

User guide to the

Psychological Flexibility Questionnaire–Accessible (PFQ-Ax)



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Cite this work as:

Oliver, M.A., Selman, M., Thomson, M., Brice, S., Venus, R., & Forshaw, N. (2025). *User guide to the Psychological Flexibility Questionnaire-Accessible (PFQ-Ax)*. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

Cite the PFQ-Ax as:

Oliver, M.A., Selman, M., Thomson, M., Brice, S., Venus, R., & Forshaw, N. (2019). *The Psychological Flexibility Questionnaire-Accessible (PFQ-Ax)*. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

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The Development of the Psychological Flexibility Questionnaire-Accessible

Introduction

The Psychological Flexibility Questionnaire–Accessible (PFQ-Ax) was developed to provide a psychometrically sound measure of psychological flexibility for populations who are unable to make use of mainstream measures. The measure was originally considered to be for people with intellectual disability, and was initially named for this group; the PFQ-ID. When the initial psychometric data for the PFQ-ID was presented to the field, interest was shown by colleagues for the potential utility of the tool for populations who have cognitive challenges but do not have intellectual disability. The tool was accordingly renamed the PFQ-Accessible to reduce the potential for stigma when used with non-ID populations, and to reflect that the utility of the measure is that it is accessible, not that it is exclusively for people with intellectual disability.

Psychological Flexibility

Psychological flexibility (PF) is the construct of interest in Acceptance and Commitment Therapy (ACT). It can be defined as “contacting the present moment as a conscious human being, and, based on what the situation affords, acting in accordance with one’s chosen values” (Bond, Hayes, & Barnes-Holmes, 2006; p.28).

The six core processes are Present Moment Awareness, Acceptance, Defusion, Self-As-Context, Values Clarification and Committed Action (Hayes et al., 2012). In simple terms, these can be described as follows:

Present Moment Awareness. The ability to pay attention to whatever is going on in the present moment; “paying attention on purpose” (Kabat-Zinn, 2001).

Acceptance. This is the willingness to experience what thoughts, feelings or sensations are present, without the need to remove them, push them away, or defend against them.

Defusion. This is the ability to unhook or distance yourself from your own thoughts and feelings and in doing so to see them as internal experiences rather than indicators of whatever they claim to be.

Self-As Context. The most complex of the six processes to describe, Self-As-Context is the ability to see yourself as the container of all of your experiences, allowing you to look at them from a distanced or observing position.

Values Clarification. This describes the ability to know what is important to you now; what kind of person you want to be, and how you want to live your life.

Committed Action. The ability to behave according to your values in your individual circumstances.

PF has been implicated in a range of disorders and distress states (Hayes et al., 2022) – simply put; the more wrapped up you are in your own difficulties the more likely you are to experience suffering and the more disconnected you are likely to be from the things that are important to you in your life. You’re also more likely to make mistakes (Bond & Bunce, 2003).

Measures of Psychological Flexibility

There are at least nine currently available general measures of Psychological Flexibility (Ong et al., 2025). The first to be developed was the Acceptance and Action Questionnaire (Hayes et al. 2004), subsequently updated as the AAQ-II (Bond et al., 2011). The AAQ-II is by far the most utilized PF measure both for clinical and research use.

There are also measures of PF for specific populations eg; people with weight issues (the Acceptance and Action Questionnaire for Weight-Related Difficulties (AAQW), Lillis & Hayes, 2008), tinnitus (the Tinnitus Acceptance Questionnaire (TAQ), Weise et al., 2013), pain (the Chronic Pain Acceptance Questionnaire (CPAQ), McCracken et al., 2004), people with diabetes (the Diabetes Acceptance and Action Scale (DAAS-R), Gillanders & Barker, 2019), amongst many others.

For an extensive list of available measures, see:

https://contextualscience.org/problem_specific_aaq_variations

At present, however, there are no known measures that have been developed for cohorts that require adapted and accessible information.

The need for an accessible measure

The AAQ-II, as with all currently existing measures of psychological flexibility, was designed for use by the mainstream, typically developing, and cognitively intact population. It uses relatively complex language and is answered using a relatively nuanced seven-point scale. In our initial development stages we informally surveyed ID clients and held a focus group of people with ID. They told us that the mainstream measures were confusing, difficult to understand and in some cases made them feel distressed at their difficulties reading and understanding them.

