Neurologist:

PERSONAL DATA

NAME: _____ Date of birth: Day ___ Month ___ Year ____

First name: _____ ◯ Male ◯ Female

Birth name: _____ Current residence (county): ___

Domestic status

- ◯ Alone
- ◯ With spouse/partner
- ◯ With other relative
- ◯ Nursing or sheltered home

Employment status

- ◯ Full time work (incl. students)
- ◯ Part time work
- ◯ Unemployed (due to MS)
- ◯ Homemaker
- ◯ Other (child, retired, looking for work)

HISTORY OF NEUROLOGICAL EPISODES

Relapsing-remitting phase

(A) *1st relapse*

(B) *Subsequent relapse*

Progressive phase

or

(C) *Onset without inaugural relapse* / ***(D)*** *Onset with inaugural relapse*

(E) *Subsequent relapse*

		MS Onset				
Date of onset of episode	*Month*	___	___	___	___	___
	Year	____	____	____	____	____
Episode type	*(cf. classification above)*	___	___	___	___	___
Semiology of the episode						
Unknown		☐	☐	☐	☐	☐
Walking difficulties		☐	☐	☐	☐	☐
Lower extremity dysfunction		☐	☐	☐	☐	☐
Upper extremity dysfunction		☐	☐	☐	☐	☐
Sensory symptoms (pain, paresthesia, Lhermitte)		☐	☐	☐	☐	☐
Bladder/ bowel dysfunction		☐	☐	☐	☐	☐
Sexual dysfunction		☐	☐	☐	☐	☐
Oculomotor impairment		☐	☐	☐	☐	☐
Facial motor		☐	☐	☐	☐	☐
Facial sensory		☐	☐	☐	☐	☐
Vertigo, hypoacousia		☐	☐	☐	☐	☐
Speech / swallowing impairment		☐	☐	☐	☐	☐
Reduced visual acuity (optic neuritis)		☐	☐	☐	☐	☐
Mental deterioration		☐	☐	☐	☐	☐
Psychiatric symptoms		☐	☐	☐	☐	☐
Paroxysmal symptoms		☐	☐	☐	☐	☐
Fatigue		☐	☐	☐	☐	☐
Other		☐	☐	☐	☐	☐
Episode features						
Hospitalization	*No / Yes*	○—○	○—○	○—○	○—○	○—○
Corticosteroid	*No / Yes*	○—○	○—○	○—○	○—○	○—○
treatment	*If yes, i.v. / i.m. / per os*	○–○–○	○–○–○	○–○–○	○–○–○	○–○–○

Name, first name: Date of birth:

HISTORY OF IRREVERSIBLE DISABILITY (EDMUS Grading Scale)

Score (WD = walking distance)**:**

Score	Description	Date: Month	Year
3	Unlimited WD without rest but unable to run; or a significant not ambulation-related disability.		
4	Walks without aid; limited WD but ≥ 500 meters without rest.		
6	Walks with constant uni- or bilateral support; WD < 100 meters without rest.		
7	Home restricted; a few steps with wall or furniture assistance; WD < 20 meters without rest.		
8	Chair restricted. Unable to take a step. Some effective use of arms.		
10	Death		

HISTORY OF CLINICAL ASSESSMENTS

Date of exam (Day / Month / Year)	EDSS (Kurtzke)	EGS (EDMUS Grading Scale)

HISTORY OF DIAGNOSIS CRITERIA (dates of first positivity)

			Year
M R I	**Brain**	*Paty criteria*	
		Barkhof criteria	
	Spinal cord	*Cervical*	
		Thoracolumbar	
CEREBRO-SPINAL FLUID		*(increased IgG index and/or oligoclonal bands)*	
EVOKED POTENTIALS		*Visual*	

HISTORY OF DISEASE-MODIFYING TREATMENTS

Drug name	Date of start (Day / Month / Year)	Ongoing (Day / Month / Year)	Date of stopping (Day / Month / Year)	Reason for stopping: Scheduled stop / Lack of tolerance (local) / Lack of tolerance (general) / Lack of tolerance (biological) / Lack of efficacy / Patient's convenience / Serious adverse event / Other
				☐☐☐☐☐☐☐☐
				☐☐☐☐☐☐☐☐
				☐☐☐☐☐☐☐☐
				☐☐☐☐☐☐☐☐
				☐☐☐☐☐☐☐☐
				☐☐☐☐☐☐☐☐
				☐☐☐☐☐☐☐☐
				☐☐☐☐☐☐☐☐