Name, first name: Birth date:

NEUROLOGICAL EPISODES

Relapsing-remitting phase ***Progressive phase***

A *1st relapse* | ***B*** *Subsequent relapse* | ***C*** *Without inaugural relapse* / ***D*** *With inaugural relapse* | ***E*** *Subsequent relapse*

		MS onset				
Date of onset of the episode	*Day*					
	Month					
	Year					
	Doubtful date and/or number of episodes	☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Type of the episode	*(cf. classification above)*					

Semeiology 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	☐	☐	☐	☐	☐

Features of the episode

Symptoms	*New / Recurring / Preexisting*		☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Associated event	*No / Yes*	○—○	○—○	○—○	○—○	○—○
	If yes: trauma / stress / infection / vaccination / pregnancy	○-○-○-○-○	○-○-○-○-○	○-○-○-○-○	○-○-○-○-○	○-○-○-○-○
	Other, specify					
Severity	*Mild / Moderate / Severe*	○-○-○	○-○-○	○-○-○	○-○-○	○-○-○
Recovery	*Complete / Incomplete / None*	○-○-○	○-○-○	○-○-○	○-○-○	○-○-○
Certainty	*Possible / Probable / Definite*	○-○-○	○-○-○	○-○-○	○-○-○	○-○-○
Hospitalization	*No / Yes*	○—○	○—○	○—○	○—○	○—○
	If yes, duration in days					
Corticosteroid treatment	*No / Yes*	○—○	○—○	○—○	○—○	○—○
	If yes, i.v. / i.m. / oral	○-○-○	○-○-○	○-○-○	○-○-○	○-○-○