Tracking psychological flexibility is important because the purpose of an ACT intervention is not symptom reduction. Indeed the repeated efforts to not feel what is present is considered within this model to be part of the problem. While symptom reduction is a frequent byproduct of increased PF, in an ACT intervention it is never the goal. This means that measures of symptoms miss the crucial aspect of ACT: that it is possible to have improved quality of life and a more enriched experience even in the presence of psychological pain. Indeed, symptom reduction in the absence of improvement in psychological flexibility may be short-lived as there has been insufficient increase in flexibility skills.

This illustrates the need for the PFQ-Ax, for both clinical and research use. Clinicians may find it a useful tool to monitor the success of their ACT interventions, while researchers may find it a useful addition to their ability to test hypotheses and to contribute to the evidence base.

Item construction

The PFQ-Ax development team considered each of the core processes associated with ACT and worked through wordings that conveyed the meaning in as accessible language as possible. The challenge came in balancing accessibility without compromising the theoretical and conceptual essence of the six core processes of Present Moment Awareness, Acceptance, Defusion, Self-As-Context, Values Clarification and Committed Action (Hayes et al., 2012). This gave us an initial set of questions and a prototype measure that we subjected to initial testing.

Initial testing

The prototype PFQ-Ax was initially tested with a group of NHS colleagues who were receiving ACT-based Staff Resilience training (Flaxman, Bond, & Livheim, 2013). The training consisted of three half-day workshops focused and we measured participants' psychological flexibility before and after using the AAQ-II (Bond et al., 2011), the Cognitive Fusion Questionnaire (CFQ; Gillanders et al. 2014) and the PFQ-Ax. We selected the AAQ-II as it is the most widely used measure in ACT research, and the CFQ because we had used it in a previous study and had found it to be more sensitive to change than the AAQ-II (Oliver et al., 2014). We found that at baseline the PFQ-Ax correlated very highly with the two mainstream measures (almost as well as they correlated with each other). We found that after resilience training the PFQ-Ax no longer correlated significantly with the AAQ-II but continued to correlate very highly with the CFQ (although the CFQ and the AAQ-II continued to correlate significantly with each other, suggesting perhaps that the differences were minor. This study had small numbers of participants (n=11) but the results were encouraging and meant we could proceed to more robust psychometric analysis (see p.7: The Properties of the Psychological Flexibility Questionnaire-Accessible).

Co-Production

Service users were consulted around the need for an adapted measure in the earliest stages of the project, generally during routine clinical practice. A focus group of service users gave us their thoughts on two mainstream measures and our prototype PFQ-Ax and were paid a small amount of money for participation. They told us that two mainstream measures we were comparing with were too wordy, difficult to understand, and in some cases actually made them feel upset. By contrast they considered the PFQ-Ax to be gentler, easier to understand and more acceptable.

Once encouraging psychometric data had been collected using a typically developing population, our friends and collaborators at Skills For People (<https://skillsforpeople.org.uk>) used the measure to track the effects of their Mindfulness for Life group – this was coordinated by them and the research team had no involvement beyond receiving the data on completion (Oliver, 2020).

The Properties of the Psychological Flexibility Questionnaire-Accessible

Readability

The PFQ-Ax is a highly readable document.

Readability can be established by finding its Flesch Readability Ease score (Flesch, 1948) and its Flesch-Kincaid Grade Level score (Kincaid et al., 1975). Both of these functions are built into Microsoft Word.

With the Flesch Readability Ease score, over 60 indicates more readable, while nearer to 100 is most readable. The PFQ-Ax scored 97.9.

The Flesch-Kincaid Grade Level is a 0-18 score, with the lowest scores representing “learning to read books” and the highest scores representing “reading an academic paper”. The PFQ-Ax scored 1.7 (see Table 1).

Table 1: Readability scores of the PFQ-Ax, and for comparison the Acceptance and Action Questionnaire-II and the Cognitive Fusion Questionnaire.

	Flesch Readability Ease (100 is most readable)	Flesch-Kincaid Grade Level (0 is most readable)
PFQ-Ax	97.9	1.7
AAQ-II	74.9	5.5
CFQ	82.9	4.7

Taken collectively, the PFQ-Ax is more readable than comparator mainstream counterparts.

