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**Literature search results**

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**Search details**

Questionnaires that are available to **assess motivation to change** (with regard to physical health ideally), **self-efficacy** and **perceptions of wellness** (ideally ones which have been assessed for reliability and validity). Physical health psychology, CFS and/or ME.

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; CINAHL; MEDLINE; PsychINFO; Google Scholar

**Database search terms:** ("motivation for change" OR "motivation to change" OR "readiness to change"), (self-efficacy OR "self efficacy"), wellness, (assessment* OR questionnaire* OR scale*), ("chronic fatigue syndrome" OR CFS), (ME OR "myalgic encephalopathy" OR "myalgic encephalomyelitis"), "chronic fatigue", "physical health", “health psychology”

**Evidence / Google Scholar search string(s):** questionnaire (self-efficacy OR wellness OR “motivation to change” OR “motivation for change” OR “readiness to change”)

**Guidelines and Policy**

**Kings Fund**
Motivation and Confidence: What does it take to change behaviour, 2008

**Schwarzer and Jerusalem**
General self-efficacy scale
Evidence Reviews

Nothing found

Published Research – Databases

General self-efficacy/wellness/motivation to change questionnaires

**Title:** The adaptation of a Danish version of the pain self-efficacy questionnaire: Reliability and construct validity in a population of patients with fibromyalgia in Denmark.

**Citation:** Scandinavian Journal of Caring Sciences, Apr 2015, (Apr 29, 2015), 0283-9318 (Apr 29, 2015)

**Author(s):** Rasmussen, Marianne U., Rydahl-Hansen, Susan, Amris, Kirstine, Danneskiold Samsoe, Bente, Mortensen, Erik L.

**Abstract:** The aim of this study was to translate, culturally adapt and evaluate the psychometric properties of the Pain Self-Efficacy Questionnaire (PSEQ) in a population of patients with fibromyalgia in Denmark. The study sample included 102 patients diagnosed with fibromyalgia referred to a specialist clinic. The PSEQ was translated and adapted to a Danish setting using a standard stepwise forward–backward translation procedure, followed by initial testing and focus group interview. Reliability was examined by analysing internal consistency and test–retest agreement. Construct validity was examined by investigating dimensionality, targeting, local independence, category functioning and differential item functioning (DIF). Reliability was high: Cronbach’s alpha 0.88, test–retest correlation 0.93, intraclass correlation coefficient (ICC) 0.89 and item–total correlations 0.44–0.70. Factor analyses and item response (IRT) models indicated unidimensionality, and the PSEQ-DK was well targeted to the sample. High interitem correlation was observed between two items, indicating local dependence, and item misfit and DIF were observed for a few items. However, the overall fit of the scale to a single-factor model and IRT models supported acceptable construct validity. The PSEQ-DK showed acceptable psychometric properties and can therefore represent a reliable and valid measure for evaluating self-efficacy in patients with fibromyalgia in Denmark.

**Source:** PsycInfo

**Title:** A 2-item short form of the Pain Self-Efficacy Questionnaire: Development and psychometric evaluation of PSEQ-2.

**Citation:** The Journal of Pain, Feb 2015, vol. 16, no. 2, p. 153-163, 1526-5900 (Feb 2015)

**Author(s):** Nicholas, Michael K., McGuire, Brian E., Asghari, Ali

**Abstract:** The Pain Self-Efficacy Questionnaire (PSEQ) is an established 10-item measure of pain self-efficacy that is widely used in clinical and research settings. However, a shorter measure would reduce patient and researcher burden and save valuable time in busy clinical settings. The aim of this study was to develop and confirm the psychometric properties of a valid and reliable 2-item short form of the PSEQ (PSEQ-2). We used a large sample of 1,418 chronic pain patients, which we randomly split into 2 smaller groups. We identified the 2 short-form items in Sample 1 and confirmed their properties in Sample 2. In order to identify the 2 items for the short-form measure, we selected the first item based on the highest item-total correlation. The second item was identified after a series of additional analyses. The 2 items identified from the PSEQ reflected confidence in one's ability to work and lead a normal life despite pain. The PSEQ-2's validity and internal consistency were found to be sound. Test-retest reliability, sensitivity to change,
and convergent validity were confirmed in a separate patient sample (n = 140) that had recently completed an intervention designed, in part, to modify self-efficacy beliefs. The PSEQ-2 appears to be a robust measure of pain self-efficacy.

