

SYMPTOM SCREEN

Please circle **one number that best describes how MS has affected each function**. For example, if it takes you longer to type or text, you might rate your hand function as mildly limited (circle '2'), but if you gave up typing completely, you might rate your hand function as severely limited (circle '4').

	0 – not affected at all	1 – very mild limitation/ I make minor adjustments	2 – mild limitation/ I make frequent adjustments	3 – moderate limitation/ I've reduced my daily activities	4 – severe limitation/ I've given up some activities	5 – very severe limitation/ I'm unable to do many daily activities	6 – total limitation/ I'm unable to do most daily activities
Walking	0	1	2	3	4	5	6
Hand function/Dexterity Poor hand coordination, tremors	0	1	2	3	4	5	6
Spasticity & Stiffness Muscle cramping or muscle tightness	0	1	2	3	4	5	6
Bodily Pain Achiness, tenderness	0	1	2	3	4	5	6
Sensory symptoms Numbness, tingling, or burning	0	1	2	3	4	5	6
Bladder control Urinary urgency, frequency	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Vision Blurry vision, double vision	0	1	2	3	4	5	6
Dizziness Feeling off balance, 'spinning'/vertigo	0	1	2	3	4	5	6
Cognitive function Memory, concentration problems	0	1	2	3	4	5	6
Depression Depressed thoughts, low mood	0	1	2	3	4	5	6
Anxiety Feelings of stress; panic attacks	0	1	2	3	4	5	6

