



39909

Hospital/Clinic #

00000000

1. Please indicate the relationship of the person completing the demographic portion of this questionnaire

- Radio buttons for Patient, Patient's Relative, Patient's Friend, Other, Staff Interviewer

2. First, Middle, Last Initial

Date of Visit (mm/dd/yyyy)

Gender:

- Radio buttons for Male, Female

City/Town of Residence

State of Residence

ZIP Code

County

3. Date of Birth (mm/dd/yyyy)

Blank date input fields

4. Education:

- Radio buttons for Less than 12 years, High School Graduate, 1-3 years college/technical school degree, College/University Degree, Post Graduate Education

5. What is your current employment status (check only one):

- Radio buttons for various employment and disability categories

6. Who lives with you and where do you live (fill in all that apply):

- Radio buttons for living arrangements and facility types

7. Marital Status:

- Radio buttons for Single, Married/Cohabiting, Divorced/Separated, Widowed

8. The following items are to be completed by FEMALES ONLY

Number of Pregnancies, Are you pregnant now?, Number of live births, Is your MS affected by your menstrual cycle?

9. Do you have any children affected by Multiple Sclerosis? If Yes, how many?

10. Number of Full Siblings, Number of Half Siblings





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11. Do you or any blood relatives have any of the following conditions? (Check all that apply and specify relationship of afflicted family member)

Allergies - Specify	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Asthma	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Cancer	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Chronic Respiratory Disorders	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Crohn's Disease	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Irritable Bowel Syndrome	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Lupus erythematosus	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Lymphoma	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Migraines	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Myasthenia gravis	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Psoriasis	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Rheumatoid disorders	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Thyroid disease	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Type I Juvenile diabetes mellitus	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M
Other Illness	<input type="radio"/> Myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M

Use the following relative legend to answer above:

- |                                 |   |
|---------------------------------|---|
| <b>A - Mother</b>               | <b>H - Maternal Aunt</b>                |
| <b>B - Father</b>               | <b>I - Maternal Uncle</b>               |
| <b>C - Son</b>                  | <b>J - Paternal Aunt</b>                |
| <b>D - Daughter</b>             | <b>K - Paternal Uncle</b>               |
| <b>E - Maternal Grandparent</b> | <b>L - Maternal first degree cousin</b> |
| <b>F - Paternal Grandparent</b> | <b>M - Paternal first degree cousin</b> |
| <b>G - Sibling</b>              |   |

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12. Do you have a family history of MS in blood relatives?  Yes  No

If yes, specify relative, confirmed by Neurologist and twin classification if applicable

Relative													Neurologist	Twin Classification		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Identical <input type="radio"/> Fraternal <input type="radio"/> Not a Twin		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Identical <input type="radio"/> Fraternal <input type="radio"/> Not a Twin		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Identical <input type="radio"/> Fraternal <input type="radio"/> Not a Twin		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Identical <input type="radio"/> Fraternal <input type="radio"/> Not a Twin		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Identical <input type="radio"/> Fraternal <input type="radio"/> Not a Twin		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>				

Use the following relative legend to answer above:

- |                                 |   |
|---------------------------------|---|
| <b>A - Mother</b>               | <b>H - Maternal Aunt</b>                |
| <b>B - Father</b>               | <b>I - Maternal Uncle</b>               |
| <b>C - Son</b>                  | <b>J - Paternal Aunt</b>                |
| <b>D - Daughter</b>             | <b>K - Paternal Uncle</b>               |
| <b>E - Maternal Grandparent</b> | <b>L - Maternal first degree cousin</b> |
| <b>F - Paternal Grandparent</b> | <b>M - Paternal first degree cousin</b> |
| <b>G - Sibling</b>              |   |

13. For each of the following activities, please fill in one response indicating your level of difficulty:

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it)
- Not applicable (you choose not to do this activity)

- Getting up from a low seat like a sofa**
- Climbing a flight of stairs**
- Standing a long time, like for 30 minutes**
- Driving an automobile**

14. Are you having any pain? (fill in only one):  No  Yes

If YES, what was the extent of your pain during the past 3 days including today (fill in only one)?

