The Multiple Sclerosis Self-Management Scale-Revised (MSSM-R): Persian Version and Psychometric Analysis

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Practice Points

- Recent epidemiological studies suggest that the prevalence of MS is high in Iran.
- Self-management is an important aspect of coping with MS. The Multiple Sclerosis Self-Management Scale Revised (MSSM-R) was developed to assess knowledge and behavior related to self-management.
- Our study provides evidence of the validity and reliability of the Iranian version of the MSSM-R.
Abstract

**Background:** Self-management is the most important component in the treatment of chronic diseases, including multiple sclerosis (MS). Bishop & Frain (2011) Multiple Sclerosis Self-Management Scale-Revised (MSSM-R) is one of the valid tools for self-management assessment. The purpose of this study was to evaluate the psychometric properties of this scale in Iranian people with MS.

**Methods:** A cross-sectional design was used for this study. This study was conducted in 2018 in the population of people with MS in Guilan province (N = 1600). In this study, 250 people were selected by convenience sampling method. The reliability of the Persian version of this scale was examined by internal consistency and test-retest methods, validity evidence was used in order to evaluate of the confirmatory factor analysis.

**Results:** The results showed that, this scale had acceptable face and content validity. The results of the confirmatory factor analysis showed that, 24 items of this scale have a factor loading in 5 subscales. Other results showed that the internal consistency of this scale was measured by Cronbach’s alpha and test-retest reliability for subscales: HPRC (α = 0.83, r = 0.70), TA/B (α = 0.70, r = 0.71), S/FS (α = 0.79, r = 0.85), MSKI (α = 0.89, r = 0.72), HMB (α = 0.77, r = 0.75), MSSM-R (α = 0.85, r = 0.77).

**Conclusions:** This study provided evidence of the validity and reliability of the MSSM-R. In order to further ensure the psychometric properties, further studies with this scale are suggested.
Introduction

Multiple sclerosis (MS) is a debilitating central nervous system disorder that is progressive and chronic, which usually begins at the age of 20 to 40. According to valid reports, MS is the second leading cause of traumatic inability among young people. MS is more common in women in the world, and this difference is reported 1.8 to 3.6. Various studies suggest that in recent years, the spread of MS has grown vastly in Iranian cities. It has been shown in a study that the estimated incidence of this disease in Tehran city (the most populated city) is 52 in 100,000. In a study conducted in southeastern Iran, the prevalence of MS in 2010 was 13.96 and 2.67 in 100,000 for women and men respectively. In the latest study in 2018, the results indicated that individuals suffer from MS in provinces Isfahan (93.6), Charmahal & Bakhtiari (92.7), Fars (77.3), Tehran (74.3), Qom (50.4), Guilan (35.9), Zanjan (33.7), and Golestan (18) in every 100,000. In total, studies have shown that Iran is out of a moderate prevalence and is now becoming an area with a high prevalence of disease.

There is currently no definite treatment for the disease, and the interventions include living with a life-long illness and symptom management is recognized as an essential component in the care of the disease. Self-management in chronic diseases is one of the main components of active participation in treatment.

Self-management is defined as an active process in coping with disease, through adherence to treatment and drug use, participation in medical decision-making, self-care, maintaining social relationships and emotional balance. Also, in other definitions, self-management is defined as learning and participating necessary skills in order to continue active life and satisfying psychological status in the face of a chronic disease. The self-management in
chronic diseases is associated with improving quality of life,\textsuperscript{9} and decreased symptom and
treatment costs.\textsuperscript{11,12} Other studies suggest that self-management is related with a wide range of
positive outcomes in the field of health and rehabilitation,\textsuperscript{9} and increasing self-control against
disease symptom,\textsuperscript{13} and decreased hospitalization,\textsuperscript{14} pain and anxiety\textsuperscript{15}. Self-management
strategies help to maintain and promote health and reduce the outcomes of the disease through
the use of mechanisms such as better understanding of the disease, acquiring the necessary
knowledge, adherence to appropriate diet and nutrition, and increasing knowledge and
development of patient’s skills.\textsuperscript{16}