Psychometrics

We recruited an online opportunity sample of 100 participants to complete all three measures. We randomised the presentation of all 21 questions to control for order effects.

The PFQ-Ax is highly correlated with our two comparator mainstream measures (see Table 2).

Table 2: Correlation scores of the PFQ-Ax, the Acceptance and Action Questionnaire-II (AAQ-II), and the Cognitive Fusion Questionnaire (CFQ).

	R Value	Significance
AAQ-II & CFQ	0.90	P<0.001
AAQ-II & PFQ-Ax	0.86	P<0.001
CFQ & PFQ-Ax	0.81	P<0.001

The internal consistency of the PFQ-Ax is very good: Cronbach's Alpha for the seven items of the PFQ-Ax $\alpha = .843$.

Factor Analysis suggests that we're measuring one factor.

Overall, we're confident that the PFQ-Ax is psychometrically sound and does essentially the same job as the mainstream measures, but in a more acceptable and accessible way.

The psychometric properties of the PFQ-Ax will be formally reported in a peer reviewed journal.

Administration and Scoring of the Psychological Flexibility Questionnaire-Accessible

Instructions for use

The PFQ-Ax is designed to be completed with support. If the respondent wishes to complete it themselves, check to make sure they have understood everything, particularly Q6 which is reverse scored.

There is space in the identification box to note the respondent's full-scale IQ (if known) (**A** in figure 1). This is optional and has been included to allow for the possibility of future psychometric testing to be completed on the PFQ-Ax addressing different levels of cognitive ability.

It is important to establish whether the participant is able to:

- 1) *orient* to their inner experience
- 2) *relate* questions to themselves
- 3) express the *degree* of agreement with given statements about themselves.

Self-evidently, if the respondent is unable to contact their own inner experiences (thoughts and feelings) then this measure is not for them and other ways of measuring and tracking their progress should be sourced.

The PFQ-Ax contains some simple screening questions and a separate screening sheet (see figure 3).

Initially, check to see if the person knows what we're talking about when we ask about thoughts and feelings (**B** in figure 1). Note that these are difficult questions to answer, and questions such as "what is a thought?" goes immediately to some complex issues of psychology, philosophy and neuroscience – a textbook definition is not needed; you are looking to be satisfied that the respondent knows what is being asked of them, even if it is difficult to articulate.

Ask the respondent to think of some things that are true and untrue about themselves, or something that they like and dislike. It could be "I have blue eyes" or "I like Taylor Swift" (**C** in figure 1). The Orientation Sheet (Figure 3) is a large format version of the five point rating scale that will be used throughout. Use this sheet to screen for the respondent's ability to express their degree of agreement with their own answers about themselves; referring to the different sized response bars:

"If I said "you like dogs", is that not like you at all, very much like you, or somewhere inbetween?"

"If I said "you have blue eyes", is that not like you at all, very much like you, or somewhere inbetween?"

It can then be helpful to check whether the participant can express disagreement with a statement about themselves. So if they have identified in part **C** in figure 1 that they don't like going on buses or don't like doing maths, this can be put to them phrased in a positive way:

“If I said “you *like* going on buses”, is that not like you at all, very much like you, or somewhere inbetween?”

“If I said “you *like* maths”, is that not like you at all, very much like you, or somewhere inbetween?”

The key here is to allow yourself to be confident that the participant is able to utilise the scale to express their degree of agreement or disagreement with questions about themselves, and this can be done as quickly or as slowly as needed with as many examples as it takes.

Once the administrator is satisfied that the participant can understand and utilise the scale to answer questions about themselves it is then a case of working through the seven questions of the PFQ-Ax. The large-format orientation sheet can be used if needed to ensure that the participant is oriented towards the response scales.

PFQ-Ax

Client initials JL

Client ID 76543

Date of assessment 06 Feb 2024

Client FSIQ (If known) 64

A

Screening Questions:

What are thoughts? What is thinking?

Like in your head, when you think about stuff.

What are feelings?

When you feel happy or sad, or angry.

B

Refer to separate sheet:

Can you tell me something that you like (or something about yourself)?

Dogs.

Can you tell me something you don't like (or something that's not true about yourself)?

Going on the bus.