- Mild pain
- Discomforting pain
- Distressing pain
- Horrible pain
- Excruciating pain

15. How satisfied are you with life in general (fill in only one)?

- Very well satisfied
- Fairly well satisfied
- More satisfied than not satisfied
- Not satisfied





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16. How much are you limited in each of the following areas:

<p>No limitation</p> <p>None to mild limitation</p> <p>Mild limitation</p> <p>Mild to moderate limitation</p> <p>Moderate limitation</p> <p>Moderate to severe limitation</p> <p>Severe limitation</p>	<p>No limitation</p> <p>None to mild limitation</p> <p>Mild limitation</p> <p>Mild to moderate limitation</p> <p>Moderate limitation</p> <p>Moderate to severe limitation</p> <p>Severe limitation</p>
<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Right upper limb</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Left upper limb</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Right lower limb</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Left lower limb</b></p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Bowel continence</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Bladder continence</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Fatiguability</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Vision</b></p>

17. For each of the following feelings or moods, please fill in one response indicating how much you have been bothered or worried during the last 7 days:

<p>Not bothered or worried</p> <p>Mildly</p> <p>Moderately</p> <p>Quite a bit</p> <p>Extremely</p>	<p>Not bothered or worried</p> <p>Mildly</p> <p>Moderately</p> <p>Quite a bit</p> <p>Extremely</p>
<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Are you feeling... Lonesome or isolated</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Pessimistic about future</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Uptight, tense or stressed</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Panic attacks</b></p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Are you feeling... Easily irritated or annoyed</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Morbid or gloomy thoughts</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>Blaming yourself or guilt</b></p>

18. Have you suffered a fracture since being diagnosed with MS?  Yes  No  
Bone Density Test Results  Normal  Abnormal

19. Are you presently using complementary therapies or non-traditional medicine?

- Acupuncture  Herbs  Chiropractic  Vitamins  Massage  Supplements  Exercise Program
- Other \_\_\_\_\_

20. Insurance (fill in all that apply):

- Self-pay  Medicare  Medicaid  Research Funding
- Managed care or health maintenance organization (HMO)
- Uniformed services insurance (CHAMPUS)
- Commercial Insurance/ fee for service/ or indemnity plan
- None

PATIENT QUESTIONS END HERE

THE FOLLOWING PAGES ARE TO BE COMPLETED BY MEDICAL PERSONNEL

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21. Disease status at time of visit:

- Two attacks with objective clinical evidence of two or more lesions
- Two attacks with objective clinical evidence of one lesion
  - Dissemination in space demonstrated by:**
    - MRI according to International Panel Criteria (IPC) OR
    - Two or more MRI-detected lesions consistent with MS plus positive CSF OR
    - Await further clinical attack implicating a different site
- One attack with objective clinical evidence of two or more lesions
  - Dissemination in time demonstrated by:**
    - MRI according to International Panel Criteria (IPC) OR
    - Second clinical attack
- One attack with objective clinical evidence of one lesion (monosymptomatic presentation; clinically isolated syndrome)
  - Dissemination in space demonstrated by:**
    - MRI according to International Panel Criteria (IPC) OR
    - Two or more MRI-detected lesions consistent with MS plus positive CSF
  - Dissemination in time demonstrated by:**
    - MRI according to International Panel Criteria (IPC) OR
    - Second clinical attack
- Insidious neurological progression suggestive of MS
  - One year of disease progression (retrospectively or prospectively determined) AND TWO of the following:**
    - Positive brain MRI (nine T2 lesions or four or more T2 lesions with positive VEP)
    - Positive spinal cord MRI (two focal T2 lesions)
    - Positive CSF

Is the diagnosis of MS clinically definite according to Poser criteria  Yes  No

Is the diagnosis of MS clinically definite according to McDonald criteria  MS  Possible MS  Not MS

22. A relapse or exacerbation is defined as the development of neurological symptoms or worsening of preexisting neurological symptoms lasting for at least 24 hours, accompanied by objective changes on neurological examination. Choose 1 option from Column A below and fill in the corresponding information in Column B.

