The Coping Strategy Questionnaire

Description

**General description:** The coping strategy questionnaire (CSQ), (Rosenstiel & Keefe 1983) in its original version consists of 50 items assessing patient self rated use of cognitive and behavioural strategies to cope with pain. It comprises six subscales for cognitive strategies (ignoring pain, reinterpreting of pain, diverting attention, coping self statements, catastrophising, praying/hoping) and two subscales for behavioural strategies (increasing activity levels and increasing pain behaviours). Each coping strategy subscale consists of six items measured with a numerical rating scale ranging from 0 (never do that) to 6 (always do that) indicating how frequently the strategy is used to cope with pain. Each subscale has a maximum score of 36 and a minimum score of 0. An additional two single item questions each with a scoring range of 0–6 are used as effectiveness ratings of control over pain and ability to decrease pain. The CSQ takes approximately 5 minutes to complete.

**Reliability and validity:** In a sample of 61 patients with chronic low back pain (CLBP), Rosenstiel and Keefe (1983) reported the internal consistency for the subscales with Cronbach’s alphas ranging from 0.71 to 0.85, except for the increasing pain behaviour subscale which had an internal consistency of 0.28. However, in a sample of 282 CLBP patients, Jensen and Linton (1993) showed that all 8 subscales of the CSQ Swedish version have an internal consistency ranging from 0.69 to 0.84. Similarly, in patients with lung cancer, the CSQ subscales have shown good internal consistency with Cronbach’s alphas ranging from 0.60 to 0.90 (Wilkie & Keefe 1991). Test-retest reliability for a 1 day interval has been reported to range between 0.68 and 0.91 (Main & Waddell 1991), 0.48–0.71 for a 1 week interval and 0.58–0.84 for a 5 week interval (Jensen & Linton 1993).

**Commentary**

Monitoring coping strategies is of clinical importance as they have been shown to mediate the influence of pain intensity on functional disability and quality of life (Abbott et al 2010) and to influence the adjustment of pain (Rosenstiel & Keefe 1983). The CSQ has been shown to be valid for use in several different patient groups such as osteoarthritis, knee replacement surgery, rheumatoid arthritis, fibromyalgia, low back pain, lumbar spine surgery, and even cancer-related pain.

The CSQ is a useful clinical tool for the screening of coping styles. It provides information for patients and clinicians on the efficacy of coping strategies and those strategies needing addressing to help facilitate pain control and mediate improvement of functional outcomes. Data on the CSQ-R sensitivity of change is lacking. More research using the CSQ-R is needed to improve the questionnaire’s validity as an outcome measure and provide more extensive normative data.

**References**