Multiple Sclerosis Quality of Life

(MSQOL)-54 Instrument

For Further Information, Contact:

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INSTRUCTIONS:

This survey asks about your health and daily activities. Answer every question by circling the appropriate number (1, 2, 3, ...).

If you are unsure about how to answer a question, please give the best answer you can and write a comment or explanation in the margin.

Please feel free to ask someone to assist you if you need help reading or marking the form.

1. In general, would you say your health is:

(circle one number)

Excellent……1

Very good……..2

Good……..3

Fair…….……...4

Poor……5

2. **Compared to one year ago**, how would you rate your health in general **now**?

(circle one number)

Much better now than one year ago..... 1

Somewhat better now than one year ago…….2

About the same 3

Somewhat worse now than one year ago..... 4

Much worse now than one year ago 5

3-12. The following questions are about activities you might do during a typical day. Does **your health** limit you in these activities? If so, how much? (Circle 1, 2, or 3 on each line)

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing several flights of stairs	1	2	3
7. Climbing one flight of stairs	1	2	3
8. Bending, kneeling, or stooping	1	2	3
9. Walking more than a mile	1	2	3
10. Walking several blocks	1	2	3
11. Walking one block	1	2	3
12. Bathing and dressing yourself	1	2	3

13-16. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

(Circle one number on each line)

	YES	NO
13. Cut down on the amount of time you could spend on work or other activities	1	2
14. Accomplished less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

17-19. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious).

(Circle one number on each line)

	YES	NO
17. Cut down on the amount of time you could spend on work or other activities	1	2
18. Accomplished less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(circle one number)

Not at all.....1

Slightly 2

Moderately.....3

Quite a bit 4

Extremely.....5

Pain

21. How much **bodily** pain have you had during the **past 4 weeks**?

(circle one number)

None 1

Very mild..... 2

Mild 3

Moderate..... 4

Severe 5

Very severe..... 6

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

(circle one number)

Not at all..... 1

A little bit 2

Moderately..... 3

Quite a bit 4

Extremely..... 5

23-32. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks...** (Circle one number on each line)

	All of the Time	Most Of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Did you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6
32. Did you feel rested on waking in the morning?	1	2	3	4	5	6

33. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle one number)

All of the time.....1

Most of the time.....2

Some of the time 3

A little of the time.....4

None of the time.....5

Health in General

34-37. How TRUE or FALSE is each of the following statements for you.

(Circle one number on each line)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
34. I seem to get sick a little easier than other people	1	2	3	4	5
35. I am as healthy as anybody I know	1	2	3	4	5
36. I expect my health to get worse	1	2	3	4	5
37. My health is excellent	1	2	3	4	5

Health Distress

How much of the time during the **past 4 weeks...**

(Circle one number on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
38. Were you discouraged by your health problems?	1	2	3	4	5	6
39. Were you frustrated about your health?	1	2	3	4	5	6
40. Was your health a worry in your life?	1	2	3	4	5	6
41. Did you feel weighed down by your health problems?	1	2	3	4	5	6

Cognitive Function

How much of the time during the **past 4 weeks...**

(Circle one number on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
42. Have you had difficulty concentrating and thinking?	1	2	3	4	5	6
43. Did you have trouble keeping your attention on an activity for long?	1	2	3	4	5	6
44. Have you had trouble with your memory?	1	2	3	4	5	6
45. Have others, such as family members or friends, noticed that you have trouble with your memory or problems with your concentration?	1	2	3	4	5	6

Sexual Function

46-50. The next set of questions are about your sexual function and your satisfaction with your sexual function. Please answer as accurately as possible about your function **during the last 4 weeks only.**

How much of a problem was each of the following for you **during the past 4 weeks?**

(Circle one number on each line)

MEN	Not a problem	A Little of a Problem	Somewhat of a Problem	Very Much a Problem
46. Lack of sexual interest	1	2	3	4
47. Difficulty getting or keeping an erection	1	2	3	4
48. Difficulty having orgasm	1	2	3	4
49. Ability to satisfy sexual partner	1	2	3	4

(Circle one number on each line)

WOMEN	Not a problem	A Little of a Problem	Somewhat of a Problem	Very Much a Problem
46. Lack of sexual interest	1	2	3	4
47. Inadequate lubrication	1	2	3	4
48. Difficulty having orgasm	1	2	3	4
49. Ability to satisfy sexual partner	1	2	3	4

50. Overall, how satisfied were you with your sexual function **during the past 4 weeks**?

(circle one number)

Very satisfied..... 1

Somewhat satisfied..... 2

Neither satisfied nor dissatisfied 3

Somewhat dissatisfied 4

Very dissatisfied..... 5

51. During the **past 4 weeks**, to what extent have problems with your bowel or bladder function interfered with your normal social activities with family, friends, neighbors, or groups?

