	MPRCQ2 Total	38.82 (7.87)					