Perspective: Pain self-efficacy is a belief in one's ability to carry out activities even when in pain and is important in coping effectively with pain. A short measure of pain self-efficacy was developed and evaluated. It appears to be suitable for use in clinical and research settings.

Source: PsycInfo

Title: Test–retest reliability of the Salutogenic Wellness Promotion Scale (SWPS).

Citation: Health Education Journal, 01 January 2014, vol./is. 73/1(101-108), 00178969

Author(s): Anderson, Lm, Moore, Jb, Hayden, Bm, Becker, Cm

Language: English

Abstract: Objective: This study examined the temporal stability (i.e. test–retest reliability) of the Salutogenic Wellness Promotion Scale (SWPS) using intraclass correlation coefficients (ICC). Current intraclass results were also compared to previously published interclass correlations to support the use of the intraclass method for test–retest analyses. Method: One thousand, one hundred and thirty-one participants completed the SWPS twice, two weeks apart. ICC and descriptive statistics were calculated. Results: Test–retest reliability was moderate to high for 23 of 25 SWPS items in males and 25 of 25 SWPS items in females. Differences in reliability across the seven SWPS dimensions were observed. Conclusions: The reliability of the SWPS suits it well for further refinement. Intraclass correlation procedures likely detect more error, when compared to interclass correlation analyses, in the examination of temporal stability of measures.

Source: CINAHL

Title: Evaluating self-efficacy for managing chronic disease: psychometric properties of the six-item Self-Efficacy Scale in Germany.

Citation: Journal of evaluation in clinical practice, Feb 2013, vol. 19, no. 1, p. 39-43 (February 2013)

Author(s): Freund, Tobias, Gensichen, Jochen, Goetz, Katja, Szecsenyi, Joachim, Mahler, Cornelia

Abstract: Self-efficacy - the confidence to carry out certain behaviour in order to achieve a specific goal - has increasingly been recognized as an essential prerequisite of effective self-management of chronic diseases. Therefore, valid and reliable measures are needed to evaluate self-efficacy in both research and clinical practice. This study explored the psychometric properties of the German version of the Self-Efficacy for Managing Chronic Disease 6-Item Scale (SES6G). We performed standardized translation and cultural adaptation of the SES6G into German. The SES6G was externally validated with the German General Self-Efficacy Scale (SWE). Cronbach’s alpha, descriptive statistics and principal component analysis were used to assess psychometric properties of the SES6G. We assessed the effect of the number of co-occurring chronic diseases on SES6G scores using linear regression modelling by controlling for age, gender and education level. We analysed data of 244 primary care patients in Germany. The SES6G showed good convergent construct validity to the SWE (spearman rank correlation 0.578, P < 0.001) and high internal consistency (Cronbach’s alpha 0.930). Principal component analysis underlined the one-dimensional structure of the instrument. Adjusted for age and gender, increasing numbers of co-occurring chronic diseases were associated with lower SES6G scores (standardized β-value -0.27, P < 0.001). Education level showed no significant effect. The SES6G is a reliable and valid instrument to assess patients’ self-efficacy for managing chronic diseases. It may enhance further research in German-speaking countries and appears to be a valuable measure for clinical practice. © 2011 Blackwell Publishing Ltd.

Citation: GMS Psycho-Social-Medicine, Feb 2013, vol. 10 (Feb 20, 2013)

Author(s): Romppel, Matthias, Herrmann-Lingen, Christoph, Wachter, Rolf, Edelmann, Frank, Düngen, Hans-Dirk, Pieske, Burkert, Grande, Gesine

Abstract: Objective: General self-efficacy has been found to be an influential variable related to the adaptation to stress and chronic illness, with the General Self-Efficacy (GSE) Scale by Jerusalem and Schwarzer being a reliable and valid instrument to assess this disposition. The aim of this study was to construct and test a short form of this scale to allow for a more economical assessment of the construct. Methods: The item characteristics of the original scale were assessed using an intercultural non-clinical sample (n = 19,719). Six items with the highest coefficient of variation and good discrimination along the range of the trait were selected to build a short form of the instrument (GSE-6). Subsequently, the psychometric properties and the concurrent and predictive validity of the GSE-6 were tested in a longitudinal design with three measurements using a sample of patients with risk factors for heart failure (n = 1,460). Results: Cronbach's alpha for the GSE-6 was between .79 and .88. We found negative associations with symptoms of depression (−.35 and −.45), anxiety (−.35), and vital exhaustion (−.38) and positive associations with social support (.30), and mental health (.36). In addition, the GSE-6 score was positively associated with active problem-focused coping (.26) and distraction/self-encouragement (.25) and negatively associated with depressive coping (−.34). The baseline GSE-6 score predicted mental health and physical health after 28 months, even after controlling for the respective baseline score. The relative stability over twelve and 28 months was r = .50 and r = .60, respectively, while the mean self-efficacy score did not change over time. Conclusions: The six item short form of the GSE scale is a reliable and valid instrument that is useful for the economical assessment of general self-efficacy in large multivariate studies and for screening purposes. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)

Title: Evaluation of a modified arthritis self-efficacy scale for an ankylosing spondylitis UK population.

