

**(COMPLETE ONLY FOR MULTIPLE SCLEROSIS)**

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MULTIPLE SCLEROSIS CURRENT SYMPTOMS**

PLEASE RATE 0=ABSENT; 3=MODERATE; 5=SEVERE

<b>VISION —</b>	<b>LOSS OF VISION RIGHT EYE</b>	0	1	2	3	4	5
	<b>LOSS OF VISION LEFT EYE</b>	0	1	2	3	4	5
<b>DOUBLE VISION</b>		0	1	2	3	4	5
<b>VERTIGO</b>		0	1	2	3	4	5
<b>WEAKNESS —</b>	<b>RIGHT: ARM/HAND</b>	0	1	2	3	4	5
	<b>LEFT: ARM/HAND</b>	0	1	2	3	4	5
<b>WEAKNESS —</b>	<b>RIGHT: LEG/ FOOT</b>	0	1	2	3	4	5
	<b>LEFT: LEG/FOOT</b>	0	1	2	3	4	5
<b>NUMBNESS —</b>	<b>RIGHT: ARM/HAND</b>	0	1	2	3	4	5
	<b>LEFT: ARM/HAND</b>	0	1	2	3	4	5
<b>NUMBNESS —</b>	<b>RIGHT: LEG/FOOT</b>	0	1	2	3	4	5
	<b>LEFT: LEG/FOOT</b>	0	1	2	3	4	5
<b>COORDINATION PROBLEM —</b>	<b>RIGHT ARM</b>	0	1	2	3	4	5
	<b>LEFT ARM</b>	0	1	2	3	4	5
<b>COORDINATION PROBLEM —</b>	<b>RIGHT LEG</b>	0	1	2	3	4	5
	<b>LEFT LEG</b>	0	1	2	3	4	5
<b>BALANCE PROBLEM</b>		0	1	2	3	4	5
<b>TROUBLE WALKING/FALLING</b>		0	1	2	3	4	5
<b>SPEECH PROBLEMS</b>		0	1	2	3	4	5
<b>MEMORY LOSS/COGNITIVE PROBLEMS</b>		0	1	2	3	4	5
<b>CONFUSION/HALLUCINATIONS</b>		0	1	2	3	4	5
<b>DECREASED ATTENTION/CONCENTRATION</b>		0	1	2	3	4	5
<b>POOR JUDGMENT/REASONING</b>		0	1	2	3	4	5
<b>DEPRESSION/ANXIETY</b>		0	1	2	3	4	5
<b>FATIGUE (CONSTANT/INTERMITTENT)</b>		0	1	2	3	4	5
<b>BLADDER PROBLEMS</b>		0	1	2	3	4	5
<b>BOWEL PROBLEMS</b>		0	1	2	3	4	5
<b>SEXUAL DYSFUNCTION</b>		0	1	2	3	4	5
<b>TREMOR</b>		0	1	2	3	4	5