Outcome Measure	**Physical Self-Description Questionnaire (PSDQ)**
Sensitivity to Change	Yes
Population	Adult and Adolescent (12-18)
Domain	Measures of Self
Type of Measure	Self-report
ICF-Code/s	b7, d4
Description	The primary purpose of the PSDQ is to measure the multi-dimensional construct of physical self-concept (Marsh, 1996). The PSDQ is a 70-item test with 9 subscales related to strength, body-fat, endurance/fitness, sports competence, co-ordination, health, appearance, flexibility, as well as two global measures of global physical self-concept and global esteem. The scale uses a Likert response scale of '1' for false and '6' for true. The measure was originally intended for adolescents but studies have demonstrated a wider application in adults and across-cultural domains.
Properties	**Sensitivity**: Found modified versions of the PDSQ were sensitive to change between pre- and post-PSDQ mood and physical self-esteem measures along with with proposed exercise rehabilitation initiatives in TBI such as Tai Chi (Blake, & Baston, 2009) and swimming (Driver, Rees, O'Connor, & Lox, 2006). **Convergent Validity**: The PDSQ correlated various indices of physical health (Asci, 2005; Marsh, 1996; e.g. BMI, physical activity levels body composition etc.) and other physical self-concept instruments (Marsh et al., 1994). **Divergent Validity**: most studies of the English version, using confirmatory factor analyses, find the 11 scale structure maintains (e.g. Marsh et al., 1994; Tietjens, Freund, Busch, & Strauss, 2012). However some have found using IRT that for some of the scales between 25-42% of individuals did not consistently rate the items in the same way with major biases (Tietjens, Freund, Busch, & Strauss, 2012). This was in the physical self-concept, strength and physical activity scales. **Internal consistency:** ranges from .82 to .96 across all subscales in a normative (Marsh 1996) and brain injury populations (Driver, O'Connor, Lox, & Rees, 2003). In a review by Schipke & Fruend (2012), across all studies assessing the internal consistency of the PDSQ, it averages are above .8, with the lowest in the health subscale (.823) and highest for body fat (.943).
Advantages	• Comprehensive scale of physical and individual senses of self-compared to other brief measures. • Validated in Australian and New Zealand Populations

	• A few studies using TBI participants in RCT
Disadvantages	• PSDQ is not as well validated in the TBI community as the HISD (Ownsworth & Haslam, 2014). • The validity and reliability is maintained when using carefully selected subscales and not all of the scales at once (Marsh et al., 1996). • Lack of studies considering the convergent validity in other measures of the self, compared to those of a physical nature. • Cannot find information on how to obtain a copy
Additional Information	A short form of the PSDQ (PSDQ-S) was introduced in 2010 by Marsh, Martin & Jackson, who validated a 40-item version in Australian adolescents, elite athletes and older adults; Spanish adolescents and Israeli university students. The PSDQ factor structure (11 factors) was consistent across these samples and reliability was high across samples (.81-.94, median = .89). They demonstrated that the PSDQ-S has good convergent and discriminant validity. There are no known brain injury studies using the PSDQ-S to date.
Reviewers	Tamara Ownsworth

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