Citation: Clinical and experimental rheumatology, Mar 2011, vol. 29, no. 2, p. 223-230, 0392-856X (2011 Mar-Apr)


Abstract: To evaluate an Ankylosing Spondylitis-specific Arthritis Self-Efficacy Scale (ASES-AS) United Kingdom (UK) secondary care population. The ASES-AS is based on the 8-item ASES with minor alterations in phraseology. Patients from ten secondary care rheumatology centres across England were asked to complete a postal questionnaire concerning sociodemographic and clinical characteristics: Bath AS Functional Index (BASFI), Bath AS Disease Activity Index (BASDAI), numerical pain rating scale (NRS), Hospital Anxiety and Depression Scale (HADS), Short Form 36 (SF-36), Evaluation of AS Quality of Life questionnaire (EASi-QoL) and ASES-AS. Respondents received repeat questionnaires at 2 weeks and 6 months including health transition questions assessing change in AS-specific and general health. The ASES-AS was assessed for data quality, reliability, validity, and responsiveness. Response rate was 64% (n=612), 72% (n=438) were male, mean age 50.8yrs (SD 12.2 yrs), mean disease duration 17.3 yrs (SD 11.7 yrs) and mean symptom duration 22.4 yrs (SD 12.4 yrs). Missing data for each item/total
score range was 0.7%-3.1%. Item-total correlations range was 0.66 to 0.83. Cronbach's alpha was 0.93 and test-retest reliability (intraclass correlation coefficient) 0.77. A priori hypothesised associations between ASAS-AS and disease status measures were supported. Social variables potentially related to self-efficacy demonstrated evidence of convergent validity (employment p<0.001, educational level p<0.005). A Modified Standard Response Mean (MSRM) of 0.44 and 0.26 in AS-specific and general health respectively at 6 months indicates moderate responsiveness. ASES-AS has good evidence supporting its application as an AS-specific self-efficacy measure in research including clinical trials at a group level. 

**Source:** Medline

**Title:** Evaluation of the reliability and validity of an adult version of the Salutogenic Wellness Promotion Scale (SWPS).

**Citation:** American Journal of Health Education, 01 November 2008, vol./is. 39/6(322-328), 19325037

**Author(s):** Becker C, Whetstone L, Glascoff M, Moore JB

**Language:** English

**Abstract:** Background: Traditional health measurement tools use a pathogenic, or disease origins framework, to assess for the absence of disease or risk factors. Good or positive health, however, is more than the absence of disease and current tools do not reflect this. Purpose: The purpose of this study was to test the psychometric properties of the adult version of the multidimensional Salutogenic Wellness Promotion Scale (SWPS), a tool designed to measure positive health. Methods: Building on the previously validated young adult version of the SWPS, new scale items were developed for working adults. A sample of 304 administrative, academics, and staff personnel tested the psychometric properties of the adult version of the SWPS. Results: The SWPS demonstrated it had a seven factor multidimensional structure, had good internal consistency, and was positively correlated with perceived health (p<.0001) and life satisfaction (p<.001). Validity was also supported by negative correlations between the SWPS and both a depression and symptom measure. Discussion: The SWPS demonstrated good evidence of reliability and validity and fills a positive health status assessment need. Translation to Health Education Practice: Using the SWPS with adult populations could assist health educators in their development of effective health promotion practices.

