The following survey will ask you questions about your family history of MS, your MS diagnosis and history, your symptoms, and your treatments. You may find it easier to fully answer these questions if you have your records on hand.

Note: This PDF version is for your information only and does not accurately reflect the order of the questions. To view the questions as they are meant to be asked, you must complete the online survey.

MS Family History

Do you or did you have any family members who have been diagnosed with MS?
□ Yes □ No □ I Don't Know

Please list each family member who has been diagnosed with MS:

Family member		Blood relative? Indicate yes, no, or "don't know"	Date of birth *(month / day / year or "don't know")*
Mother			
Father			
Sister	Your twin? □ Yes – identical □ Yes – not identical □ No		
Brother	Your twin? □ Yes – identical □ Yes – not identical □ No		
Grandmother	Maternal side / Paternal side		
Grandfather	Maternal side / Paternal side		
Great-grandmother	Maternal side / Paternal side		
Great-grandfather	Maternal side / Paternal side		
Aunt	Maternal side / Paternal side		
Uncle	Maternal side / Paternal side		
Cousin – male	Maternal side / Paternal side		
Cousin – female	Maternal side / Paternal side		

Niece	Maternal side / Paternal side		
Nephew	Maternal side / Paternal side		
Daughter			
Son			
Granddaughter	Daughter's side / Son's side		
Grandson	Daughter's side / Son's side		
Other	Maternal side / Paternal side		

MS Clinical History

Have you ever been diagnosed with multiple sclerosis by a neurologist or other physician?

- □ Yes
- □ No
- □ I'm not sure

If yes | If no | If I'm not sure | If no or I'm not sure

When were you diagnosed with multiple sclerosis by a neurologist or other physician?

What tests were performed as part of the diagnostic process? Check all that apply.

- □ MRI of your head
- □ MRI of your spinal cord
- □ Test of your spinal fluid (lumbar puncture/spinal tap)
- □ Blood tests
- □ Evoked potentials

Are you confident that your MS diagnosis is correct?

- □ Yes
- □ No; I have received a new diagnosis that indicates I do not have MS.
  New diagnosis: _____________
- □ No; I have questions about whether I actually have MS.

The following questions will ask about your MS history and symptoms. We understand that your diagnosis has changed; however, it is extremely helpful to learn more about your experiences leading up to this new diagnosis. Please answer to the best of your ability. / The following questions will ask about your MS history and symptoms. We understand that you are unsure of your diagnosis and have questions; however, it is still extremely helpful to learn more about your experience to date. Please answer to the best of your ability.

Please elaborate:

- □ I have not been diagnosed, but I believe I have MS.

☐ I have not been diagnosed, and I'm not sure whether I have MS or not.
☐ I have not been diagnosed, and I do not believe I have MS.

Please elaborate

☐ I am not sure if I have received a diagnosis, but I believe I have MS.
☐ I am not sure if I have received a diagnosis, and I'm not sure whether I have MS or not.
☐ I am not sure if I have received a diagnosis, and I do not believe I have MS.

Are you in the process of being tested to find out if you have MS?

☐ Yes
☐ No

Have you experienced symptoms that led you to believe you have MS?

☐ Yes
☐ No

Have your symptoms ever met the definition of an MS relapse or exacerbation?

A relapse or exacerbation is defined as a development of new symptoms or worsening of old symptoms that lasts longer than 48 hours.
* In a relapse or exacerbation, MS symptoms generally worsen over a period of days to several weeks.
* They then improve partially or completely over several weeks or months.
* A relapse or exacerbation can be associated with several different symptoms getting worse at the same time.
* Symptoms that occur in the context of an infection or fever do not meet our definition of a relapse or exacerbation.

☐ Yes
☐ No

Use the table below to list the exacerbations you experienced prior to diagnosis and up through the first two years following your diagnosis, starting with your first exacerbation. Only list exacerbations you can recall with great accuracy.

Date of onset	Symptoms (check all that apply)					Degree of recovery
	Vision	Weakness	Balance	Sensory	Other	*See list below*
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	

☐ I have not had any exacerbations.