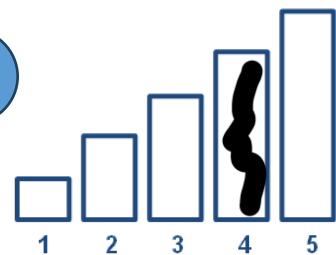
C



Q1

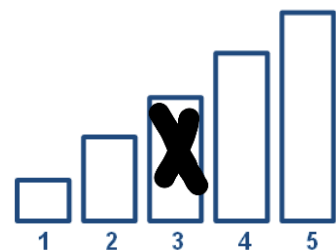
I can't switch off from my problems.
I keep going over and over my problems.

D

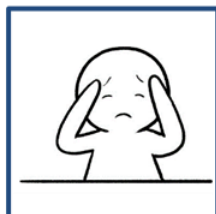


Q2

My worries stop me doing things.
My thoughts get in the way of me doing things.



E



Q3

I often miss out on things because I'm stuck
in my head.

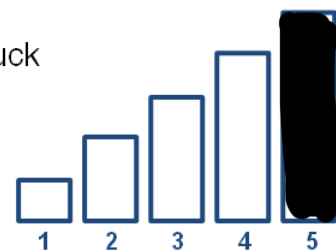
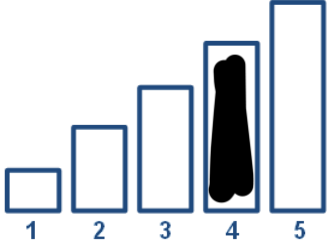
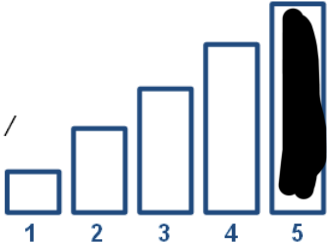
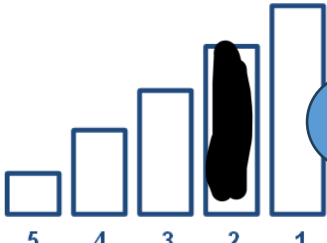
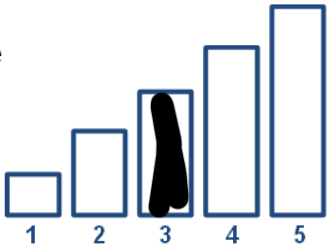


Figure 1: Sample of a completed PFQ-Ax page 1.

	Q4 I'm often "miles away". <i>I often drift off.</i>	
	Q5 I would like to do more things but I'm too stressed. <i>I would like to do more things but I'm too worried / anxious / depressed.</i>	
	Q6 I know what is important to me. <i>I know what I want to do with my life.</i>	
	Q7 I am a bad person for thinking / feeling the way I do. <i>I am a bad person for feeling like this.</i>	

Score (out of 35) = 26

Observations:
 JL was a little distracted during the administration but with prompts engaged with each question.

Rater: B. Rater

Figure 2: Sample of a completed PFQ-Ax page 2.

PFQ-Ax

1. Ask the client about something you have agreed is like them (something they enjoy or like, or an attribute they feel represents them) e.g. favourite food, eye colour, hobbies etc.
2. Ask them to indicate on the scale how they would answer this question.
3. Repeat with something you have agreed is not like them, or does not represent them.
4. Assess whether the client can understand and utilise the scale.

