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Hauser Ambulation Index (AI)**

Availability:	The AI is available in the original journal article where it was first published, Hauser et al (1983) or it may be downloaded from the National MS Society website: National MS Society website .
Classification:	Supplemental for MS
Short Description of	<p>Construct measured: Quantitative mobility and leg function performance.</p> <p>Generic vs. disease specific: Generic.</p> <p>Means of administration: In person by a trained examiner (need not be a physician or nurse).</p> <p>Intended respondent: Patient.</p> <p># of items: N/A.</p> <p># of subscales and names of sub-scales: N/A.</p> <p># of items per sub-scale: N/A.</p>
Comments/Special	<p>Scoring: Scores range from 0 (asymptomatic and fully active) to 10 (bedridden). The patient is asked to walk a marked 25-foot course as quickly and safely as possible. The examiner records the time and type of assistance (e.g., cane, walker, crutches) needed. Although the patient's walking is timed, the time is not used directly but is utilized in conjunction with other factors to rate the patient on an ordinal scale with 11 gradations.</p> <p>Background: The AI is a rating scale developed by Hauser et al (1983) to assess mobility by evaluating the time and degree of assistance required to walk 25 feet.</p>
Rationale/Justification:	<p>Strengths/Weaknesses: Gait speed in general has been demonstrated to be a useful and reliable functional measure of walking ability. The AI is similar to and has been largely replaced by the Timed 25-Foot Walk (T25-FW). While the AI uses an ordinal clinical rating of a performance category, the T25-FW measures the actual time needed to complete the task. When administering the AI, patients are allowed to use assistive devices (canes, crutches, walkers). In addition the rating scale has categories for patients who are unable to walk.</p> <p>Psychometric Properties: The AI has demonstrated good test-retest and inter-rater reliability as well as good convergent validity. However, because of its more desirable psychometric properties, the T25-FW has largely replaced the AI in clinical studies.</p> <p>Administration: Administration time will vary depending upon the ability of the patient. Total administration time should be approximately 1-5 minutes.</p>
References:	Hauser SL, Dawson DM, Lehigh JR, Beal MF, Kevy SV, Propper RD, Mills JA, Weiner HL. Intensive immunosuppression in progressive multiple sclerosis. A randomized, threearm study of high-dose intravenous cyclophosphamide, plasma exchange, and ACTH. N Engl J Med. 1983 Jan 27;308(4):173-80.