Degree of recovery:

- I made a nearly complete recovery (> 90%): Following recovery from this relapse, I had minimal remaining MS related symptoms or problems that did not already exist prior to the relapse.
- I made a partial recovery (50-90%): Following recovery from this relapse, I had moderate persistence of MS related symptoms or problems that did not already exist prior to the relapse.
- I made very little recovery (10-49%): Following recovery from this relapse, I had significant persistence of MS related symptoms or problems that did not already exist prior to the relapse.
- I made no significant recovery (<10%) from this relapse.
- I am unable to recall my recovery from this relapse.

Have you developed symptoms that have gotten progressively worse over time?

☐ Yes
☐ No

Indicate which of the following symptoms have led you to believe that you might have MS. Please tell us if :

You have ever experienced this symptom.
This symptom occurred during your first exacerbation or at onset.
You are currently experiencing this symptom.
You have never experienced this symptom.
You do not recall whether or not you have experienced this symptom.

Check all that apply.

Symptom	Ever	First	Currently	Never	Don't Recall
Weakness in arms/hands	☐	☐	☐	☐	☐
Weakness in legs/feet	☐	☐	☐	☐	☐
Difficulty walking / dragging a foot	☐	☐	☐	☐	☐
Loss of coordination in arms / hands	☐	☐	☐	☐	☐
Loss of coordination in legs / feet	☐	☐	☐	☐	☐
Stiffness / spasms	☐	☐	☐	☐	☐
Difficulty with balance	☐	☐	☐	☐	☐
Shaking or tremors	☐	☐	☐	☐	☐
Paralysis of half or whole face (i.e. facial drooping with altered smile, difficulty closing an eye tightly or wrinkling forehead)	☐	☐	☐	☐	☐
Facial twitching	☐	☐	☐	☐	☐
Speech articulation (speech sounds slurred	☐	☐	☐	☐	☐

or slowed or loses normal rhythm)					
Difficulty with swallowing	☐	☐	☐	☐	☐
Blindness or blurry vision in one eye or both	☐	☐	☐	☐	☐
Disturbed vision e.g. double vision, objects moving, etc.	☐	☐	☐	☐	☐
Sensory symptoms: Loss of feeling, painful feeling, unable to feel position of fingers/arms/legs, swollen feeling, numbness, tingling, feeling of pinpricks	☐	☐	☐	☐	☐
Vertigo	☐	☐	☐	☐	☐
Sharp, painful feeling in face not due to trauma or injury (trigeminal neuralgia)	☐	☐	☐	☐	☐
Electric shock-like feeling when bending neck	☐	☐	☐	☐	☐
Itching, not due to other causes e.g. psoriasis, insect bites, etc.	☐	☐	☐	☐	☐
Burning sensation in feet	☐	☐	☐	☐	☐
Cognitive difficulties, e.g. memory problems	☐	☐	☐	☐	☐
Sexual dysfunction, not caused by medication	☐	☐	☐	☐	☐
Urinary problems, e.g. unusual urgency or hesitancy	☐	☐	☐	☐	☐
Trouble with bowel movements	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐
Changes in mood or depression considered out of the ordinary	☐	☐	☐	☐	☐
Total paralysis of legs	☐	☐	☐	☐	☐
Total paralysis of arms	☐	☐	☐	☐	☐
Need for mechanical ventilation	☐	☐	☐	☐	☐
Other:	☐	☐	☐		

Have you had an MRI that shows evidence that you may have MS?

☐ Yes
☐ No

Which of the following best characterizes your form of MS? (check one)

Note: A relapse or exacerbation is defined as a development of new symptoms or worsening of old symptoms that lasts longer than 48 hours.
* In a relapse or exacerbation, MS symptoms generally worsen over a period of days to several weeks.
* They then improve partially or completely over several weeks or months.
* A relapse or exacerbation can be associated with several different symptoms getting worse at the same time.
* Symptoms that occur in the context of an infection or fever do not meet our definition of a relapse or exacerbation.

