This is a **Sample** version of the

**Situational Pain Scale (SPS)**

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  (10 sets of 18 question criteria)
- SPS Clinical Validity

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Test-retest reliability of the Örebro Musculoskeletal Pain Screening Questionnaire and the Situational Pain Scale in patients with chronic low back pain

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Summary

OBJECTIVE: To determine the test-retest reliability of the Örebro Musculoskeletal Pain Screening Questionnaire (OMPSQ) and of the Situational Pain Scale (SPS) in patients with chronic low back pain (CLBP).

METHODS: CLBP patients (n = 30) who were capable of reading French completed the OMPSQ and the SPS twice with a 1-week interval in one rehabilitation centre in French-speaking Switzerland. To study the test-retest reliability, we calculated intraclass correlation coefficients (ICC) for the reliability of the overall scores of the two questionnaires.

RESULTS: The ICC for the OMPSQ overall score was 0.89 (95% confidence interval [CI] 0.79–0.95). For the overall scores of the SPS, the ICC was 0.87 (95% CI 0.74–0.93). The standard error of the mean, expressed as percentage of the mean, was 6.6% for the SPS and 10% for the OMPSQ.

CONCLUSIONS: The reproducibility of these two questionnaires in a sample of patients with CLBP is considered good at the overall score level. The French translation of the OMPSQ could be considered as a tool to examine the evolution of psychosocial factors.

Key words: rehabilitation; psychometrics; questionnaires; low back pain

Introduction

Various psychological and social variables play a role in the development, maintenance and exacerbation of back pain problems [1], and to provide suitable and effective treatment for each patient with low back pain remains a daily clinical challenge [2]. Therefore, it is important to take into account individual patient characteristics, including psychological and social factors alongside physical factors [3, 4]. Several tools that explore psychosocial factors [5] are available, amongst them the Örebro Musculoskeletal Pain Screening Questionnaire (OMPSQ), which is a short screening tool [6], and the Situational Pain Scale (SPS) [7], which measures the expected pain in imagined, everyday painful situations. The SPS measures expected pain intensity, and it might potentially be used to predict patients at risk of developing chronic pain problems [5]. The OMPSQ has been validated in several clinical settings in patients with acute and subacute pain consulting a general practitioner or presenting to primary healthcare clinics, and its predictive ability has been documented [8, 9]. The OMPSQ was not designed to measure changes in psychosocial characteristics. However, because psychosocial factors are intervention targets, the assessment of their evolution might provide important insights into mechanisms of patients’ outcomes. Furthermore, inclusion of patients’ perceptions in outcome measure instruments is recommended [10]. Nevertheless, the usefulness of the OMPSQ as an evaluation tool with chronic pain patients has not yet been explored and in order to do so within a longitudinal cohort study, further validation and assessment of the test-retest reliability in chronic patients is required. The SPS was developed using Rasch methodology [7]; the objective was to develop a unidimensional scale with interval scale properties. There is evidence that this objective was met [7]. However, information about the test-retest reliability with a sufficiently short interval (about 1 week) is lacking. Therefore, the objectives of the study were to examine the test-
retest reliability of the OMPSQ and SPS in patients with chronic low back pain (CLBP).

Methods

Patients with CLBP who consulted their medical doctor (rehabilitation medicine specialist) between February 2011 and August 2012 in a rehabilitation centre in the French-speaking part of Switzerland were invited to participate. Inclusion criteria were: (1) CLBP for more than 3 months verified by a medical doctor; (2) age between 18 and 65 years, and (3) ability to read French. Patients were excluded if they had alcohol dependence, a severe psychiatric illness, malignancy, an acute physical problem, infection or a scoliosis with an angle of more than 40°. The study was approved by the local ethics committee and all patients provided informed consent. Questionnaires were administered twice with a 1-week interval.

Questionnaires

The OMPSQ [6] has been translated into French, and there is initial validation [11]. A copy of the French version of the OMPSQ is easily available [11]. This instrument was used in this study. The OMPSQ has 25 items, and scores could range in our study from 2 to 210. Higher scores indicated higher risks of poor prognosis. Missing values in this questionnaire were imputed as the mean value of the other items, as recommended by the author of the original questionnaire [6, 12].

