

MS symptom and impact diary

Confidential symptom and impact diary for people with multiple sclerosis: about these questions

We would like you to keep this diary every day. At the end of the study you will have completed 3 diaries. Each diary is 4 weeks long. This is the (1st/2nd/3rd) diary you have completed.

We would like you to use this diary to tell us about any symptoms you experienced each day, and how much they affected your activities. There are 8 questions each day, spread over 2 pages. The questions can be answered simply by ticking a box for the answer that applies to you.

Please try to complete the diary at the end of each day throughout the study.

If you forget to fill in the diary sometimes, do not worry. Just start again at whichever day in the week you remember to fill in the diary. It may help to put the diary somewhere where you will see it easily.

If you have any problems filling in the diary, please contact Joanne Greenhalgh, telephone number 0113 233 6792. Thank you for your help.

Q1. Did you have any of the following problems today as a result of your MS? Please indicate yes or no by ticking the appropriate box for each

	Yes	No
a. Loss of co-ordination or dexterity		
b. Weakness or heaviness in your arms		
c. Weakness or heaviness in your legs		
d. Unsteadiness or loss of balance		
e. Altered or loss of sensation (eg numbness, tingling, pins and needles)		
f. Problems with your bladder or bowel		
g. Fatigue or lack of energy		
h. Difficulties thinking clearly, or forgetting things		
i. Choking or coughing when eating or drinking		
j. Muscle stiffness or spasms		
k. Blurred, double or shaky vision		
l. Pain		
m. Feeling sad or down		
n. Feeling frustrated		
o. Other (please describe)		

Q2. Looking at yourself with MS, how much did each of the following problems interfere with what you did today? (please tick one box for each problem)

	A lot	Quite a bit	Moder- ately	Slightly	Not at all
a. Loss of co-ordination or dexterity					
b. Weakness or heaviness in your arms					
c. Weakness or heaviness in your legs					
d. Unsteadiness or loss of balance					
e. Altered or loss of sensation (eg numbness, tingling, pins and needles)					
f. Problems with your bladder or bowel					
g. Fatigue or lack of energy					
h. Difficulties thinking clearly or forgetting things					
i. Choking or coughing when eating or drinking					
j. Muscle stiffness or spasms					
k. Blurred, double or shaky vision					
l. Pain					
m. Feeling sad or down					
n. Feeling frustrated					
o. Other (please describe)					

Q3. To what extent did MS stop you from doing what you wanted to do today?

- A lot
- Quite a bit
- Moderately
- Slightly
- Not at all

Q4. Compared with what you usually do, how much were you able to do today?

- More than usual
- About as much as usual
- A little less than usual
- Much less than usual
- None of what I usually do

Q5. On the basis of how your MS has been, how would you describe today?

- A really good day
- Quite a good day
- An okay day
- Quite a bad day
- A really bad day

Q6. How would you describe your health today?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

Q7. Compared to yesterday, how would you describe your health today?

- Much better
- Somewhat better
- Same
- Somewhat worse
- Much worse

Q8. Is there anything else that happened today that you want to tell us about? (please describe below)