YOUR MS

This questionnaire asks about your MS in the past 6 months, including any relapses, your symptoms, and their impact on your daily life. This information will help you have a focused discussion with your healthcare professional about your MS and any changes you have experienced over the past 6 months. If possible, ask a family member, partner or carer for help and input when completing the questionnaire.

WHAT IS YOUR AGE? _____

Please mark one box per question to give your answer

1. YOUR MS

1.1 In the past 6 months, have you had any relapses (periods of time where your symptoms were worse and then got better)?

☐ Yes

☐ No

Go to section 2

1.2 If **yes**, how many relapses?

☐ 1 ☐ 2 ☐ 3+

1.3 If **yes**, how well did you recover from your most recent relapse?

☐ Fully (100%) ☐ Nearly Fully (75%) ☐ Partially (50%) ☐ A little (25%) ☐ Not at all (0%)

2. YOUR SYMPTOMS

For all symptoms that you answered **yes** for in Q2a)

	*a) Have you experienced any of the following symptoms **in the past 6 months?***			*b) Did you experience these symptoms during **any relapse** you had **in the past 6 months?***		*c) Did the symptoms **come and go** or were they there **most of the time?***		*d) If symptoms were there **most of the time...***		
		No	Yes	No	Yes	Symptoms came and went	Symptoms were there most of the time	Did they get better?	Did they stay the same?	Did they get worse?
2.1	Problems with your vision	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.2	Muscle weakness or muscle spasms	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.3	Problems walking and getting around	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.4	Problems with coordination and balance	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.5	Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.6	Numbness or tingling	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.7	Bladder control or bowel problems	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.8	Problems with your speech	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.9	Problems concentrating and remembering things	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.10	Feeling tired or fatigued	☐	☐	☐	☐	☐	☐	☐	☐	☐

3. HOW MS IMPACTS YOUR LIFE

***How much** have your MS symptoms **over the past 6 months** affected you:*

		Not at all	A little	Moderately	A lot	I can't do this because of my MS
3.1	Getting around	☐	☐	☐	☐	☐
3.2	Washing, bathing and dressing	☐	☐	☐	☐	☐
3.3	Completing everyday tasks, for example, housework or driving	☐	☐	☐	☐	☐
3.4	Engaging in hobbies and leisure activities	☐	☐	☐	☐	☐
3.5	At work (paid or volunteer)	☐	☐	☐	☐	☐
	I cannot answer Q3.5 because I do not work for reasons **unrelated to my MS**					☐
3.6	Being intimate or having sex	☐	☐	☐	☐	☐
3.7	Emotionally (for example, feeling low, anxious or worried)	☐	☐	☐	☐	☐

Are there any specific symptoms that you would like to focus on when you meet with your healthcare professional? If so, please circle/mark the relevant question number(s) in this questionnaire, or write the relevant question number(s) in the box below.

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