

## Walking Scale Questionnaire (Walk-12)

Please complete and hand to your therapist at the start of the consultation, thank you.

- These questions ask you about limitation to your walking due to multiple sclerosis **during the past 2 weeks.**
- For each statement, please circle the number that best describes your degree of limitation
- Please answer all questions even if some seem rather similar to others, or seem irrelevant to you
- If you cannot walk at all, please check this box

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

$$\text{Total Score} = \left( \frac{\text{Sum of all scores} - 12}{48} \right) \times 100$$

Total Score = \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_