



Multiple Sclerosis Questionnaire

Name:	
DOB:	Today's Date:

1. Have you been diagnosed with MS?

Yes	No

a) If yes, at what age?

Age at diagnosis

b) If yes, was the diagnosis: (circle one)

- Definite
- Probable
- Possible

c) If yes, was the diagnosis based on: (circle one)

- Clinical examination and history
- MRI imaging
- Both
- Other (please describe)

2. Where did you grow up? In what Country/Region/State?

3. Have you ever had a spinal fluid examination (spinal tap)?

Yes	No

a) If yes, at what age and were the results consistent with MS?

Age	Results

3. Have any of your first order relatives been diagnosed with MS?

Yes	No

(Parents, siblings and children) If yes- please explain:

Family Member	Age at diagnosis if known

4. Have you ever had any of the following symptoms? (MS symptoms usually evolve over hours to days and persist for days to weeks)

Please indicate age at time of occurrence

Symptom	Yes/ No	Details	Did the symptoms fully resolve?
Vision loss (optic neuritis)			
Double vision			
Weakness of one or more extremities			
Disturbed sensation of one or more extremities			
Change in balance			
Change in upper extremity coordination			
Impaired bladder or bowel control			
Brief shocks or tingling with neck movement			
Vertigo (spinning dizziness)			

5. Have you ever been diagnosed with any of the following?

Please indicate age at time of diagnosis

Condition	Yes/No	Details
Optic Neuritis		
Systemic Lupus		
Vitamin B12 other vitamin deficiencies		
Lyme Disease		
Sarcoidosis		
Inherited neurological disorders		
Brain tumor		
Stroke		
Meningitis		
Encephalitis		
Transverse myelitis		
HIV		
Guillain Barre` syndrome		
Diabetes		
Autoimmune disease		
Unexplained protracted fatigue		

6. Have you ever taken or been advised to take any of the following medications?

Medication	Yes/No	Results/reason for stopping medication
Aubagio		
Avonex		
Betaseron		
Copaxone		
Extavia		
Gilenya		
Steroids		
Tecfedera		
Tysabri		
Mitoxantrone		
Other:		