□ Clinically isolated syndrome (CIS) - You have experienced only one exacerbation with or without significant recovery.

□ Relapsing remitting (RRMS) - You have experienced two or more exacerbations, separated by more than 30 days, of being worse for a period of time followed by an improvement in condition. In between exacerbations your MS is stable.

□ Secondary progressive (SPMS) - Your disease began with at least one exacerbation (usually more) separated or followed by periods of stability and has changed to the point where symptoms have been getting progressively worse even when not having an exacerbation.
At what age did this change take place? You may answer approximately. ______ years old

□ Primary progressive (PPMS) -Your initial MS symptoms came on too slowly to be considered an exacerbation. Since then, your symptoms have continued to steadily get worse. You may also have experienced one or more exacerbations after onset, or you may never have had an exacerbation.

Have you ever had any MS exacerbations that meet the definition above?
□ Yes □ No □ Don't know

□ Radiologically isolated syndrome (RIS) - Your MRI shows evidence that you may have MS, but you have not had any symptoms that are typical of MS (for instance, a doctor obtained an MRI scan for a reason other than MS and found abnormalities that look like MS).

□ Not sure/don't know

We're interested in your early experiences with MS. Use the table below to list the exacerbations you experienced prior to diagnosis and up through the first two years following your diagnosis, starting with your first exacerbation. Only list exacerbations you can recall with great accuracy.

Date of onset	Symptoms (check all that apply)					Degree of recovery
	Vision	Weakness	Balance	Sensory	Other	*See list below*
	□	□	□	□	□	
	□	□	□	□	□	
	□	□	□	□	□	
	□	□	□	□	□	

□ I have not had any exacerbations.

Accelerated Cure project multiple sclerosis

The Accelerated Cure Project for MS is a non-profit, 501(c)(3) tax-exempt organization whose mission is to accelerate efforts toward a cure for multiple sclerosis by rapidly advancing research that determines its causes and mechanisms.

Degree of recovery:

- I made a nearly complete recovery (> 90%): Following recovery from this relapse, I had minimal remaining MS related symptoms or problems that did not already exist prior to the relapse.
- I made a partial recovery (50-90%): Following recovery from this relapse, I had moderate persistence of MS related symptoms or problems that did not already exist prior to the relapse.
- I made very little recovery (10-49%): Following recovery from this relapse, I had significant persistence of MS related symptoms or problems that did not already exist prior to the relapse.
- I made no significant recovery (<10%) from this relapse.
- I am unable to recall my recovery from this relapse.

We're interested in your more recent experiences with MS. Use the table below to list any additional exacerbations you experienced in the last two years. Only list exacerbations you can recall with great accuracy. (Please enter the date in MM/YYYY format)

Date of onset	Symptoms (check all that apply)					Degree of recovery		
	Vision	Weakness	Balance	Sensory	Other	*See list above*		
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐

☐ I have not had any exacerbations in the last two years.

Before your first exacerbation or diagnosis, did you experience any symptoms that you feel were due to MS but did not meet the definition of a relapse or a doctor did not consider these symptoms consistent with MS?
☐ Yes ☐ No ☐ I Don't know ☐ Not applicable

How old were you when you had your first symptom? You may answer approximately.
______ years old

Indicate which of the following symptoms you have experienced as a result of your MS. Please tell us if :

You have ever experienced this symptom.
This symptom occurred during your first exacerbation or at onset.
You are currently experiencing this symptom.
You have never experienced this symptom.
You do not recall whether or not you have experienced this symptom.

Check all that apply.

