

PATIENT IDENTITY

NAME: Birth date: Day Month Year

First name: Male Female

Birth name:

Addresses

Patient	<i>Postal address</i> <input type="text"/>	<i>Tel./fax</i> <input type="text"/>	<i>E-mail</i> <input type="text"/>
Family doctor	<i>Postal address</i> <input type="text"/>	<i>Tel./fax</i> <input type="text"/>	<i>E-mail</i> <input type="text"/>
Neurologist	<i>Postal address</i> <input type="text"/>	<i>Tel./fax</i> <input type="text"/>	<i>E-mail</i> <input type="text"/>

BACKGROUND

Height (cm): Right-handed Patient knowledge of the diagnosis: No Yes

Weight (kg): Left-handed Ambidextrous

Date of the first exam in the department:

Job title

Particular form of MS

None Marburg variant
 Acute disseminated encephalo-myelitis Balo's concentric sclerosis
 Transverse myelitis Schilder's disease
 Devic's disease Other, specify:

Family

Size of patient's sibship: Rank of patient in sibship:

The patient is a twin: No Yes Specify: Monozygote Dizygote

The patient is caucasoid: No Yes If no, specify:

Familial MS: No Yes Specify:

	<i>Family member:</i>	<i>Confirmed by neurologist:</i>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Number of children of the patient: Boys

Girls

Total

Other diseases

Patient

Patient's family

<input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Other toxic <input type="text"/> <input type="checkbox"/> Auto-immune disease <input type="checkbox"/> <input type="checkbox"/> Hypertension <input type="checkbox"/> <input type="checkbox"/> Migraine <input type="checkbox"/> <input type="checkbox"/> Cancer <input type="checkbox"/> Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p style="text-align: center;"><i>May interfere with MS-related disability:</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><i>Family member:</i></td> <td style="width: 50%; text-align: center;"><i>Disease:</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="text"/></td> <td style="border-bottom: 1px solid black;"><input type="text"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="text"/></td> <td style="border-bottom: 1px solid black;"><input type="text"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="text"/></td> <td style="border-bottom: 1px solid black;"><input type="text"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="text"/></td> <td style="border-bottom: 1px solid black;"><input type="text"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="text"/></td> <td style="border-bottom: 1px solid black;"><input type="text"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="text"/></td> <td style="border-bottom: 1px solid black;"><input type="text"/></td> </tr> </table>	<i>Family member:</i>	<i>Disease:</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name, first name:

Form filled by:

Birth date:

Validated by:

SOCIO-ECONOMICS

Education

- Elementary school
- Secondary school
- University bachelor
- University master
- University doctorate

Marital status

- Single
- Married / living with partner
- Divorced / separated
- Widowed

Employment status

- Employed outside home
- Employed at home
- Homemaker
- Student
- Worker's compensation
- Unemployed looking for work
- Unemployed not looking for work
- Disabled under age 60
- Disabled over age 60
- Retired, not disabled under age 60
- Retired, not disabled over age 60

Domestic status

- Alone
- With spouse / partner
- With sibling
- With children
- With parent
- With other relative
- With friend / companion
- Domestic help
- Health-related companion
- Nursing or sheltered home

Worktime

- Full time
- Reduced hours
- Adapted work

COMMENTS

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Validated by:

HISTORY OF IRREVERSIBLE DISABILITY (EDMUS Grading Scale)

Score (WD = walking distance):

Date : Month Year

1	No disability. Minimal signs on neurological examination.								
2	Minimal and not ambulation-related disability. Able to run.								
3	Unlimited WD without rest but unable to run; or a significant not ambulation-related disability.								
4	Walks without aid; limited WD but > 500 meters without rest.								
5	Walks without aid; WD < 500 meters without rest.								
6 A	Walks with constant unilateral support. WD < 100 meters without rest.								
6 B	Walks with constant bilateral support. WD < 100 meters without rest.								
7	Home restricted. A few steps with wall or furniture assistance. WD < 20 meters without rest.								
8	Chair restricted. Unable to take a step. Some effective use of arms.								
9	Bedridden and totally helpless.								
10	Death								

Due to MS: Yes No, specify:

Pathological verification: No Yes, specify:

HISTORY OF DIAGNOSIS CRITERIA (dates of first positivity)

			Day	Month	Year
M R I	Brain	Paty criteria			
		Barkhof criteria			
	Spinal cord	Cervical			
		Thoracolumbar			
	New lesion(s)	(according to McDonald criteria)			
CEREBRO-SPINAL FLUID		(IgG index and/or oligoclonal bands)			
EVOKED POTENTIALS		Visual			
		Brainstem auditory			
		Somatosensory			
		Motor			

DIFFERENTIAL DIAGNOSIS

	Unknown / Normal / Abnormal	Value / Comments
Erythrocyte sedimentation rate	<input type="radio"/> <input type="radio"/> <input type="radio"/>
C-reactive protein	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Antinuclear antibodies	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Organ-specific antibodies	<input type="radio"/> <input type="radio"/> <input type="radio"/>
HIV	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Borellia burgdorferi	<input type="radio"/> <input type="radio"/> <input type="radio"/>
HTLV 1 & 2	<input type="radio"/> <input type="radio"/> <input type="radio"/>
VDRL & TPHA	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Very long chain fatty acids	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Lactic/pyruvic acids	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Lysosomal/peroxysomal enzymes	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Vitamin B12	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Angiotensin converting enzyme	<input type="radio"/> <input type="radio"/> <input type="radio"/>

