Twelve Item MS Walking Scale (MSWS-12)

Record form

		Date Questionnaire Completed			
Subject ID Number	Subject Initials		Day	Month	Year

If you cannot walk at all, please tick this box

In the past two weeks, how much has your MS	Not at all	A little	Moderately	Quite a lot	Extremely
1. Limited your ability to walk?	1	2	3	4	5
2. Limited your ability to run?	1	2	3	4	5
3. Limited your ability to climb up and down stairs?	1	2	3	4	5
4. Made standing when doing things more difficult?	1	2	3	4	5
5. Limited your balance when standing or walking?	1	2	3	4	5
6. Limited how far you are able to walk?	1	2	3	4	5
7. Increased the effort needed for you to walk?	1	2	3	4	5
8. Made it necessary for you to use support when walking indoors (eg holding on to furniture, using a stick, etc.)?	1	2	3	4	5
9. Made it necessary for you to use support when walking outdoors (eg using a stick, a frame, etc.)?	1	2	3	4	5
10. Slowed down your walking?	1	2	3	4	5
11. Affected how smoothly you walk?	1	2	3	4	5
12. Made you concentrate on your walking?	1	2	3	4	5

From the numbers you circle against these questions, your healthcare professional can calculate your MSWS-12 score. This is done by adding the numbers you have circled, giving a total out of 60, and then transforming this to a scale with a range from 0 to 100. Higher scores indicate a greater impact on walking than lower scores.

To be completed by the healthcare professional

Total score _____ out of 60

Percentage ______%





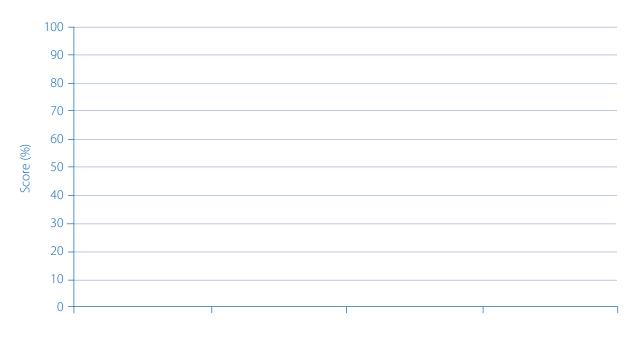
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Graph – Patient Progress Over Time



Use the graphs below to plot the percentage score from the questionnaire at each visit. The higher the score/percentage, the greater the perceived impact MS is having on walking ability. A change will be indicated by a reduction or increase in the score over time.

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Test dates