Although previous studies have pointed to the importance of self-management in chronic
patients and have introduced it as an important aspect in the management of chronic diseases,
few studies have been conducted in the field of self-management of people with MS.\textsuperscript{9} Nowadays,
for the purpose of conducting self-management study and review in people with MS, the need for
credible and reliable assessments has become increasing evident. To this end, the scale of self-
management of multiple sclerosis was created for comprehensive assessment of knowledge and
self-management behavior of adults with MS in 2007.\textsuperscript{17} Then it was assessed in 2011.\textsuperscript{7} In the
latest study in 2014, the psychometric properties of this tool were re-examined.\textsuperscript{18}

Self-management is one of the most important aspects of MS management, but
unfortunately due to the lack of a standard tool, researchers and therapists have been less
interested in Iran. Considering the increasing trend of people with MS in Iran and the need for
self-management in clinical and research fields, the existence of a standard tool for professionals
and researchers is of most importance. By self-management assessment, individuals’
weaknesses could be identified by providing effective interventions to improve the self-
management behaviors of these patients. According to the discussed issues, the aim of this study
is to translate the MSSM-R into Persian, and to examine the reliability indices of retest, internal consistency, the face validity, and content and structure of the tool in order to introduce the newest scale in the field of people with MS’ self-management to researchers and therapists to be used in clinical and research settings, in turn.

Methods

Design and Participants

A cross-sectional design was used for this study. This study was conducted in the population of people with MS in Guilan province (N = 1600) in 2018. To determine the sample size, the scale was first performed on 25 people and the M ± SD were 72.65 ± 10.90. Then, using the GPower 3.1 software, based on the formula of Chow et al. The required sample size of 221 people was calculated, which was considered to prevent the possible loss of 250 people. \( \sigma = 10.90 \), \( \alpha = 0.05 \), \( d = 1.2 \), \( 1-\beta = 0.90 \).

\[
n = \left( \frac{\sigma(z_{1-\alpha/2} + z_{1-\beta})}{d} \right)^2
\]

The people with MS were selected by convenience sampling method through the MS Association of Guilan province, vice- of Guilan University of Medical Sciences, Pharmacies, and referrals to health and counseling centers. Sixteen participants in this study were selected for re-test reliability. The criteria for their selection were based on interest and availability after 20 days.
During a two-month period, the research team gathered data by referring to the mentioned centers. There were some criteria used for entering this research such as conscious satisfaction, diagnosis of MS by neurologists using MRI and clinical syndrome of the disease for one year, being between the age of 20 and 50 years old. This research has been reviewed and registered with the code IR.GUMS.REC.1397.087 at the Ethics Committee of the Guilan University of Medical Sciences.

Procedures

A written permission was received from the designer of this scale (Dr Malachy Bishop) for translating into Persian and reviewing the psychometric properties, then translated by a psychologist with an international English language proficiency in Persian, finally an English version and a Persian version were considered in the appropriate selection of words and sentences in order to match the items by two psychologists and experts in the field of Persian language and literature and revisions were made on it. The next step was to assess the content validity of the scale for two psychologists, two nurses and one neurologist (5 experts) to report in the Content Validity Index (CVI). Content validity was examined in the following directions: 1. comprehensibility of scale questions 2. accurate assessment of self-management, 3. necessity of each question in scale, 4. comprehension, 5. expert opinion on the overall scale in self-management measurement. Experts reviewed the five indicators in five-factor spectra (very low = 0, low = 1, moderate = 2, high = 3, and so high = 4). To obtain CVI based on the Waltz & Bausell method for each item in five aspects mentioned, the number of those judging the item as (rating high = 3, and so high = 4) was divided by the number of content five experts. Structural
validity were done through first and second order confirmatory factor analysis. Face validity was done according to experts’ viewpoint.

Structural questions and first and second order confirmatory factor analysis were used in order to measure the factor structure of the scale. Lisrel software was used to verify the confirmatory factor analysis. The reliability of this scale was measured by spss-22 software using internal consistency (Cronbach’s Alpha) and scale stability (re-test with 20 days intervals).