A	B
<input type="radio"/> Relapsing/Remitting	Indicate the number of years the patient has had relapses <input type="radio"/> 0-5 Years <input type="radio"/> 6-10 Years <input type="radio"/> 11-15 Years <input type="radio"/> 15+ Years <input type="radio"/> Unknown
<input type="radio"/> Secondary Progressive	Indicate the number of relapses in the last year <input type="text" value="___"/>
<input type="radio"/> Progressive Relapsing	Indicate the number of months from the last relapse <input type="text" value="___"/> Is the patient exacerbating at time of visit? <input type="radio"/> Yes <input type="radio"/> No

- Primary Progressive
- Devic's Disease
- Clinically Isolated Syndrome
  - Optic Neuritis  Brainstem Syndrome  Transverse Myelitis
- ADEM
- Other





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23. MRI DATA

Brain

Normal

If Abnormal, is it:  Typical

Date (mm/dd/yyyy)

Abnormal

Suggestive

\_\_\_/\_\_\_/\_\_\_\_

No MRI

Atypical

PATY Criteria

Yes  No

Modified Barkhof Criteria

Yes  No

Comparison with previous brain MRI, if available

Worsened

New T2 Lesions

New black holes

Unchanged

Improved

New Gd-enhancing lesions

Not Available

Is brain MRI supportive of MS diagnosis?  Yes  No  Test not performed/unknown

Spinal Cord

Cervical Date  
(mm/dd/yyyy)

Normal

Thoracic/lumbar Date  
(mm/dd/yyyy)

Normal

\_\_\_/\_\_\_/\_\_\_\_

Abnormal

\_\_\_/\_\_\_/\_\_\_\_

Abnormal

No MRI

No MRI

Is spinal cord MRI supportive of MS diagnosis?  Yes  No  Test not performed/unknown

Comparison with previous spinal cord MRI, if available

Worsened

New T2 Lesions

New black holes

Unchanged

Improved

New Gd-enhancing lesions

Not Available

24. Cerebral Spinal Fluid (since last Consortium visit)

Date (mm/dd/yyyy)

\_\_\_/\_\_\_/\_\_\_\_

No CSF Tested

Are CSF IgG parameters supportive of MS diagnosis  Yes  No  Test not performed/unknown

Are oligoclonal bands present in CSF  Yes  No  Test not performed/unknown

IgG Index \_\_\_\_\_





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25. Evoked Potentials (since last Consortium visit)

Date (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

No Evoked Potentials

	RIGHT			LEFT		
	Not Done	Normal	Abnormal	Not Done	Normal	Abnormal
Visual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain Stem Auditory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatosensory Upper Limbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatosensory Lower Limbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Functional Scores and EDSS

Pyramidal	Cerebellar	Brain Stem	Sensory	Bowel & Bladder	Visual	Cerebral	Other functions	Kurtzke EDSS at registration	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0.0	<input type="radio"/> 5.5
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1		<input type="radio"/> 1.0	<input type="radio"/> 6.0
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2		<input type="radio"/> 1.5	<input type="radio"/> 6.5
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 2.0	<input type="radio"/> 7.0
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 2.5	<input type="radio"/> 7.5
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 3.0	<input type="radio"/> 8.0
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 3.5	<input type="radio"/> 8.5
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 0	<input type="radio"/> 4.0	<input type="radio"/> 9.0
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 0	<input type="radio"/> 4.5	<input type="radio"/> 9.5
<input type="radio"/> 9	<input type="radio"/> X	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> X	<input type="radio"/> 9		<input type="radio"/> 5.0	

27. Timed Ambulation for 25 feet in seconds

□□□□.□

- 0 ○○○○ ○
- 1 ○○○○ ○
- 2 ○○○○ ○
- 3 ○○○○ ○
- 4 ○○○○ ○
- 5 ○○○○ ○
- 6 ○○○○ ○
- 7 ○○○○ ○
- 8 ○○○○ ○
- 9 ○○○○ ○

Level of Assistance

- Unassisted
- Assist of one
- Assist of two
- Unable

Is the patient wearing an AFO?

- Yes
- No









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**33. DISEASE MODIFYING THERAPIES ONLY:** Indicate the types of MS therapies the patient has received in the past and/or whether the patient is presently receiving the therapy

Drug	PRESENT USE	Duration (mos.)	Duration Unknown	PAST USE	Duration (mos.)
Avonex	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Betaseron	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Cellcept	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Copaxone	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Cytosan	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Imuran	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
IVIg	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Methotrexate	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Novantrone	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Rebif 22 mcg	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Rebif 44 mcg	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Tysabri	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Combination therapy Specify:	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Combination therapy Specify:	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Other/Experimental disease modifying therapy Specify:	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Other/Experimental disease modifying therapy Specify:	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Pulse steroid Specify:	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____
Episodic steroid Specify:	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____

\_\_\_\_\_MEDICAL PERSONNEL QUESTIONS END HERE\_\_\_\_\_

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