

<b>Outcome Measure</b>	<b>Motivation for Traumatic Brain Injury Rehabilitation Questionnaire (MOT-Q)</b>
<b>Sensitivity to Change</b>	No
<b>Population</b>	Adult
<b>Domain</b>	Measures of Self
<b>Type of Measure</b>	Self-report
<b>ICF-Code/s</b>	
<b>Description</b>	<p>Likert scale questionnaire developed to assess motivation to participate in post-acute rehabilitation, including factors of denial, anger, apathy, compliance, medical information seeking, and excessive enthusiasm (likely not genuine).</p> <ul style="list-style-type: none"> <li>• 31 items in 4 subscales: (lack of denial, interest in rehabilitation, lack of anger, reliance on professional help)</li> <li>• Maximum score of 62</li> <li>• Ratings are made based on agreement with statements:</li> <li>• -2 strongly disagree to 2 strongly agree</li> <li>• Items are keyed on a scoresheet so that positive numbers represent greater motivation (negative statements reverse scored)</li> <li>• Scoresheet with clear scoring guidance in Chervinsky et al article</li> </ul>
<b>Properties</b>	<p>Data below taken from Chervinsky et al. (1998); n=174 military sample with TBI, n=139 moderate to severe injury, n=35 mild injury, all out of PTA.</p> <p><u>Internal Consistency</u>: Excellent internal consistency of total scale alpha=.91, (subscale alphas range = .73-.86).</p> <p><u>Criterion Validity (Predictive/Concurrent)</u>: Adequate correlation of total MOT-Q score and lack of denial subscale score with MMPI indicators of hypochondriasis, depression, hysteria. Lack of denial subscale score also adequately correlated with MMPI indicators for paranoia, schizophrenia and psychasthenia.</p> <p><u>Construct Validity (Convergent/Discriminant)</u>: MOT-Q variables had moderate linear relationships to a combination of MMPI variables based on regression analyses, with greatest magnitude to health concerns content scale, followed by the K, Inhibition of aggression and social alienation scales.</p> <p><u>Content Validity</u>: The researchers began with 40 items based on statements made in rehabilitation by patients that reflect attitudes about rehabilitation. Items reduced to 31 based on items with correlation to total score &lt;.3. Developed subscales based on factor analysis where all items demonstrated single loading on one subscale factor (specifics not reported).</p>

<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Free to use</li> <li>• Quick and easy to administer</li> <li>• No specific training required</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• The scale does not assess apathy or lowered motivation in situations other than an in-patient or day-patient setting.</li> </ul>
<b>Other details</b>	The MOT-Q is specifically developed to assess motivation for post-acute rehabilitation. The scale does not assess apathy or lowered motivation in other situations. Hence this is best for use in an in-patient or day-patient setting.
<b>Reviewers</b>	Tamara Ownsworth

### References

Chervinsky, A. B., Ommaya, A. K., deJonge, M., Spector, J., Schwab, K., & Salazar, A. M. (1998). Motivation for traumatic brain injury rehabilitation questionnaire (MOT-Q): Reliability, factor analysis, and relationship to MMPI-2 variables. *Archives of Clinical Neuropsychology*, 13(5), 433-446. doi: Doi 10.1016/S0887-6177(97)00016-4