**Source:** CINAHL

**Title:** Content and concurrent validity of the Motivation for Change Questionnaire.

**Citation:** Journal of Occupational Rehabilitation, 01 March 2008, vol./is. 18/1(68-78), 10530487

**Author(s):** Grahn B, Gard G

**Language:** English

**Abstract:** Introduction Musculoskeletal disorders (MSD) are nowadays seen within a biopsychosocial framework, including salutogenic factors, motivation factors, and coping ability. Such a framework recognizes the importance of motivational factors in health promotion and in rehabilitation. The Motivation for Change Questionnaire (MCQ) has been developed to measure the strength of individuals' motivation for change in life, MCQ part 1, and work situation, MCQ part 2. The purpose of the study was to test the content and concurrent validity of the MCQ on patients with prolonged musculoskeletal disorders referred to interdisciplinary rehabilitation as a basis for use in medical and occupational rehabilitation. Methods Content validity was studied among an expert group of 20 rehabilitation professionals at a rehabilitation centre, and with 10 individuals suffering from prolonged MSD in the south of Sweden. The experts evaluated the clinical relevance of each question in MCQ. Concurrent validity was studied on 58 patients with prolonged MSD at an interdisciplinary rehabilitation centre in the south of Sweden. They answered MCQ,
QPS Nordic questionnaire, KASAM and the Action theory questionnaire. Spearman's rank correlation coefficient was used in the analyses. Results The MCQ covered and measured areas of relevance according to content validity. No floor effects in any of the subscales of MCQ part 1 were seen. In MCQ part 2, floor effects were seen in two sub indexes. As for concurrent validity subscales of MCQ correlated significantly with QPS Nordic questionnaire and KASAM. Conclusions Findings so far indicate the instrument to be valid for use within the present patient group. The questionnaire can be used to identify patient's motivating factors for change in life and work, as a basis for motivational work within rehabilitation.

Source: CINAHL
Full text: Available EBSCOhost at Journal of Occupational Rehabilitation

Title: Reliability and validity of the self-efficacy for performing energy conservation strategies assessment for persons with multiple sclerosis.
Citation: Occupational Therapy International, 01 December 2005, vol./is. 12/4(234-249), 09667903
Author(s): Liepold A, Mathiowetz V
Language: English
Abstract: The purpose of the study was to determine the test--retest reliability, internal consistency, and construct validity of the Self-Efficacy for Performing Energy Conservation Strategies Assessment (SEPECSA) for persons with multiple sclerosis (MS). The current study was part of a larger study (Mathiowetz et al., in review) to determine the effects of the Packer et al. (1995) energy conservation course. Thirty-six individuals were recruited from the local MS society. Participants completed the SEPECSA three times with a six-week control period between the first two assessments and the six-week Packer course between the second and third assessments. The test and retest correlation was high (r = .776, ICC = .771) indicating good reliability of the SEPECSA. Construct validity was supported by the significant increase in SEPECSA score after the Packer et al. course. The results of the study demonstrated that the SEPECSA is a reliable and valid assessment for individuals diagnosed with MS. Limitations of this study included its confinement within a larger study and the eight individuals who did not complete this study in its entirety. Future research will include a follow-up study of individuals who completed the course to determine the use and effectiveness of the energy conservation strategies.
Source: CINAHL
Full text: Available EBSCOhost at Occupational Therapy International

Title: Development and reliability of the Motivation for Change Questionnaire.
Citation: Disability & Rehabilitation, 02 September 2005, vol./is. 27/17(967-976), 09638288
Author(s): Gard G, Rivano M, Grahn B
Language: English
Abstract: PURPOSE: The purpose of this study was to describe the development of the Motivation for Change Questionnaire (MCQ) and to test its intra-patient reliability on musculoskeletal pain patients in interdisciplinary rehabilitation as a basis for use in rehabilitation planning. METHOD: The MCQ questionnaire was developed from a literature search in the Medline, Cinahl and Psychlit databases concerning motivating factors for change in the life and work situation. Questions covering these factors were developed (item generation). Factor analysis of the questions implied a reduction of the number of questions (item reduction). Inter-item correlation was assessed on the baseline administration of the questionnaire by calculating Cronbach's alpha. When testing the structure of the scales, it was shown that the MCQ questionnaire could be described in two scales, one scale relating to motivation for change in the life situation and the other focusing on motivation for change in the work situation and in total 49 questions. RESULTS: The test -- retest reliability was calculated using the intra-class correlation
coefficient (ICC) and 95% confidence intervals were calculated. One question was excluded due to the threshold limit of > 0.5. Seven scales relating to the life situation were accepted by the analysis: social support, mastery in life, challenges in life, values, self-efficacy and self-confidence. Six scales relating to the work situation were also accepted: co-worker support, supervisory support, challenges in work, job control, interaction and job-satisfaction. CONCLUSIONS: The MCQ questionnaire with 48 questions is reliable for use on musculoskeletal pain patients in interdisciplinary rehabilitation. It can be used to identify each individual's motivating factors for change in life and work situation as a basis for motivational work within rehabilitation and/or to measure within-subject changes in motivation over time. The validity and the responsiveness of the MCQ, need to be studied.