Measures

*Multiple Sclerosis Self-Management Scale Revised (MSSM-R)*

This scale has 24 items and 5 sub-scales, including: Healthcare Provider Relationship and Communication (HPRC) (9, 12, 14, 16, 18, 20), Treatment Adherence/Barriers (TA/B) (11, 15, 17, 21, 22, 23, 24), Social/Family Support (S/FS) (6, 10, 13), MS Knowledge and Information (MSKI) (1, 2, 3, 4) and Health Maintenance Behavior (HMB) (5, 7, 8, 19). The method of scoring the questionnaire was based on Likert 5 factors (1 = completely disagree, 2 = somewhat disagree, 3 = not agree nor disagree, 4 = I disagree, 5 = totally agree); and the higher the score, the higher the level it’s about self-management, as well as questions 21, 23 and 24 should be scored oppositely. Changes are between 24 and 120 in this tool. Investigation f exploratory factor analysis revealed that these five subscales explain 57.7% of the total variance of the test. Structural validity results showed that this tool had a negative correlation with Multiple Sclerosis Impact Scale on Physical Impact ($r = -0.28$) and psychological Impact ($r = -0.24$); and had a positive and significant correlation with the Multiple Sclerosis Self-Efficacy scale: Function
subscale ($r = 0.26$) and Multiple Sclerosis Self-Efficacy scale: Control subscale ($r = 0.31$) which indicates the divergent and convergent validity of this tool respectively. Also, the reliability of this scale was determined by the internal consistency (Cronbach’s alpha) for HPRC = 0.85, TA/B = 0.79, S/FS = 0.79, MSKI = 0.71, HMB = 0.59 and the MSSM-R = 0.85. The authors of this test in their study reported a range of changes ranging from 59 to 119 with a mean of 100.98 with a standard deviation of 11.59.  

*Findings*

In this study 250 questionnaires were distributed, but 220 out of them were answered completely and correctly (12% drop rate). 152 (69.1%) were female and 68 (30.9%) were men. The mean age of the participants was 35.10 ± 7.36. The mean illness duration was 7.39 ± 4.42. In the following, table 1 shows dispersion measures of the self-management scale of people with MS.

The overall score scale and its five subscales have been reported in the dispersion measures table. Given that the standard error of the kurtosis of variables lies within the range of +2 and -2, it can be deduced that the data has a normal distribution. In the following, the psychometric indexes (Validity and Reliability) of this scale have been investigated.

*Validity*

*Face and Content Validity*
Face validity was done according to expert opinion. In fact, five experts acknowledged that the appearance of questions is what the whole purpose of the scale is. The results of CVI in five aspects showed that: 1- comprehensibility of scale questions “0.79”, 2- accurate assessment of self-management “0.81”, 3- necessity of each question in scale ”0.86”, 4- comprehension “0.91” 5- expert opinion on the overall scale in self-management measurement “1”.

**Structural Validity**

The first order confirmatory factor analysis was used in order to investigate the factor loads of questions with its own factor and also to examine the correlation between scale dimensions that the results of which are reported below.

As shown in Table 2, the factor loads of all questions on its own factor are above 0.30 in the standard estimation mode. Considering that in the case of meaningful estimation, (t) statistics for all questions are higher than 1.96, it can be said that all questions have a significant factor bearing on their respective factors and are verified. Also, the findings of Table 2 show that questions 16, 15, 6, 1, and 5 have the most factor load and are related to their factor. Factor analysis of first order showed that correlation coefficients between self-management scale factors of people with MS were significant and acceptable (t ≥ 1.96); and factors "HPRC" and "TA/B" (0.67) have the highest correlation coefficient and "TA/B" and "MSKI" (0.23) have the least correlation coefficient.

Goodness-of-fit indices results of the first-order factor analysis model showed that the goodness of fit indexes was (X2 = 335.91), (DF = 241), (X2/DF = 1.393), (RMSEA = 0.042), (NFI = 0.91), (PNFI = 0.80), (IFI = 0.97), (CFI = 0.97), (RFI = 0.90) and (GFI = 0.89). Given the
fact that the IFI, NFI, CFI, RFI and GFI indexes have the range from zero to one, the closer they are to one, the more favorable the model is. Also, when the PNFI is greater than 0.5; the approximate error (RMSEA) is less than 0.08; and the X2/DF is less than 3, it indicates the optimal fit of the model. Fit indexes indicate that the model has an optimal fit and this scale has structural validity in Iranian culture.

