

Following is a list of statements that describe how fatigue may affect a person. Fatigue is a feeling of physical tiredness and lack of energy that many people experience from time to time. In medical conditions such as MS, feelings of fatigue can occur more often and have a greater impact than usual. Please read each statement carefully, and then check the one number that best indicates how often fatigue has affected you in this way during the past 4 weeks. Please answer every question. If you are not sure which answer to select please choose the one answer that comes closest to describing you.

	0 Never (1)	1 Rarely (2)	2 Sometimes (3)	3 Often (4)	4 Almost always (5)
1. I have been less alert (1)	•	•	•	•	•
2. I have been limited in my ability to do things away from home (2)	•	•	•	•	•
3. I have had trouble maintaining physical effort for long periods. (3)	•	•	•	•	•
4. I have been less able to complete tasks that require physical effort (4)	•	•	•	•	•
5. I have had trouble concentrating (5)	•	•	•	•	•

Q192

Individuals with MS can sometimes experience unpleasant sensory symptoms as a result of their MS (e.g., pain, tingling, burning). The next set of questions covers pain and other unpleasant sensations and how they affect you. Please check the number (0, 1, 2, ...) that best indicates the extent to which your sensory symptoms (including pain) interfered with that aspect of your life during the past 4 weeks. Please answer every question. If you are not sure which answer to select, please choose the one answer that comes closest to describing you.

	1 Not at all (1)	2 A little (2)	3 Moderately (3)	4 Quite a bit (4)	5 To an extreme degree (5)
1. Mood (1)	•	•	•	•	•
2. Ability to walk or move around (2)	•	•	•	•	•
3. Sleep (3)	•	•	•	•	•
4. Normal work (both outside your home and at home) (4)	•	•	•	•	•
5. Recreational activities (5)	•	•	•	•	•
6. Enjoyment of life (6)	•	•	•	•	•

Are you able to walk independently - without the use of a walking stick or frame or person to hold or Functional Electrical Stimulation (FES) or other support?

- Yes (1)

- No (2)

Q204 At your BEST, how far can you walk without a rest or help from a stick or frame or person or FES or other walking aid?

- Unrestricted (I can walk for 2-3 hours with no problems) (1)
- Clearly more than 500 meters (2)
- About 500 meters (3)
- About 300 meters (4)
- About 200 meters (5)
- About 100 meters (6)
- Less than 100 meters (7)

Q205 Please choose the box that best describes your walking ability

- I can walk more than, or about, 100 meters with one stick or person for support (1)
- I use an FES machine to walk on one leg (2)
- I use an FES machine to walk on both legs (3)
- I need support on both sides to walk, such as 2 sticks or a walker/frame (4)
- I can only walk 10 meters (5)
- I can only walk a few steps even with help and normally use a wheelchair (6)
- I use a wheelchair all of the time and I cannot even take a few steps (7)

Q206 If you are bed or wheelchair bound, do you have trouble using your hands for writing and eating, etc.?

- Yes (1)
- No (2)

Q207 Are you totally confined to a bed and need help with all daily tasks?

- Yes (1)
- No (2)

Please click the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems with walking around (1)
- I have slight problems with walking around (2)
- I have moderate problems with walking around (3)
- I have severe problems with walking around (4)
- I am unable to walk around (5)

Q213 PERSONAL CARE

- I have no problems with washing or dressing myself (1)
- I have slight problems with washing or dressing myself (2)
- I have moderate problems with washing or dressing myself (3)
- I have severe problems with washing or dressing myself (4)
- I am unable to wash or dress myself (5)

Q214 USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities (1)
- I have slight problems doing my usual activities (2)
- I have moderate problems doing my usual activities (3)
- I have severe problems doing my usual activities (4)
- I am unable to do my usual activities (5)

Q215 PAIN / DISCOMFORT

- I have no pain or discomfort (1)
- I have slight pain or discomfort (2)
- I have moderate pain or discomfort (3)
- I have severe pain or discomfort (4)
- I have extreme pain or discomfort (5)

Q216 ANXIETY / DEPRESSION

- I am not anxious or depressed (1)
- I am slightly anxious or depressed (2)
- I am moderately anxious or depressed (3)
- I am severely anxious or depressed (4)
- I am extremely anxious or depressed (5)

Q217 Click to write the question text

0255075100

We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. Please click on the scale to indicate how your health is TODAY. ()



Q255 MS Details

Number of *months* since MS diagnosis?

Q256 Number of *months* since first MS symptoms?

Q257 Type of MS diagnosis?

- Relapse-remitting (1)
- Progressive (primary/secondary) (2)

MS Medications

Are you currently taking any medications to treat your MS symptoms?

- Yes (1)
- No (2)

Display This Question:

If MS Medications Are you currently taking any medications to treat your MS symptoms? = Yes

Q60 How many different types of medications are you taking to treat your MS symptoms?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)

Display This Question:

If MS Medications Are you currently taking any medications to treat your MS symptoms? = Yes

Q61 1. What is the type (name) of medication?

Display This Question:

If MS Medications Are you currently taking any medications to treat your MS symptoms? = Yes

Q62 1. What is the dose of medication?

Display This Question:

If MS Medications Are you currently taking any medications to treat your MS symptoms? = Yes

Q63 1. How long have you been taking this medication?

Display This Question:

If MS Medications Are you currently taking any medications to treat your MS symptoms? = Yes
And How many different types of medications are you taking to treat your MS symptoms? = 2
Or How many different types of medications are you taking to treat your MS symptoms? = 3
Or How many different types of medications are you taking to treat your MS symptoms? = 4
Or How many different types of medications are you taking to treat your MS symptoms? = 5
Or How many different types of medications are you taking to treat your MS symptoms? = 6

Q64 2. What is the type (name) of medication?

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And How many different types of medications are you taking to treat your MS symptoms? = 2
Or How many different types of medications are you taking to treat your MS symptoms? = 3
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Q66 2. How long have you been taking this medication?

Page Break

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And How many different types of medications are you taking to treat your MS symptoms? = 3
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Q67 3. What is the type (name) of medication?

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Q69 3. How long have you been taking this medication?

Page Break

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If MS Medications Are you currently taking any medications to treat your MS symptoms? = Yes

And How many different types of medications are you taking to treat your MS symptoms? = 4
Or How many different types of medications are you taking to treat your MS symptoms? = 5
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Q70 4. What is the type (name) of medication?

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Q72 4. How long have you been taking this medication?

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Q75 5. How long have you been taking this medication?

Page Break

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And How many different types of medications are you taking to treat your MS symptoms? = 6

Q76 6. What is the type (name) of medication?

Display This Question:

If MS Medications Are you currently taking any medications to treat your MS symptoms? = Yes
And How many different types of medications are you taking to treat your MS symptoms? = 6

Q77 6. What is the dose of medication?

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And How many different types of medications are you taking to treat your MS symptoms? = 6

Q78 6. How long have you been taking this medication?