

NINDS CDE Notice of Copyright Multiple Sclerosis Quality of Life-54 Instrument  
(MSQOL-54)

Availability:	Freely available on the NMSS website: <a href="#">PLEASE CLICK HERE FOR MORE INFORMATION</a>
Classification:	Supplemental
Short Description of Instrument:	<p>Construct measured: Multidimensional health-related quality of life</p> <p>Generic vs. disease specific: Combines generic and disease specific items</p> <p>Means of administration: Self-Administered</p> <p>Intended respondent: Patient</p> <p># of items: 54</p> <p># of subscales and names of sub-scales: 12 – Physical function, role limitations-physical, role limitations-emotional, pain, emotional well-being, energy, health perceptions, social function, cognitive function, health distress, overall quality of life, and sexual function</p> <p># of items per sub-scale: Varies</p>
Comments/Special instructions:	<p>Scoring: There is no single overall score for the MSQOL-54. Two summary scores - physical health and mental health - can be derived from a weighted combination of scale scores. In addition to the 12 subscales, there are two single-item measures: satisfaction with sexual function and change in health. See the original article describing the development and testing of the MSQOL-54 (Vickrey et al, 1995) for details. Administration forms and scoring instructions can be downloaded.</p> <p>Background: The MSQOL-54 is a multidimensional health-related quality of life measure that combines both generic and MS-specific items into a single instrument. (Vickrey et al, 1995) (Vickrey et al, 1997) The developers utilized the SF-36 as the generic component to which 18 items were added to tap MS-specific issues such as fatigue, cognitive function, etc. This 54-item instrument generates 12 subscales along with two summary scores, and two additional single-item measures.</p>
References:	Vickrey BG, Hays RD, Harooni R, Myers LW, Ellison GW. A health-related quality of life measure for multiple sclerosis. Quality of life research 1995; 4(3):187-206.

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<p>Rationale/ Justification:</p>	<p>Strengths/ Weaknesses: The MSQOL-54 is easy to administer, covers a broad range of domains of health-related quality of life, and includes one of the most widely used quality of life measures, the SF-36. Availability of population-based normative data for the SF-36 portion of the MSQOL-54 makes this instrument useful for comparative purposes. The availability of several subscales may be useful to investigators interested in testing hypotheses concerning these different areas of function. While the MSQOL-54 includes many MS-specific components such as fatigue, investigators studying specific MS problems may want to augment the MSQOL-54 with other measures that assess such problems in greater depth, e.g., the MFIS.</p> <p>Psychometric Properties: In an MS population, the 12 subscales of the MSQOL-54 show good internal consistency with Cronbach's alphas ranging from .75 to .96. Test-retest reliability for these 12 subscales is also good with intraclass correlation coefficients ranging from .66 to .96. There is evidence for the validity of the MSQOL-54. (Vickrey et al, 1995) In one study, the physical function and role limitations-physical subscales were the ones that best discriminated between MS patients and the normative U.S. population. The MSQOL-54 also showed significant associations with MS symptom severity during the prior year, level of ambulation, employment limitations due to health problems, and hospital admissions during the prior year.</p> <p>Administration: Administration time is approximately 11-18 minutes. The MSQOL-54 is a structured, self-report questionnaire that the patient can generally complete with little or no assistance. It may also be administered by an interviewer. However, patients with visual or upper extremity impairments may need to have the MSQOL-54 administered as an interview. Interviewers should be trained in basic interviewing skills and in the use of this instrument.</p>
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