Findings of the second-order factor analysis show that among the dimensions of self-management, respectively, MSKI, HMB, S/FS, TA/B, and HPRC have the highest load factor with self-management. In the standard estimation, the factor loads of all factors on self-management are above 0.30. Considering that in the case of meaningful estimation, (t) statistic for all factors is higher than 1.96, it can be said that all factors have a significant load factor. In the following, the Goodness-of-fit indices of the second-order factor analysis model showed that the goodness of fit indexes were (X2 = 375.52), (DF = 242), (X2/DF = 1.551), (RMSEA = 0.050), (NFI = 0.90), (PNFI = 0.79), (IFI = 0.96), (CFI = 0.96), (RFI = 0.89) and (GFI = 0.87). It can be concluded that the model has an optimal fit and the general structure of the tested relations is confirmed in the second-order factor analysis through the obtained data.

Reliability

Cronbach's Alpha and Test-Retest

The Cronbach's alpha coefficient (α) is calculated in 220 participants and the test-retest reliability coefficient (r) with a 20-days interval of 16 people in relation to the subscales of
HPRC ($\alpha = 0.83, r = 0.70$), TA/B ($\alpha = 0.70, r = 0.71$), S/FS ($\alpha = 0.79, r = 0.85$), MSKI ($\alpha = 89, r = 0.79$) and HMB ($\alpha = 0.77, r = 0.75$) and MSSM-R ($\alpha = 0.85, r = 0.77$)

**Discussion**

The aim of this study was to investigate the psychometric properties of the MSSM-R. The descriptive result showed that the mean $\pm$ SD of this scale in Iranian people with MS was $73.03 \pm 10.5$ while Bishop and Frain reported changes ranging from 59 to 119 with a mean of 100.98 and standard deviation of 11.59. It implies that the amount of self-care behaviors in Iranian people with MS is lower than the mean reporters of the designers. In another study in Iran, the results showed that 51.47% of MS patients performed self-care behaviors, which is very weak. In addition, the participants in the study were those who did not have a long history of illness ($M = 7.39$); the results suggest that the longer is the disease duration, the more is the self-care behaviors in people with type 2 diabetes. However, there is not any data available in the field of MS patients. Also, in another study in Iran (Mashhad City), the mean of 87.34 and standard deviation of 13.86 for this scale were calculated for the individuals (21-40 years), which are close to our results; therefore, self-management behaviors in patients can be influenced by several factors such as age and self-management knowledge and it requires further studies in future.

The verification of structural validity by confirmatory factor analysis showed that the 24 items in 5 components were confirmed and all questions with factor load were acceptable, and the result is in line with the study of the designers of this scale. In the present study, the internal consistency for sub-scales was calculated to be between 0.70 and 0.89, and it was 0.85 for the
overall score of MSSM-R. The designers reported alpha coefficients for sub-scales between 0.59 and 0.88 and 0.85 for the overall score of MSSM-R.\textsuperscript{7} The overall score of the study is completely identical with the study of the original designers, but the study of sub-scales shows that the Persian version has better internal consistency and all the subscales were calculated higher than 0.70. Furthermore, in Mashhad, Iran, internal consistency of this scale was calculated in 291 MS patients ($\alpha = 80$), but other psychometric information was not reported in this study.\textsuperscript{23} In another study the reliability coefficient was tested by a two-week test method of 0.83, indicating a high reliability of this scale.\textsuperscript{18}

In the present study, the CVI has been shown that the experts’ viewpoint in the field of comprehensibility of the scale for people with MS, “accurate assessment of self-management” is less than 0.86, while the CVI should be greater than or equal to 0.86 in order to validate content validation. However, given that the expert’s viewpoint about the overall scale in self-management assessment in people with MS received a complete score of one can trust the content validity of this scale. One of the main limitations of this study was the lack of consideration of other experts (such as Occupational and Physical therapistists) for the CVI evaluation; it is suggested to take the views of these experts into account in future studies for a thorough examination.

In the context of translating the questionnaire from English to other languages, the WHO has made valuable recommendations. In the present study, the recommendations of forward translation and expert panel were considered, but because of the shortness and transparency of the scale, back-translation was not used. Careful examination of the sentences, alternative terms and common terms in the Persian language were tried in expert panel. Also, due to the use of
expert opinion in determining the face and content validity, *no pre-testing and cognitive interviewing* was used with people with MS.