Source: CINAHL

Title: Reliability and validity testing of the Short Self-Efficacy and Outcome Expectation for Exercise scales in stroke survivors.
Citation: Journal of Stroke & Cerebrovascular Diseases, 01 September 2004, vol./is. 13/5(214-219), 10523057
Author(s): Shaughnessy M, Resnick BM, Macko RF
Language: English
Abstract: Self-efficacy has been noted to have a significant impact on exercise behaviors across several clinical conditions, but the influence of self-efficacy and outcome expectations on exercise behaviors in stroke survivors is unknown. This study investigates the reliability and validity of the Short Self-Efficacy for Exercise (SSEE) and Short Outcome Expectations for Exercise (SOEE) scales in stroke survivors and their relationship to regular exercise. A total of 1200 surveys were mailed to stroke support groups throughout North America, with 211 respondents reporting an average age of 66 years and a mean time from stroke of 5.8 years. There was evidence for internal consistency with alpha coefficients of .86 for the SSEE and .90 for the SOEE. Reliability was also estimated using structural equation modeling, and a squared multiple correlation coefficient (R[2]) was used as the estimate of reliability. R[2] values ranged from .38 to .70 in the SSEE and from .47 to .78 in the SOEE. There was evidence of construct validity based on significant lambda values for all items onto their respective constructs. Likewise, there was evidence of construct validity of the SSEE and the SOEE; self-efficacy expectations significantly influenced exercise and accounted for 13% of the variance in exercise, and outcome expectations explained an additional 2% of the variance in exercise, supporting that the SOEE and the SSEE are reliable and valid scales. Measuring these expectations related to exercise post-stroke can establish their influence on exercise behavior and lead to interventions to strengthen these beliefs and improve exercise behavior. Copyright © 2004 by the National Stroke Association.

Source: CINAHL

Title: The Readiness to Change Questionnaire: Reliability and validity of a Swedish version and a comparison of scoring methods.
Citation: British Journal of Health Psychology, Sep 2004, vol. 9, no. 3, p. 335-346, 1359-107X (Sep 2004)
Author(s): Forsberg, Lars, Ekman, Sören, Halldin, Jan, Rönnberg, Sten
Abstract: Objectives: The aim of this study was to investigate the relative merits of three methods of scoring the Swedish version of the Readiness to Change Questionnaire (RTCQ), either by assigning a stage in the Prochaska and DiClemente (1986) Stages of Change Model or by treating the scores as a continuous readiness to change variable. Assigning a stage of change was achieved with both the quick method and the refined method. Design and methods: Out of 563 patients screened at an emergency surgical ward for risky alcohol consumption, 165 met risk criteria and responded to the RTCQ. The three scoring
methods were examined with regard to internal consistency, test-retest reliability, construct and predictive validity. Results: All three methods of treating the RTCQ scores had satisfactory reliability. Since stages of change (quick method) were significantly but modestly correlated to alcohol consumption and to change-related behaviours at intervention, and moderately correlated to alcohol problems, the quick method had reasonable construct validity. The refined method had higher construct validity; however, this method left 32% of the patients without a stage assignment. The continuous readiness scale had higher construct validity than the quick method, but was not in par with the refined method. No scoring method was found to have predictive validity. Conclusions: The RTC scores treated as a continuous readiness scale were a viable alternative to the original ways of assigning a stage of change to a patient. The Swedish RTCQ is reliable and has reasonable construct validity, but its predictive validity needs further investigation.

Source: PsycInfo
Full text: Available EBSCOhost at British Journal of Health Psychology

Title: The construct validity of the Readiness to Change Questionnaire for Persons with TBI.
Citation: The Journal of Head Trauma Rehabilitation, Feb 2000, vol. 15, no. 1, p. 696-709, 0885-9701 (Feb 2000)
Author(s): Bombardier, Charles H., Heinemann, Allen W.
Abstract: Examined the reliability and construct validity of the Readiness to Change Questionnaire (S. Rollnick et al, 1982, RTC) in measuring RTC alcohol consumption among persons with recent traumatic brain injury (TBI). 126 individuals (aged 18+ yrs) undergoing inpatient rehabilitation from recent TBI were administered the 12-item RTC questionnaire and the Short Michigan Alcoholism Screening Test (M. Selzer et al, 1975, SMAST). The RTC was rescaled and shortened to produce a 10-item coherent linear measure of RTC. Results show that the linear measure fit a 3-stage model of change and correlated with measures of alcohol problem severity, which was independently measured by SMAST. It is concluded that the resulting 10-item linear RTC scale has good internal consistency, a theoretically sound factor structure, and meaningful correlations with external variables. Measuring RTC may be useful for tailoring alcohol treatment and predicting outcomes. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Source: PsycInfo

