

Patient Determined Disease Steps (PDDS)

The Patient Determined Disease Steps (PDDS) is a self-assessment scale of multiple sclerosis disease status collected in the North American Research Consortium on Multiple Sclerosis (NARCOMS) Registry at enrollment and semi-annual follow up surveys. The PDDS is not a copyrighted instrument, however the authors of PDDS request that if you use the PDDS as given below or from <u>www.NARCOMS.org/PDDS</u> that NARCOMS be acknowledged when using or publishing work with these questions and that the following references be cited:

PDDS:

Hohol MJ, Orav EJ, Weiner HL. Disease Steps in multiple sclerosis: A simple approach to evaluate disease progression. Neurology 1995; 45: 251–55.

Hohol MJ, Orav EJ, Weiner HL. Disease Steps in multiple sclerosis: a longitudinal study comparing disease steps and EDSS to evaluate disease progression. Multiple Sclerosis 1999; 5: 349–54.

Marrie RA and Goldman M. Validity of performance scales for disability assessment in multiple sclerosis. Multiple Sclerosis 2007; 13: 1176-1182.

Acknowledgement for use:

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We hope the PDDS is useful in your studies, and appreciate the above citations and references.

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PDDS: Patient-determined Disease Steps

Please read the choices listed below and choose the one that best describes your own situation. **This scale focuses mainly on how well you walk**. You might not find a description that reflects your condition exactly, but please mark the **one** category that describes your situation the closest.

 \Box 0 Normal: I may have some mild symptoms, mostly sensory due to MS but they do not limit my activity. If I do have an attack, I return to normal when the attack has passed.

 \Box 1 Mild Disability: I have some noticeable symptoms from my MS but they are minor and have only a small effect on my lifestyle.

 \Box 2 Moderate Disability: I don't have any limitations in my walking ability. However, I do have significant problems due to MS that limit daily activities in other ways.

 \Box 3 **Gait Disability:** MS does interfere with my activities, especially my walking. I can work a full day, but athletic or physically demanding activities are more difficult than they used to be. I usually don't need a cane or other assistance to walk, but I might need some assistance during an attack.

 \Box 4 **Early Cane**: I use a cane or a single crutch or some other form of support (such as touching a wall or leaning on someone's arm) for walking all the time or part of the time, especially when walking outside. I think I can walk 25 feet in 20 seconds without a cane or crutch. I always need some assistance (cane or crutch) if I want to walk as far as 3 blocks.

 \Box 5 Late Cane: To be able to walk 25 feet, I have to have a cane, crutch or someone to hold onto. I can get around the house or other buildings by holding onto furniture or touching the walls for support. I may use a scooter or wheelchair if I want to go greater distances.

 \Box 6 **Bilateral Support:** To be able to walk as far as 25 feet I must have 2 canes or crutches or a walker. I may use a scooter or wheelchair for longer distances.

 \Box 7 Wheelchair / Scooter: My main form of mobility is a wheelchair. I may be able to stand and/or take one or two steps, but I can't walk 25 feet, even with crutches or a walker.

□ 8 **Bedridden:** Unable to sit in a wheelchair for more than one hour.