The participants in this study were almost young people with a mean age of 35.10 ± 7.36 and the results of this study cannot be categorically generalized to older people with MS. The mean of disease duration was 7.39 ± 4.42; they were either recently infected or were in the early years of the disease.

The selection of 16 people with MS to re-test based on their accessibility and their interest in test-retest can reduce the net effect of the retest, especially in this study, which had a short test interval. However, the lack of cooperation of many people with MS and the implementation of a retest for a longer interval were not possible. This study was conducted in Guilan province, but it must be conducted in order to obtain better results in other provinces, especially Isfahan, which has the highest number of people with the disease. In addition, the increase in the number of contributors in the re-test reliability and construct validity are suggested in future studies.

In the beginning, people with MS were supposed to be randomly selected from the MS community list, but due to lack of cooperation and lack of access to them in dispersed areas of the province, the convenience sampling was used; which makes it difficult to generalize the results. Despite all the limitations that make it difficult to generalize the results, the researchers hope that this study will be the starting point for future studies that will cover the limitations to complete the psychometric properties of the scale and be used directly in clinical studies and interventions.

**Conclusion**
The results of this study provide evidence of the validity and reliability of the self-management scale of people with MS in the Iranian sample. It should be noted that more studies need to be done in the field of psychometric scale before extensive use of this tool in clinical and research situations. However, this tool has the ability to fill the vacuum of self-management measurement in people with MS, and this study can be completed with more research and other psychometric methods such as construct validity.

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**References**
1. Khodaveisi M, Ashtarani F, Beikmoradi A, Mohammadi N, Mahjub H, Mazdeh M, Ashtarani E. The effect of continuous care on the lifestyle of patients with multiple sclerosis: A randomized clinical trial. *Iran J Nurs Midwifery Res*. 2017;22(3):225.

2. Eftekharian MM, Mousavi M, Hormoz MB, Roshanaei G, Mazdeh M. Multiple sclerosis and immunological-related risk factors: Results from a case-control study. *Hum Antibodies*. 2014;23(1, 2):31-6.

3. Harbo HF, Gold R, Tintoré M. Sex and gender issues in multiple sclerosis. *Ther Adv Neurol Disord*. 2013;6(4):237-48.

4. Sahraian MA, Khorramnia S, Ebrahim MM, Moinfar Z, Lotfi J, Pakdaman H. Multiple sclerosis in Iran: a demographic study of 8,000 patients and changes over time. *Europ Neurol*. 2010;64(6):331-6.

5. Moghtaderi A, Rakhshanizadeh F, Shahraki-Ibrahimi S. Incidence and prevalence of multiple sclerosis in southeastern Iran. *Clin Neurol Neurosurg*. 2013;115(3):304-8.

6. Sahebi R, Amiri M, Jami MS. Multiple Sclerosis in Iran. *Inter J Epide Res*. 2018; 5(1):30-33.

7. Bishop M, Frain MP. The Multiple Sclerosis Self-Management Scale: revision and psychometric analysis. *Rehabil Psycho*. 2011;56(2):150.

8. Wilski M, Tasiemski T, Kocur P. Demographic, socioeconomic and clinical correlates of self-management in multiple sclerosis. *Disabil Rehabil*. 2015;37(21):1970-5.

9. Bishop M, Frain MP, Tschopp MK. Self-management, perceived control, and subjective quality of life in multiple sclerosis: an exploratory study. *Rehabil Couns Bull*. 2008;52(1):45-56.

10. Lorig K. Self-management of chronic illness: a model for the future. *Generations*. 1993; 17:11-4.
11. Holman H, Lorig K. Patient self-management: a key to effectiveness and efficiency in care of chronic disease. *Public Health Rep.* 2004;119(3):239-43.

12. Johnson KL, Kuehn CM, Yorkston KM, Kraft GH, Klasner E, Amtmann D. Patient perspectives on disease-modifying therapy in multiple sclerosis. *Int J MS Care.* 2006;8(1):11-8.