Title: Reliability and validity testing of the self-efficacy for functional activities scale.
Citation: Journal of Nursing Measurement, Mar 1999, vol. 7, no. 1, p. 5-20, 1061-3749 (Spr 1999)
Author(s): Resnick, Barbara
Abstract: Self-efficacy expectations for functional activities were defined operationally by having individuals rate their perceived judgment or confidence in their ability to perform each specific activity of daily living (ADL; bathing, dressing, transferring, ambulating, and stair climbing) at a given point in time. The Self-Efficacy for Functional Activities (SEFA) scale initially included 27 items focusing on efficacy expectations related to performance of each ADL independently, with adaptive equipment, and with the help of another person. After initial pilot testing, the scale was revised to include 9 items that focused on efficacy expectations related to performance of each ADL independently, or with the help of another person. Two additional studies were conducted and provided some evidence for the reliability and validity of the SEFA when used with institutionalized adults (aged 65 yrs old & older). (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Source: PsycInfo

Title: The reliability and validity of the Arthritis Self-Efficacy Scale in a UK context.
Citation: Psychology, Health & Medicine, Feb 1997, vol. 2, no. 1, p. 3-17, 1354-8506 (Feb 1997)

Author(s): Barlow, Julie H., Williams, B., Wright, C. C.

Abstract: Examined the comprehensibility, reliability and validity of the Arthritis Self-Efficacy Scale (ASE) in 4 studies among British people with arthritis in the context of community-based Arthritis Self-Management Programmes (ASMP). The ASE scale was designed to measure perceived ability to control various aspects of arthritis. Data were collected through self-administered questionnaires mailed to Ss. Reliability and structure of the ASE were examined using standard item analysis, internal consistency, and factor analyses. Construct, concurrent and predictive validity were examined in relation to demographic variables, physical health status, psychosocial well-being and generalized self-efficacy beliefs. The ASE had a 2-dimensional structure: ASE: Pain and ASE: Other symptoms. As expected, higher self-efficacy on both dimensions was associated with greater psychological well-being, both cross-sectionally and longitudinally. The ASE appears to be a reliable and valid measure for use among community-based samples of people with arthritis in the UK and may be a useful indicator of change in evaluations of arthritis self-management courses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycInfo

CFS/ME specific questionnaires

Title: The Chronic Fatigue Syndrome Activities and Participation Questionnaire (CFS-APQ): An overview.

Citation: Occupational Therapy International, Jan 2005, vol. 12, no. 2, p. 107-121, 0966-7903 (2005)

Author(s): Nijs, Jo, Vaes, Peter, de Meirleir, Kenny

Abstract: Chronic fatigue syndrome (CFS) is characterized by severe fatigue and a reduction in activity levels. The purpose of this study was to provide an overview of design, reliability, and validity of the CFS Activities and Participation Questionnaire (CFS-APQ). The CFS-APQ was constructed based on a retrospective analysis of the Karnofsky Performance Status Questionnaire and the Activities of Daily Living Questionnaire (n= 141). In a reliability study of 34 participants the test-retest reliability coefficient of the CFS-APQ was 0.95. In two different studies, the Cronbach alpha coefficient for internal consistency varied between 0.87 (n = 88) and 0.94 (n = 47). The CFS-APQ was administered to 47 patients who listed 183 activities that had become difficult due to their chronic symptoms, and 157 (85.8%) answers matched the content of the CFS-APQ. The outcome of a cross-sectional study (n = 88) studying the correlations between the Medical Outcomes Short Form 36 Health Status Survey subscale scores and the CFS-APQ supported the validity of the CFS-APQ. The CFS-APQ scores correlated with a behavioural assessment of the patients’ performance of activities encompassed by the questionnaire (r = 0.29-0.55; n = 63), and correlated with exercise capacity parameters (r = 0.26-0.39; n = 77) obtained during a maximal exercise capacity stress test. Finally, the CFS-APQ correlated with visual analogue scales for pain (r = 0.51) and fatigue (r = 0.50; n = 47). It is concluded that the CFS-APQ generates reliable and valid data, and can be used as a clinical measure of disease severity in patients with CFS. Future studies should aim at examining the sensitivity of the CFS-APQ. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)

Source: PsycInfo

Full text: Available EBSCOhost at Occupational Therapy International

Title: Kinesiophobia and symptomatology in chronic fatigue syndrome: A psychometric study of two questionnaires.