(circle one number)

Not at all..... 1

Slightly..... 2

Moderately 3

Quite a bit..... 4

Extremely 5

52. During the **past 4 weeks**, how much did *pain* interfere with your enjoyment of life?

(circle one number)

Not at all..... 1

Slightly..... 2

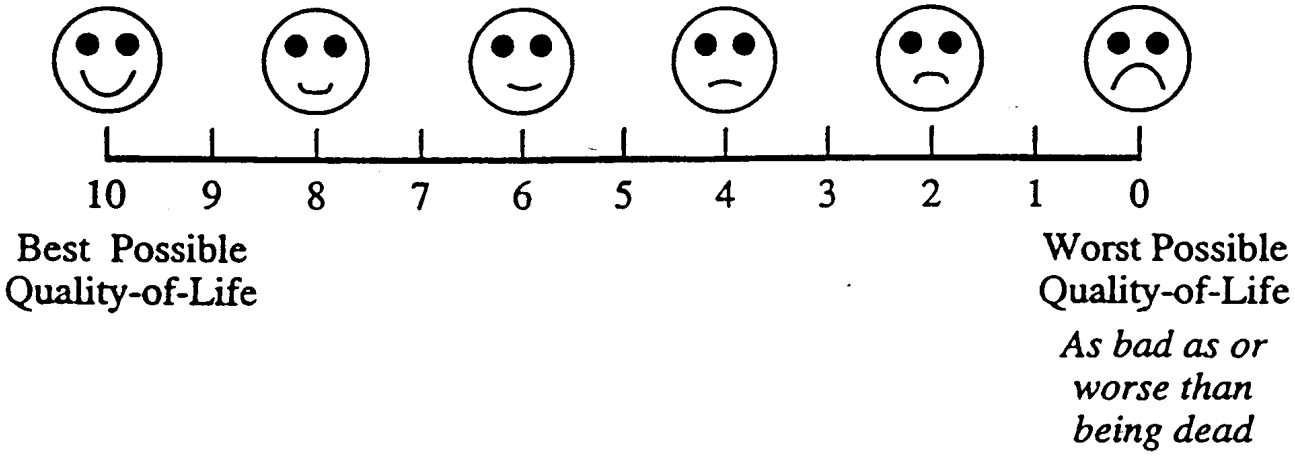
Moderately 3

Quite a bit..... 4

Extremely 5

53. Overall, how would you rate your own quality-of-life?

Circle one number on the scale below:



54. Which best describes how you feel about your life as a whole?

(circle one number)