13. Jordan JE, Osborne RH. Chronic disease self-management education programs: challenges ahead. *Med J Aust.* 2007;186(2):84.

14. Bodenheimer T, Lorig K, Holman H, Grumbach K. Patient self-management of chronic disease in primary care. *JAMA.* 2002;288(19):2469-75.

15. Lorig KR, Holman HR. Self-management education: history, definition, outcomes, and mechanisms. *Ann Behav Med.* 2003;26(1):1-7.

16. Newman S, Steed L, Mulligan K. Self-management interventions for chronic illness. *The Lancet.* 2004;364(9444):1523-37.

17. Bishop M, Frain M. Development and initial analysis of multiple sclerosis self-management scale. *Int J MS Care.* 2007;9(2):35-42.

18. Ghahari S, Khoshbin LS, Forwell SJ. The multiple sclerosis self-management scale: clinometric testing. *Int J MS Care.* 2014;16(2):61-7.

19. Chow S, Shao J, Wang H. *Sample Size Calculations in Clinical Research.* 2nd Ed. Chapman & Hall/CRC Biostatistics Series. 2008.

20. Waltz C, Bausell BR. Nursing research: design statistics and computer analysis. Philadelphia: Davis FA; 1981.

21. MorowatiSharifabad M, Momeni Z, Eslami M, DehghaniTafti A, Hakimzadeh A. Study of factors associated with self-care behaviors in patients with multiple sclerosis in Yazd City based on Health Belief Model. *Journal of Toloo-e-behdasht.* 2016;15(2):82-93.
22. Bigdeli MA, Hashemi Nazari SS, Khodakarim S, Brodati H, Mafi H. Factors associated with self-care behavior in patients with type II diabetes. *JMUMS*. 2015;25(125):61-72.

23. Zarei B, Vagharseyyedin SA, Gorganie E. Relationship between spiritual well-being and self-management among Iranian people with multiple sclerosis. *Jundi J Chron Dis Car*. 2015;4(4):18-24.
Table 1. Dispersion measures of Self-Management Scale of people with MS

| Variables | Items | Min | Max  | M   | SD  | Variance | Skew | Kurt  |
|-----------|-------|-----|------|-----|-----|----------|------|-------|
| MSSM-R    | 24    | 48  | 104  | 73.03 | 10.50 | 110.28 | -0.024 | -0.300 |
| HPRC      | 6     | 7   | 26   | 17.11 | 4.04  | 16.38  | -0.067 | -0.538 |
| TA/B      | 7     | 12  | 35   | 20.90 | 3.48  | 12.12  | 0.341  | 1.37  |
| S/FS      | 3     | 3   | 15   | 9.44  | 2.50  | 6.26   | -0.100 | -0.419 |
| MSKI      | 4     | 6   | 20   | 13.60 | 3.39  | 11.50  | -0.277 | -0.644 |
| HMB       | 4     | 6   | 18   | 11.97 | 2.60  | 6.79   | -0.050 | -0.660 |
Table 2. The standard factor loads of each question with its own factor

| Parameters | Questions | Standard Estimate | t  | Parameters | Questions | Standard Estimate | t  |
|------------|-----------|-------------------|----|------------|-----------|-------------------|----|
| HPRC       | 9         | .64               | -  | 6          | .79       | -                 |    |
|            | 12        | .57               | 8.86| S/FS      | 10        | .72               | 10.82|
|            | 14        | .66               | 1.011|          | 13        | .67               | 10.12|
|            | 16        | .74               | 11.86|          | 1         | .87               | -   |
|            | 18        | .67               | 1.32| MSKI      | 2         | .77               | 14.67|
|            | 20        | .61               | 9.06|          | 3         | .85               | 17.48|
|            | 11        | .50               | -  |           | 4         | .81               | 16.11|
|            | 15        | .71               | 10.20|          | 5         | .87               | -   |
|            | 17        | .57               | 7.98|           | 7         | .81               | 15.35|
|            | 21        | .30               | 3.95| HMB       | 8         | .78               | 13.98|
|            | 22        | .46               | 6.30|           |           |                   |    |
|            | 23        | .33               | 4.30|           | 19        | .37               | 13.26|
|            | 24        | .36               | 4.75|           |           |                   |    |