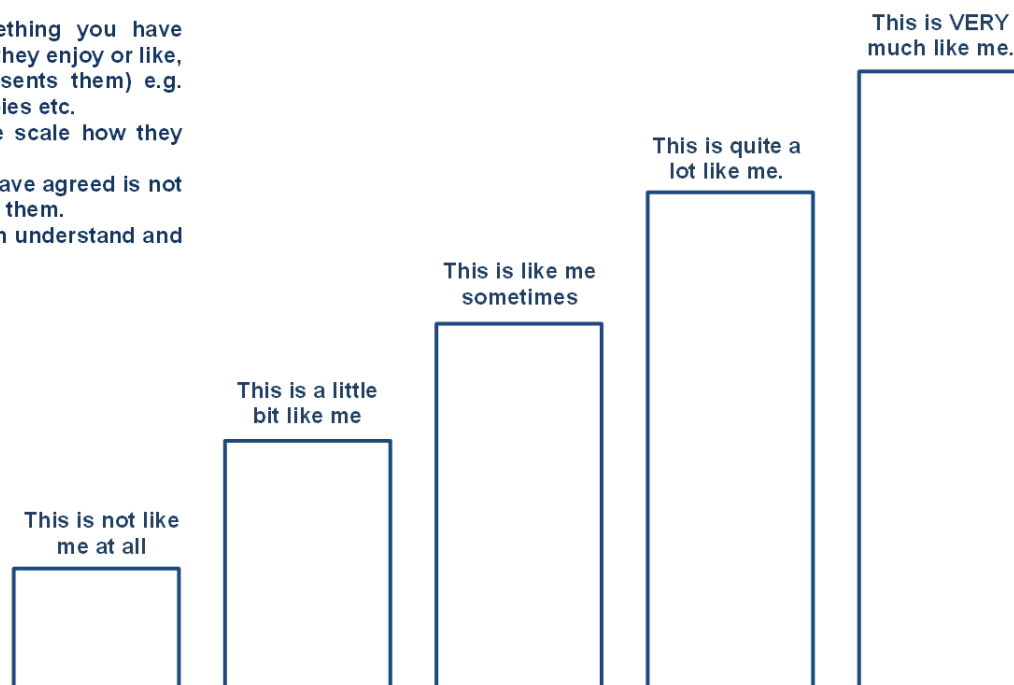


Figure 3: PFQ-Ax Orientation Sheet.

Most of the questions have alternative phrasings for the same concept (**D** in figure 1). The key point here is that we are looking for (dis)agreement with the concept and the words are pointers towards that. We have not conducted research into whether these alternative phrasings are exactly equivalent, but they appear good enough – it is therefore acceptable for the administrator to further tailor the wording to the needs of the client, assuming that there is a good-faith attempt to represent the underlying concept to the participant.

How the participant's answer is recorded on the form is entirely down to individual preference, and a number of different examples are shown (**E** in figure 1).

Administrator attention is drawn to question 6 (**F** in figure 1) in that this is looking for people's contact with their individual values and not problems, so while it still asks individuals for their degree of (dis)agreement with the statement, this one is reverse-scored as indicated by the numbers under the response bars.

Scoring

Scoring is a simple matter of adding the numbers of all of the responses. The scores are given under each of the response bars. The minimum score is 7 and the maximum is 35.

As mentioned above, pay close attention to question 6 which is reverse scored.

Interpreting the results

As with other measures of PF, a lower score is considered healthier, and the higher the score the greater the likelihood that psychological inflexibility processes will be interfering with quality of life. There is generally no clinical cut-off for psychological flexibility measures, as there is no “clinical level” of psychological inflexibility, and the PFQ-Ax maintains this tradition. In mainstream measures of PF, a higher score represents higher levels of psychological inflexibility, and is generally (and empirically) associated with higher levels of psychological distress and mental ill-health. The AAQ-II regards scores of around 24-28 as being associated with measures of psychological distress. For our dataset, scores of 24-28 on the AAQ-II represented roughly 17-21 on the PFQ-Ax, but our numbers are very small and are not to be regarded as anything other than a cue to the administrator that there may be an issue with psychological inflexibility. These scores are not clinical cut-offs and administrators should be aware that the scores are less important than the lived experience of the client.

Generally, we would hope to see scores get lower over the course of treatment as the client learns and practices the skills associated with ACT. ACT is not concerned with symptom reduction, and if symptom ratings (of depression, say, or anxiety) reduce without any corresponding reduction of PF score, the symptom reduction should be treated with a degree of caution, as the underlying change processes have not shifted enough to maintain the improvement. Under such circumstances we might expect the symptoms to worsen again. Alternatively, a reduction in psychological inflexibility would be expected to improve quality of life even in the absence of symptom reduction.

Feedback and assistance

We welcome feedback from people who have used the PFQ-Ax in either a clinical or research context, and if you have real-life data we would appreciate you sharing it (appropriately anonymised of course). It can be difficult in routine clinical work to get the amount of data for different populations that would allow for psychometric analysis, and many clinical measures have subsequently never had adequately powered checks conducted. We hope that as a community of clinicians and researchers we can all contribute to a database to allow for this much-needed analysis.

We also welcome approaches from colleagues who wish to translate the PFQ-Ax into languages other than English.

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