Symptom	Ever	First	Currently	Never	Don't Recall
Weakness in arms/hands	☐	☐	☐	☐	☐
Weakness in legs/feet	☐	☐	☐	☐	☐
Difficulty walking / dragging a foot	☐	☐	☐	☐	☐
Loss of coordination in arms / hands	☐	☐	☐	☐	☐
Loss of coordination in legs / feet	☐	☐	☐	☐	☐
Stiffness / spasms	☐	☐	☐	☐	☐
Difficulty with balance	☐	☐	☐	☐	☐
Shaking or tremors	☐	☐	☐	☐	☐
Paralysis of half or whole face (i.e. facial drooping with altered smile, difficulty closing an eye tightly or wrinkling forehead)	☐	☐	☐	☐	☐
Facial twitching	☐	☐	☐	☐	☐
Speech articulation (speech sounds slurred or slowed or loses normal rhythm)	☐	☐	☐	☐	☐
Difficulty with swallowing	☐	☐	☐	☐	☐
Blindness or blurry vision in one eye or both	☐	☐	☐	☐	☐
Disturbed vision e.g. double vision, objects moving, etc.	☐	☐	☐	☐	☐
Sensory symptoms: Loss of feeling, painful feeling, unable to feel position of fingers/arms/legs, swollen feeling, numbness, tingling, feeling of pinpricks	☐	☐	☐	☐	☐
Vertigo	☐	☐	☐	☐	☐
Sharp, painful feeling in face not due to trauma or injury (trigeminal neuralgia)	☐	☐	☐	☐	☐
Electric shock-like feeling when bending neck	☐	☐	☐	☐	☐
Itching, not due to other causes e.g. psoriasis, insect bites, etc.	☐	☐	☐	☐	☐
Burning sensation in feet	☐	☐	☐	☐	☐
Cognitive difficulties, e.g. memory problems	☐	☐	☐	☐	☐
Sexual dysfunction, not caused by medication	☐	☐	☐	☐	☐
Urinary problems, e.g. unusual urgency or hesitancy	☐	☐	☐	☐	☐
Trouble with bowel movements	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐
Changes in mood or depression considered out of the ordinary	☐	☐	☐	☐	☐
Total paralysis of legs	☐	☐	☐	☐	☐
Total paralysis of arms	☐	☐	☐	☐	☐
Need for mechanical ventilation	☐	☐	☐	☐	☐
Other:	☐	☐	☐		

Are you currently or have you ever been on any of these therapies to manage your MS or prevent disease activity? **Note: Do not check "Yes" if you have only received the treatment for relapses.**

Therapy	Yes, currently	Yes, in the past but not now	No
FDA-approved MS disease modifying therapies:			
Aubagio (teriflunomide)	☐	☐	☐
Avonex (interferon beta-1a)	☐	☐	☐
Betaseron (interferon beta-1b)	☐	☐	☐
Copaxone (glatiramer acetate)	☐	☐	☐
Extavia (interferon beta-1b)	☐	☐	☐
Gilenya (fingolimod)	☐	☐	☐
Novantrone (mitoxantrone)	☐	☐	☐
Plegridy (peginterferon beta-1a)	☐	☐	☐
Rebif (interferon beta-1a)	☐	☐	☐
Tecfidera (dimethyl fumarate)	☐	☐	☐
Tysabri (natalizumab)	☐	☐	☐
Therapies that suppress/modulate the immune system:			
Campath (alemtuzumab)	☐	☐	☐
CellCept (mycophenolate mofetil)	☐	☐	☐
Cytoxan (cyclophosphamide)	☐	☐	☐
Imuran (azathioprine)	☐	☐	☐
Leustatin (cladribine)	☐	☐	☐
Myfortic (mycophenolate sodium)	☐	☐	☐
Rituxan (rituximab)	☐	☐	☐
Trexall (methotrexate)	☐	☐	☐
Zenapax (dacliximab, daclizumab)	☐	☐	☐
MS relapse treatments that are also used as disease-modifying therapies: (Do not select therapies that you've used only to treat relapses; only select those that you have used on a long-term basis to manage your MS)			
Acthar (adrenocorticotropic hormone)	☐	☐	☐
Decadron (dexamethasone)	☐	☐	☐
IVIG (immunoglobulin)	☐	☐	☐
Methylprednisone (methylprednisolone), Prednisone, Solu-Medrol (methylprednisolone sodium	☐	☐	☐

succinate)			
Other:			
Low-dose Naltrexone	☐	☐	☐
Other	☐	☐	☐