Citation: Psychology and Psychotherapy: Theory, Research and Practice, Sep
Objectives: The aims of the study were to examine the reliability of the Dutch and French versions of the Tampa scale kinesiophobia (TSK) version chronic fatigue syndrome (CFS), and to examine the reliability and validity of the Dutch and French versions of the CFS symptom list. Design: Repeated-measures design. Methods: Native Dutch speakers (N = 100) and native French (N = 48) speakers fulfilling the diagnostic criteria for CFS were asked to list the five most important symptoms and to complete the TSK–CFS, the CFS symptom list, and the Short Form 36 Health Status Survey or SF-36. A modified version of the TSK–CFS and the CFS symptom list was filled in within 24 hours of the first assessment. Results: The French and Dutch version of the TSK–CFS and CFS symptom lists displayed good reliability (ICC ≥ .83). The CFS symptom list was internally consistent (Cronbach’s α ≥ .93) and concurrently valid with the SF-36. For the native Dutch and French speakers, respectively, 82 and 78% of the self-reported symptoms matched the content of CFS symptom list. Conclusions: The results are in support of the psychometric properties of the French and Dutch versions of both the TSK–CFS and the CFS symptom list for assessing kinesiophobia and symptom severity, respectively.

Title: Activity limitations and participation restrictions in patients with Chronic Fatigue Syndrome: Construction of a disease specific questionnaire.

Citation: Journal of Chronic Fatigue Syndrome, Jan 2002, vol. 10, no. 3-4, p. 3-23, 1057-3321 (2002)

Author(s): Nijs, Jo, Vaes, Peter, Van Hoof, Elke, De Becker, Pascale, McGregor, Neil, De Meirleir, Kenny

Abstract: Constructed a questionnaire of disease specific measures for assessing activity limitations and participation restriction in patients with Chronic Fatigue Syndrome (CFS). Subjects were 141 clinic outpatients (mean age 32.3 yrs) in Brussels. To create the CFS-Activities and Participation Questionnaire, the authors performed retrospective analysis of Karnofsky Performance Status questionnaires and Activities of Daily Living questionnaires (a Dutch version of the Barthel index, modified for CFS). The 25 items selected include cleaning, washing dishes and returning them to cupboard, climbing 1 flight of stairs, standing 1 hr, and driving a car. The study, which tested the reliability and validity of the questionnaire, also selected such items as stand 1 hr, doing groceries, 30 min of computer work, social activities, and doing sports. The reliability and different aspects of validity of this new measure still need to be established. Appendices present the content of the questionnaire in Dutch and in English, and a list of the different measures for assessing functional disability in CFS.

Source: PsycInfo

Title: Is the International Physical Activity Questionnaire-Short Form (IPAQ-SF) valid for assessing physical activity in Chronic Fatigue Syndrome?

Citation: Disability and Rehabilitation: An International, Multidisciplinary Journal, Jan 2011, vol. 33, no. 1, p. 9-16, 0963-8288 (2011)

Author(s): Meeus, Mira, van Eupen, Inge, Willems, Joke, Kos, Daphne, Nijs, Jo

Abstract: Purpose: To evaluate the criterion validity and internal consistency of the International Physical Activity Questionnaire-short form (IPAQ-sf) in Chronic Fatigue Syndrome (CFS) patients. Method: Fifty-six CFS patients completed the IPAQ-sf after they wore a tri-axial accelerometer and filled out activity diaries during 1 week. Spearman rank correlation coefficients and Cronbach's Alpha were calculated. Results: The IPAQ-sf correlated significantly with the energy expenditure and Metabolic Equivalents (METS) minutes spent moderately to
vigorously active following the activity diary and accelerometer. These correlation coefficients were however low (r varying between 0.282 and 0.426) and rather irrelevant, since CFS patients hardly reach moderate or vigorous activity levels. Internal consistency between the three subitems used for the total score of the IPAQ-sf was 0.337. Conclusion: The observed associations between the IPAQ-sf data and the data obtained from the accelerometer (gold standard) and the diaries were too low to be in support of the use of the IPAQ-sf in patients with CFS. The IPAQ-sf does not seem an appropriate tool to assess physical activity in CFS patients. Further study is required to seek for a valid, practical and affordable tool.

