

Multiple Sclerosis Quality of Life (MSQOL)-54 Instrument

For Further Information, Contact:

Barbara G. Vickrey, MD, MPH
UCLA Department of Neurology
C-128 RNRC; Box 951769
Los Angeles, CA 90095-1769
Voice: 310.206.7671
Fax: 310.794.7716

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. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. <u>Moderate activities</u> , 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 <u>several</u> flights of stairs	1	2	3
7. Climbing <u>one</u> flight of stairs	1	2	3
8. Bending, kneeling, or stooping	1	2	3
9. Walking <u>more than a mile</u>	1	2	3
10. Walking <u>several blocks</u>	1	2	3
11. Walking <u>one block</u>	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 <u>amount of time</u> you could spend on work or other activities	1	2
14. <u>Accomplished less</u> than you would like	1	2
15. Were limited in the <u>kind</u> of work or other activities	1	2
16. Had <u>difficulty</u> 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 <u>amount of time</u> you could spend on work or other activities	1	2
18. <u>Accomplished less</u> than you would like	1	2
19. Didn't do work or other activities as <u>carefully</u> 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 satisfied1

Somewhat satisfied.....2

Neither satisfied nor
dissatisfied3

Somewhat dissatisfied4

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

Slightly2

Moderately3

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

Slightly2

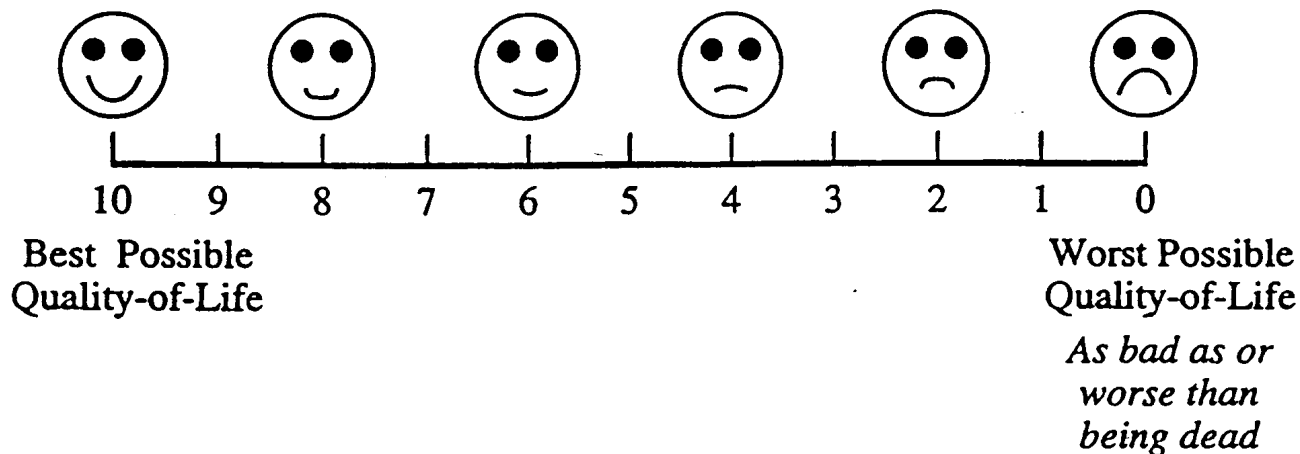
Moderately3

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)

Terrible1

Unhappy.....2

Mostly dissatisfied.....3

Mixed - about equally
satisfied and dissatisfied.....4

Mostly satisfied5

Pleased6

Delighted.....7

