

Multiple Sclerosis Clinic Questionnaire

For each of the following symptoms please rate how much of a problem they are for you in general

Not at all	A little bit	Quite a bit	Very much
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1. Fatigue				
2. Sleep				
3. Double vision				
4. Blurry vision				
5. Swallowing problems				
6. Dizziness / light headedness				
7. Numbness or tingling or odd sensations				
8. Pain				
9. Weakness				
10. Falling				
11. Spasms or jerking				
12. Tightness or stiffness				
13. Bladder problems				
14. Bowel problems				
15. Sexual problems				
16. Depression				
17. Anxiety				
18. Problems thinking				
19. Heat sensitivity				
20. Skin problems (e.g., injection site reaction)				
21. Heart palpitations				
22. Shortness of breath				

Any other symptoms you would like to talk about?
