

PATIENT COPY

Multiple Sclerosis Care Guide:

A resource to help promote comprehensive care for patients living with MS

This guide may be used to encourage discussion and facilitate shared decision making with your healthcare provider. Using the following tools to track signs and symptoms of your MS may help you have collaborative and insightful discussions with your healthcare providers.



Assessing the Impact of MS

This guide is intended to help you and your doctor become even stronger partners in your MS care. It may help you:

- Discuss **any concerns you have with your healthcare team**
- Go over any new **updates to your treatment plan and/or care**
- **Track your symptoms** over time

First, fill out the section below prior to your next visit with your doctor. Additionally, you will be asked to fill out a health survey (SF-36, developed by RAND Corporation as part of the Medical Outcomes Study) on the following pages (there are 4 in all). Your responses will help you and your doctor track how you're feeling, both physically and emotionally.


DO YOU HAVE ANY NEW ISSUES OR UPDATES ABOUT YOUR MS THAT YOU WOULD LIKE TO DISCUSS WITH YOUR HEALTHCARE PROVIDER? *(Include any concerns below, prior to your appointment)*




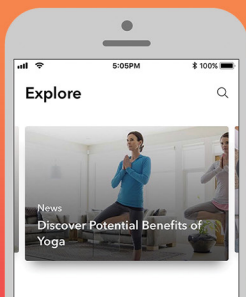
Your healthcare provider is your best resource for information. Visit **AboveMS.com** and download the **Aby App** for additional resources to support you on your MS journey.


Meet **aby**™

Download Biogen's app
to support your MS journey

 Download on the
App Store

 GET IT ON
Google Play






Don't forget to bring this sheet to your next doctor's appointment.
Set a reminder on your phone or mark your calendar so you don't forget.

36-Item Short-Form Health Survey (SF-36)*

Answer the following 36 questions of the Health Survey completely and honestly. Choose one option for each questionnaire item.

General Health



1. In general, would you say your health is:

☐ 1 Excellent

☐ 2 Very good

☐ 3 Good

☐ 4 Fair

☐ 5 Poor

2. Compared to one year ago, how would you rate your health in general now?

☐ 1 Much better now than one year ago

☐ 2 Somewhat better now than one year ago

☐ 3 About the same

☐ 4 Somewhat worse now than one year ago

☐ 5 Much worse now than one year ago

How true or false is each of the following statements for you?

Key:

1 Definitely true

2 Mostly true


3 Don't know

4 Mostly false

5 Definitely false

	1	2	3	4	5
3. I seem to get sick a little easier than other people					
4. I am as healthy as anybody I know					
5. I expect my health to get worse					
6. My health is excellent					

Physical



The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Key:

1 Yes, limited a lot




2 Yes, limited a little

3 No, not limited at all

	1	2	3
7. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports			
8. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
9. Lifting or carrying groceries			
10. Climbing several flights of stairs			
11. Climbing one flight of stairs			
12. Bending, kneeling, or stooping			
13. Walking more than a mile			
14. Walking several blocks			
15. Walking one block			
16. Bathing or dressing yourself			

*The SF-36 survey was developed by RAND Corporation as part of the Medical Outcomes Study. Biogen altered the order of the questions, regrouped them, and added icons.

SF-36 (cont'd)*

Physical 	<p>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</p> <table border="1"> <thead> <tr> <th></th> <th>1 Yes</th> <th>2 No</th> </tr> </thead> <tbody> <tr> <td>17. Cut down the amount of time you spent on work or other activities</td> <td></td> <td></td> </tr> <tr> <td>18. Accomplished less than you would like</td> <td></td> <td></td> </tr> <tr> <td>19. Were limited in the kind of work or other activities</td> <td></td> <td></td> </tr> <tr> <td>20. Had difficulty performing the work or other activities (for example, it took extra effort)</td> <td></td> <td></td> </tr> </tbody> </table>		1 Yes	2 No	17. Cut down the amount of time you spent on work or other activities			18. Accomplished less than you would like			19. Were limited in the kind of work or other activities			20. Had difficulty performing the work or other activities (for example, it took extra effort)																																																																								
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SF-36 (cont'd)*

Emotional/ Energy



These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

Key: **1** All of the time **3** A good bit of the time **5** A little of the time
 2 Most of the time **4** Some of the time **6** None of the time

How much of the time during the past 4 weeks...	1	2	3	4	5	6
25. Did you feel full of pep?						
26. Have you been a very nervous person?						
27. Have you felt so down in the dumps that nothing could cheer you up?						
28. Have you felt calm and peaceful?						
29. Did you have a lot of energy?						
30. Have you felt downhearted and blue?						
31. Did you feel worn out?						
32. Have you been a happy person?						
33. Did you feel tired?						

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	1 Yes	2 No
34. Cut down the amount of time you spent on work or other activities		
35. Accomplished less than you would like		
36. Didn't do work or other activities as carefully as usual		

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