<table>
<thead>
<tr>
<th><strong>Availability:</strong></th>
<th>The instrument is freely available here: <a href="#">Please click here for the Functional Assessment in Multiple Sclerosis</a></th>
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<tbody>
<tr>
<td><strong>Classification:</strong></td>
<td>Supplemental</td>
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</table>
| **Short Description of Instrument:** | **Construct measured:** Mobility and quality of life  
**Generic vs. disease specific:** Disease specific  
**Means of administration:** Self administered  
**Intended respondent:** Patient  
**# of items:** 59  
**# of subscales and names of sub-scales:** 6 – mobility, symptoms, emotional well being/depression, general contentment, thinking/fatigue and family/social well being  
**# of items per sub-scale:** Varies |
| **Comments/Special instructions:** | **Scoring:** Unscored items are retained for their clinical and empirical value. A Likert-type 5-point scale (ranging from “not at all” to “very much”) produces a score between 0 and 4 for each scored question (44 of the 59 items).  
**Background:** The FAMS is a patient-completed disease specific questionnaire regarding perceptions of mobility and quality of life in people. |
| **References:** | **Key Reference:** Cella et al. Validation of the Functional Assessment of Multiple Sclerosis quality of life instrument. NEUROLOGY 1996;47: 129-139 |
| **Rationale/Justification:** | **Strengths/ Weaknesses:** The FAMS was created on an existing measure—the Functional Assessment of Cancer Therapy: General Questionnaire with additional items generated by experts and interviews with patients.  
**Psychometric Properties:** There is good internal consistency reliability for the subscales of the MSQLI, with the lowest alpha being 0.67 (for social functioning on SF-36). Other coefficients range from 0.78 (BWCS) to 0.97 (MSSS). Test-retest reliability on the SF-36 ranges from 0.  
**Administration:** Self-completion by the patient |