

Outcome Measure	Mayo-Portland Adaptability Inventory (MPAI-4)
Sensitivity to Change	Can detect real changes in the person with a large effect size post therapeutic interventions. Further work is needed to quantify its sensitivity.
Population	Adult
Domain	Global Outcome
Type of Measure	Self-report, informant-report, clinician-rated
ICF-Code/s	b1, b2, b7, d7, d8
Description	<p>The MPAI-4 is a rating scale that can be completed using clinician, informant or self-ratings. It was designed for the clinical assessment of people with acquired brain impairment (ABI) in the post-acute period, and the evaluation of rehabilitation programmes.</p> <p>The MPAI-4 contains 29 core items and 6 additional items. The core items represent common sequelae of ABI in the physical, cognitive, emotional, behavioural and social domains. They are grouped into three subscales: Ability (12 items, focusing on sensory, motor and cognitive abilities), Adjustment (9 items, addressing mood, interpersonal interactions) and Participation (8 items, evaluating social contacts, initiation, money management). The outstanding items from previous MPAI versions have been retained, and added to, making a fourth subscale, Pre-existing and associated conditions, containing six items. These “non-core” items are not scored.</p> <p>Responses are made on a 5-point scale. The response descriptors are tailored to the individual items, generally along the lines of 0 (equivalent of mild problem that does not interfere with activities; may use assistive device or medication), 1 (equivalent of mild problem that interferes with activities 5-24% of the time), 2 (equivalent of moderate problem; interferes with activities 25-75% of the time), 3 (equivalent of severe problem; interferes with activities more than 75% of the time).</p>
Properties	<p>See Tate (2010) for full details.</p> <p><i>Internal consistency:</i> $\alpha = .89$</p> <p><i>Inter-rater reliability:</i> no information available.</p> <p><i>Test-retest reliability:</i> no information available.</p> <p><i>Convergent/divergent validity</i> – Validation study only with MPAI-Version I.</p> <p>Correlates highly with similar measures:</p> <ol style="list-style-type: none"> (1) Cognitive Index with RAVLT, $r = -.55$ (2) Cognitive Index with WCST, $r = .56$ <p>Lower correlations with dissimilar constructs:</p> <ol style="list-style-type: none"> (1) Non-cognitive Index with RAVLT, $r = -.22$ (2) Non-cognitive Index with WCST, $r = .29$ <p>MPAI-4: High concurrent validity with the Disability Rating Scale ($r = 0.81$; Malec & Thompson, 1994), moderate predictive validity when examining living status at 1 yr follow-up from hospital discharge ($r = .64$; Malec,</p>

	2001), and discriminant validity when discriminating between two subgroups of the Ranchos Los Amigos Levels of Functioning Scale (Kruskall–Wallis = 22.07, $p < .001$; Malec & Thompson, 1994). Highly responsive to change ($d = 1.71$; Malec, 2001) in response to treatment efforts.
Advantages	Thorough scale development process - MPAI-4 version represents a well-refined scale. Designed specifically for use in ABI. Subscales of Ability, Adjustment and Participation are reflective of key areas of global function Clinician, informant and self-rated versions.
Disadvantages	No inter-rater or test-retest reliability estimates
Additional Information	The MPAI-4 was included as a Supplemental Measure in the Global Outcome Domain in Wilde et al (2010). The MPAI-4 was included as an Emerging Measure in the Adaptive and Daily Living Skills Domain (not a CRE Domain) in McCauley et al (2012).
Reviewers	Jenny Fleming

References

All references from:

Tate, R. L. (2010) *A compendium of tests, scales, and questionnaires: The practitioners guide to measuring outcomes after acquired brain impairment*. Psychology Press.