### Assessment Overview

#### 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

#### 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
- **Scoring sheet:** [http://www.scireproject.com/sites/default/files/worksheet_mprcq2.docx](http://www.scireproject.com/sites/default/files/worksheet_mprcq2.docx)
- **Score calculator:** [http://www.scireproject.com/sites/default/files/calculation_excel_mprcq2.xlsx](http://www.scireproject.com/sites/default/files/calculation_excel_mprcq2.xlsx)

#### Languages:
- English

### Assessment Interpretability

#### Minimal Clinically Important Difference
- Not established in SCI

#### Statistical Error
- Not established in SCI

#### Typical Values
- **Mean (SD) Total Score:** 38.83 (7.87)
  - (MPRCQ2; Nielson et al. 2008; n=127 with SCI, no information on injury type or chronicity)
### Measurement Properties

#### Validity – Low to High

- **Low** to **High** correlation with subscales of the Pain Stages of Chance Questionnaire:
  - Contemplation = 0.29
  - Action = 0.69
  - Maintenance = 0.66

- **Low** to **Moderate** correlation with subscales of the Survey of Pain Attitudes:
  - Control = 0.51
  - Harm = 0.24

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

**Number of studies reporting validity data:** 2

#### Reliability – Moderate to High

- **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