Terrible 1

Unhappy 2

Mostly dissatisfied 3

Mixed - about equally satisfied and dissatisfied 4

Mostly satisfied 5

Pleased 6

Delighted 7

Scoring Forms for Multiple Sclerosis Quality of Life (MSQOL) -54

Table 1
MSQOL-54 Scoring Form

Table 2
MSQOL-54 Physical Health Composite Score

Table 3
MSQOL-54 Mental Health Composite Score

Table 1

MSQOL-54 Scoring Form

Scale/Item Number	Response 1	2	3	4	5	6		Subtotal	Final Score 0-100 point scale
Physical Health									
3.	0	50	100					_____	
4.	0	50	100					_____	
5.	0	50	100					_____	
6.	0	50	100					_____	
7.	0	50	100					_____	
8.	0	50	100					_____	
9.	0	50	100					_____	
10.	0	50	100					_____	
11.	0	50	100					_____	
12.	0	50	100					_____	
							Total:	_____ ÷ 10 =	_____
Role limitations due to physical problems									
13.	0	100						_____	
14.	0	100						_____	
15.	0	100						_____	
16.	0	100						_____	
							Total:	_____ ÷ 4 =	_____
Role limitations due to emotional problems									
17.	0	100						_____	
18.	0	100						_____	
19.	0	100						_____	
							Total:	_____ ÷ 3 =	_____
Pain									
21.	100	80	60	40	20	0		_____	
22.	100	75	50	25	0			_____	
52.	100	75	50	25	0			_____	
							Total:	_____ ÷ 3 =	_____
Emotional well-being									
24.	0	20	40	60	80	100		_____	
25.	0	20	40	60	80	100		_____	
26.	100	80	60	40	20	0		_____	
28.	0	20	40	60	80	100		_____	
30.	100	80	60	40	20	0		_____	
							Total:	_____ ÷ 5 =	_____
Energy									
23.	100	80	60	40	20	0		_____	
27.	100	80	60	40	20	0		_____	
29.	0	20	40	60	80	100		_____	
31.	0	20	40	60	80	100		_____	
32.	100	80	60	40	20	0		_____	
							Total:	_____ ÷ 5 =	_____

Table 1 (cont.) Scale/Item Number	Response 1	2	3	4	5	6	Subtotal	Final Score 0-100 point

Health Perceptions

1.	100	75	50	25	0		_____	
34.	0	25	50	75	100		_____	
35.	100	75	50	25	0		_____	
36.	0	25	50	75	100		_____	
37.	100	75	50	25	0		_____	
						Total:	_____ ÷ 5 =	_____

Social function

20.	100	75	50	25	0		_____	
33.	0	25	50	75	100		_____	
51.	100	75	50	25	0		_____	
						Total:	_____ ÷ 3 =	_____

Cognitive function

42.	0	20	40	60	80	100		_____	
43.	0	20	40	60	80	100		_____	
44.	0	20	40	60	80	100		_____	
45.	0	20	40	60	80	100		_____	
							Total:	_____ ÷ 4 =	_____

Health distress

38.	0	20	40	60	80	100		_____	
39.	0	20	40	60	80	100		_____	
40.	0	20	40	60	80	100		_____	
41.	0	20	40	60	80	100		_____	
							Total:	_____ ÷ 4 =	_____

Sexual function*

46.	100	66.7	33.3	0			_____	
47.	100	66.7	33.3	0			_____	
48.	100	66.7	33.3	0			_____	
49.	100	66.7	33.3	0			_____	
						Total:	_____ ÷ 4 =	_____

Change in health

2.	100	75	50	25	0			_____

Satisfaction with sexual function

50.	100	75	50	25	0			_____

Overall quality of life

	Response						
	1	**2**	**3**	**4**	**5**	**6**	**7**
53.	(multiply response by 10)						
54.	0	16.7	33.3	50	66.7	83.3	100

Total: _____ ÷ 2 = _____

Note: The total number of items in each scale is listed as the divisor for each subtotal. However, due to missing data, the divisor might actually be less than that if not every item within a given scale has been answered. For example, if item 38 in the Health Distress scale was left blank and the other 3 items in the scale were answered, then the "Total" score for Health Distress would be divided by '3' (instead of '4') to obtain the "Final Score."

* Males and females can be combined in the analysis even though question 47 is different for the two groups. The scale scores can also be reported separately for males and females.

Table 2
Formula for calculating MSQOL-54 Physical Health Composite Score

MSQOL-54 Scale	Final Scale Score	x	Weight	=	Subtotal
Physical function	_____	x	.17	=	_____(a)
Health perceptions	_____	x	.17	=	_____(b)
Energy/fatigue	_____	x	.12	=	_____(c)
Role limitations - physical	_____	x	.12	=	_____(d)
Pain	_____	x	.11	=	_____(e)
Sexual function	_____	x	.08	=	_____(f)
Social function	_____	x	.12	=	_____(g)
Health distress	_____	x	.11	=	_____(h)

PHYSICAL HEALTH COMPOSITE: Sum subtotals (a) through (h) = _____

Table 3
Formula for calculating MSQOL-54 Mental Health Composite Score

MSQOL-54 Scale	Final Scale Score	x	Weight	=	Subtotal
Health distress	_____	x	.14	=	_____(a)
Overall quality of life	_____	x	.18	=	_____(b)
Emotional well-being	_____	x	.29	=	_____(c)
Role limitations - emotional	_____	x	.24	=	_____(d)
Cognitive function	_____	x	.15	=	_____(e)

MENTAL HEALTH COMPOSITE: Sum subtotals (a) through (e) = _____