The SPS was originally developed in French [7]. We presented the SPS with the order No. 1. It measures the expected pain in imagined everyday painful situations (e.g., I burn my tongue tasting scorching hot food), and participants have to rate these situations on a verbal pain rating scale. The 18 items of SPS are scored from 0 (not painful), 1 (slightly painful), 2 (moderately painful) to 3 (extremely painful) and a fifth response category corresponding to a “?” response. Situations rated as ‘impossible to estimate’ (“?”) by the participant are encoded as missing data [7]. The score ranges from 0 to 54. Higher scores indicate a worse attitude towards pain. Missing values were treated as 0 [7]. The raw scores were transformed into a linear measure of pain representation with a Rasch analysis and presented as logits (see www.rehab-scales.org). The item locations and the thresholds were anchored to provide the same values as those with the online tool. In this analysis, the missing values were not treated as 0 but taken into

![Figure 1](https://www.rehab-scales.org)

**Figure 1**

Bland–Altman plot for the Situational Pain Scale (SPS) total score (in logits), with limits of agreement interval (pointed line) of the mean difference (dashed line) between the two assessment occasions.
The Situational Pain Scale (SPS)

Administering the questionnaire

The SPS is administered as a self-report questionnaire. Subjects do not experience the painful situations, they are asked to imagine them and to estimate the pain intensity of each situation.

The activities are presented in a random order to avoid any systematic effect. Ten different random orders of presentation are used. The evaluator selects the next one of the 10 orders for each new assessment, no matter which patient is tested. During the evaluation, a 4-level response scale is presented to the patients. Patients are asked to rate their perception on the response scale as 'not painful', 'slightly painful', 'moderately painful', and 'extremely painful': Subjects have the opportunity to rate situations as 'impossible to estimate'.

The scores are entered as shown in the Figure 1.

Analysing the subject's responses

Subject's responses to the questionnaires can be submitted for an online analysis on the web.

The analysis is based on the Rasch model and allows raw scores to be converted into linear measures of ability. The conversion can be done even if the subject answers only part of the items (the patient's responses to some items are missing). Ten data input forms are available in the same order as the paper testing forms. Select the order of items (1 to 10) used to evaluate the patient and enter the responses on the online form. Submit the responses for an online analysis of the subject responses and the subject's ordinal score to the questionnaire will be converted into a linear measure of the subject's pain representation.

This is the end of the SAMPLE SPS scoring instructions. Please goto page 1 to purchase complete version.
# SPS-Pain representation measure

## English version

**Name:** ________________________________

| Situation                                                                 | Not painful | Slightly painful | Moderately painful | Extremely painful | ? |
|--------------------------------------------------------------------------|-------------|------------------|--------------------|------------------|---|
| 1 I disinfect a sore                                                      |             |                  |                    |                  | X|
| 2 I get an injection in the arm                                          |             |                  |                    |                  | X|
| 3 Someone pulls my hair                                                  | X           |                  |                    |                  |   |
| 4 I hit my funny bone                                                    |             |                  |                    |                  | X|
| 5 I get a speck of dust in the eye                                        | X           |                  |                    |                  |   |
| 6 I knock my head on the corner of a piece of furniture                  |             |                  |                    |                  | X|
| 7 I cut myself with a sheet of paper                                     | X           |                  |                    |                  |   |
| 8 I bite my tongue                                                       |             |                  |                    |                  | X|
| 9 I stub my toe on a chair leg                                           |             |                  |                    |                  | X|
| 10 I get sunburned and someone touches me on that spot                    | X           |                  |                    |                  |   |
| 11 I catch my finger in a zipper                                         |             |                  |   X                |                  |   |
| 12 I have a splinter under the skin of one finger                        | X           |                  |                    |                  |   |
| 13 I get shampoo in my eye                                               | X           |                  |                    |                  |   |
| 14 I get sunburned on my face                                            | X           |                  |                    |                  |   |
| 15 I burn my tongue tasting scorching hot food                           | X           |                  |                    |                  |   |
| 16 I get my fingers caught in the car door                                |             |                  |                    |                  | X|
| 17 My lips are chapped                                                   |             |                  |                    |                  | X|
| 18 I walk on burning sand                                                |             |                  |                    |                  | X|

This is the end of the SAMPLE SPS questionnaire.
Please goto page 1 to purchase complete version.