

## MULTIPLE SCLEROSIS QUESTIONNAIRE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. When was multiple sclerosis diagnosed?
2. What symptoms caused you to first seek treatment for multiple sclerosis?
3. What tests have been performed to confirm the diagnosis?
4. Have you ever had any of the following symptoms:

|             |                                |
|-------------|--------------------------------|
| tremors?    | muscular weakness?             |
| spasticity? | involuntary eye movement?      |
| numbness?   | urinary / rectal disturbances? |
5. What medications have been prescribed? What medications are you taking now?
6. Do the medications control the symptoms?
7. Are you in remission? If so, when did it begin?
8. Are medications required to maintain the remission?
9. How often do you have flair ups? How long do they usually last?
10. Are your symptoms progressively worse with each flair up?
11. How often do you visit your doctor? Have you ever been hospitalized for multiple sclerosis?
12. Do you require any durable medical equipment to maintain your independence (ie: braces, wheel chair, crutches, etc)?