

**NINDS CDE Notice of Copyright
Multiple Sclerosis Spasticity Scale (MSSS-88)**

Availability:	<p>Please visit this website for more information about the instrument: Please click here for the Multiple Sclerosis Spasticity Scale</p> <p>Copyright is held by the authors and permission is needed.</p>
Classification:	Supplemental
Short Description of Instrument:	<p>Construct measured: Measure of spasticity</p> <p>Generic vs. disease specific: Disease specific</p> <p>Means of administration: Self-administered</p> <p>Intended respondent: Patient</p> <p># of items: 88</p> <p># of subscales and names of sub-scales: 8 – Muscle Stiffness, Pain/Discomfort, Muscle Spasms, ADL, Walking, Body Movments, Emotional Health, and Social Function.</p> <p># of items per sub-scale: Varies</p>
Comments/Special instructions:	<p>Scoring: Individual items are scored on a 4 point Likert scale: 1 (Not bothered at all), 2 (a little bothered), 3 (moderately bothered), 4 (extremely bothered).</p> <p>Each MSSS-88 subscale is scored as a stand alone measurement instrument. Developers of the scale offer three methods for computing MSSS-88 subscale scores (Hobart et al. 2006). In the first method, item scores can be summed, without weighting or standardization, to generate ordinal-level total scores just as any other Likert-type scale. Missing responses to items can be replaced with the mean score of the items completed (person-specific item mean score) provided that 50% or more of the items in a scale have been completed. In the second method of computing MSSS-88 subscale scores, the ordinal summed scores generated above can be transformed into interval-level measurements using conversion tables that can be made available with the scales. In the third method of computing MSSS-88 scores, investigators can Rasch analyse their own data. Furthermore, if these analyses use (anchor) the item and threshold locations from our dataset, available on request, people in the new sample will be measured on an identical interval-level metric to the one we have constructed.</p> <p>Background: The 88-item Multiple Sclerosis Spasticity Scale (MSSS-88) is a reliable and valid, patient-based, interval-level measure of the impact of spasticity in multiple sclerosis.</p>
References:	<p>Key Reference: Hobart JC, Riazi A, Thompson AJ, Styles IM, Ingram W, Vickery PJ, Warner M, Fox PJ, Zajicek JP. Getting the measure of spasticity in multiple sclerosis: the Multiple Sclerosis Spasticity Scale (MSSS-88). Brain 2006 Jan;129(1):224-234.</p>

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Rationale/ Justification:	<p>Strengths/Weaknesses: The MSSS-88 has been constructed to be flexible and adaptable to meet different measurement needs. The most appropriate MSSS-88 subscale/s can be used selectively to address a specific measurement question. This is possible because each subscale is a stand-alone measurement instrument. In other situations, clinicians or researchers may wish to measure all eight areas but feel that 88 items is too many. In this case a short-form version of the MSSS-88 comprised of the most clinically appropriate items selected from each subscale can be used. This approach is possible because the item locations of each subscale are calibrated with respect to each other. Consequently, investigators can use any subset of items from any subscale and generate results that are referable to the long form version of that scale. It is, however, important to be aware that scales with few items have limited precision (unless their range is very restricted) and are less able to detect small but clinically meaningful change.</p> <p>Psychometric Properties: Limited published data on psychometric properties in individuals with MS are available. MSSS-88 subscales show good reliability: Person separation indices for all subscales ≥ 0.92. Subscales show varying degrees of correlation with MSIS-29, SF-36, FAMS, GHQ-12, and Barthel Index (see Hobart et al. 2006).</p> <p>Administration: The MS Spasticity Scale is paper and pencil scale administered to the patient.</p>
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