

**NINDS CDE Notice of Copyright
Multiple Sclerosis Walking Scale (MSWS)**

Availability:	Availability: Permission for use should be sought from the author, Dr. Jeremy Hobart.
Classification:	Supplemental
Short Description of Instrument:	<p>Construct measured: Walking ability</p> <p>Generic vs. disease specific: Disease specific</p> <p>Means of administration: Self-administered</p> <p>Intended respondent: Patient</p> <p># of items: 12</p> <p># of subscales and names of sub-scales: N/A</p> <p># of items per sub-scale: N/A</p>
Comments/Special instructions:	<p>Scoring: Individual items are scored on a 5 point Likert scale: 1 (Not at all), 2 (A little), 3 (Moderately), 4 (Quite a bit), 5 (Extremely). A total score can be generated and reported on a 0 to 100 scale by subtracting the minimum score possible (12) from the patient's score, dividing by the maximum score possible minus the minimum possible(60-12, or 48), and multiplying the result by 100.</p> <p>Background: The MSWS-12 was designed as a disease-specific, patient-based instrument for use in clinical trials and clinical practice, to capture the complex impact of MS on walking ability. It contains 12 questions with Likerttype responses and has a recall period of 2 weeks.</p>
References:	<p>Hobart JC, Riazi A, Lamping DL, Fitzpatrick R, Thompson AJ. Measuring the impact of MS on walking ability: the 12-item MS Walking Scale (MSWS-12). <i>Neurology</i> 2003 Jan 14;60(1):31-36.</p> <p>McGuigan C, Hutchinson M. Confirming the validity and responsiveness of the Multiple Sclerosis Walking Scale-12 (MSWS-12). <i>Neurology</i> 2004;62:2103-2105.</p> <p>Motl R, Snook E. Confirmation and extension of the validity of the Multiple Sclerosis Walking Scale-12 (MSWS-12). <i>J Neurol Sci</i> 2008;268-69-73.</p>
Rationale/Justification:	<p>Strengths/Weaknesses: Requires self report.</p> <p>Psychometric Properties: The psychometric properties of the MSWS-12 have been extensively evaluated in diverse MS populations in both community and hospital settings, with demonstration of internal consistency, high reliability (ICC=.941, Cronbach's alpha .94-.97) convergent and discriminant validity and good generalizability. Responsive to change following IV steroid treatment for relapse in a UK hospital based sample and longitudinally in Irish outpatient and community based samples. The MSWS-12 is less prone to floor and ceiling effects than are other tools, suggesting adequate assessment of the impact of walking impairment across the range of disability. Inevitably, there are floor effects in samples with very impaired mobility.</p> <p>Administration: Less than 5 minutes to complete.</p>