*(PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)*

**Source:** PsycInfo

**Title:** Ways of coping with chronic fatigue syndrome: Development of an illness management questionnaire.

**Citation:** Social Science & Medicine, Aug 1993, vol. 37, no. 3, p. 385-391, 0277-9536 (Aug 1993)

**Author(s):** Ray, Colette, Weir, William R., Stewart, David, Miller, Patricia, Hyde, Geoffrey

**Abstract:** Administered an illness management questionnaire (IMQ) to assess coping in chronic fatigue syndrome (CFS) to 207 outpatients, along with the Coping Operations Preference Enquiry (COPE) scales and measures of functional impairment, anxiety, and depression. The IMQ yielded 4 factors: Maintaining Activity, Accommodating to the Illness, Focusing on Symptoms, and Information-Seeking. Scales based on these factors together predicted 26, 27, and 22% of the variance in functional impairment, anxiety, and depression, respectively, and each scale had significant relationships with relevant scales of the COPE, supporting the interpretation of the factors. The IMQ may be used to relate ways of coping to outcomes in CFS, and to assess coping as a mediator of change in cognitive-behavioral interventions. *(PsycINFO Database Record (c) 2013 APA, all rights reserved)*

**Source:** PsycInfo

**Title:** The construct validity of the Illness Cognition Questionnaire: The robustness of the three-factor structure across patients with chronic pain and chronic fatigue.

**Citation:** International Journal of Behavioral Medicine, Jun 2010, vol. 17, no. 2, p. 90-96, 1070-5503 (Jun 2010)

**Author(s):** Lauwerier, Emelien, Crombez, Geert, Van Damme, Stefaan, Goubert, Liesbet, Vogelaers, Dirk, Evers, Andrea W. M.

**Abstract:** Background: The Illness Cognition Questionnaire (ICQ; Evers et al., J Consult Clin Psychol, 69:1026-1036, 2001) assesses three ways of cognitively evaluating the stressful and aversive character of a chronic illness: helplessness, acceptance, and perceived benefits. Purpose: The purpose of this study was to evaluate the construct validity of the ICQ in individuals with chronic pain and patients with chronic fatigue. Method: The ICQ was administered to 821 individuals with chronic pain and 295 patients with chronic fatigue. Confirmatory factor analyses were performed to assess the hypothesized three-factor structure, containing the factors “helplessness,” “acceptance,” and “perceived benefits.” A multigroup analysis was performed to investigate the stability of the factor structure in both groups. Results: Results confirmed the three-factor structure in the two samples. The factor structure was invariant across individuals with chronic pain and chronic fatigue. Conclusion: As the three-factor structure provided a good fit in both groups, we confirm the usefulness of the subscale scores in research and clinical practice. *(PsycINFO Database Record (c) 2012 APA, all rights reserved)*

**Source:** PsycInfo

**Full text:** Available EBSCOhost at International Journal of Behavioral Medicine
Title: The Physical Health Questionnaire (PHQ): Construct Validation of a Self-Report Scale of Somatic Symptoms.

Citation: Journal of Occupational Health Psychology, Oct 2005, vol. 10, no. 4, p. 363-381, 1076-8998 (Oct 2005)

Author(s): Schat, Aaron C. H., Kelloway, E. Kevin, Desmarais, Serge

Abstract: The authors report the results of 3 studies that were conducted to evaluate the psychometric properties of the Physical Health Questionnaire (PHQ), a brief self-report scale of somatic symptoms. In Study 1, exploratory factor analysis results revealed 4 empirically distinct dimensions of somatic symptoms: gastrointestinal problems, headaches, sleep disturbances, and respiratory illness. In Study 2, this structure was replicated using confirmatory factor analysis, and correlations of the PHQ dimensions with measures of negative affect, psychological health, and job performance provided further validity evidence. In Study 3, a minor revision to the wording of several items helped to address the limitations of one of the PHQ subscales. Together, these results provide evidence of the construct validity of the PHQ. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycInfo

Full text: Available ProQuest at Journal of Occupational Health Psychology

Google Scholar

From the 1st fifty results:

A validity and reliability study of the coping self-efficacy scale
Br J Health Psychol. 2006 Sep; 11(Pt 3): 421–437