

## MS Symptom and Function Questionnaire

This questionnaire is designed to help identify, clarify, and articulate your specific experiences with MS in your day-to-day life.

Applications for benefits (such as Canada Pension Plan Disability) require detailed explanations about symptoms and how the symptoms impact your functions and daily life. The MS Society recommends completing this questionnaire prior to filling out any application. This will help you to be clear about all your symptoms which will greatly increase the chance of a successful application.

This questionnaire can be used for:

- Preparing for Canada Pension Plan - Disability applications
- Preparing for Quebec Pension Plan - Disability applications
- Preparing for long-term disability applications
- Preparing for provincial benefit applications
- Preparing for Disability Tax Credit applications
- Sharing with doctors and specialists to clarify symptoms and be concise during short appointments
- Personal tracking of symptoms

We recommend that you have a trusted family member or friend help you complete the questionnaire or have them review it once it is done. Do your best not to minimize your symptoms – it is important to be honest and realistic when applying for benefits.

The questionnaire takes approximately 25-40 minutes to fill out.

If you have concerns, questions, or require support, please reach out to our MS Navigators. They are available 9-5 and can be reached at 1-844-859-6789 and at [msnavigators@mssociety.ca](mailto:msnavigators@mssociety.ca).

## **This questionnaire is divided into two sections:**

### **Part 1: Symptoms**

### **Part 2: Functions**

Symptoms refer to the difficulties you experience as a direct result of your MS (loss of balance, lack of coordination, loss of sensation, etc.)

Functions refer to the activities that are impacted by your symptoms.  
Example: Loss of balance (symptom) *causes* difficulty walking (function).

In each of these sections (*Part 1: Symptoms* and *Part 2: Functions*) you will be asked similarly structured questions. While this may seem repetitive, it is important that you complete each section to the best of your ability to ensure you are identifying key details that will be helpful for successful benefit applications.

### **Part 1. Symptoms**

#### **1. Please check all the symptoms of MS that you experience:**

Please note that the symptoms listed are comprehensive and most people will only experience certain ones. For a description of the symptoms below, please visit [mssociety.ca/about-ms/symptoms](http://mssociety.ca/about-ms/symptoms).

- balance difficulties / dizziness
- bladder dysfunction
- bowel problems
- confusion or memory troubles
- depression
- dry mouth
- emotions which seem out of place
- electric shock sensation
- eye inflammation or optic neuritis
- fatigue and fatigability
- heat intolerance
- hormonal influences
- mood swings
- numbness or tingling
- pain
- poor coordination
- sleep disruption
- spasms

- spasticity
- speaking difficulties
- sudden onset of neurological symptoms
- swallowing difficulties
- tremors
- useless hand syndrome
- weakness

**2. When thinking of the symptoms which are the MOST troubling for you or the most disruptive of your day-to-day life, which symptoms would you identify?**

- balance difficulties / dizziness
- bladder dysfunction
- bowel problems
- confusion or memory troubles
- depression
- dry mouth
- emotions which seem out of place
- electric shock sensation
- eye inflammation or optic neuritis
- fatigue and fatigability
- heat intolerance
- hormonal influences
- mood swings
- numbness or tingling
- pain
- poor coordination
- sleep disruption
- spasms
- spasticity
- speaking difficulties
- sudden onset of neurological symptoms
- swallowing difficulties
- tremors
- useless hand syndrome
- weakness

other (please specify)

**3. Over time, have your symptoms been staying the same or getting worse?**

- staying the same
- getting worse
- I'm not sure

**4. Does your experience of symptoms change over the course of a day?**

- yes
- no
- I'm not sure

**5. At what times are your symptoms at their worst?**

- in the morning
- in the afternoon
- in the evening
- before periods of rest
- after periods of rest
- changes in my symptoms are unpredictable / do not seem to occur at specific times
- other (please specify)

**6. How often do you experience symptoms?**

- daily
- several times per week
- once or twice per week
- a few times per month
- a few times per year
- rarely
- other (please specify)

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**7. How often do you experience bad days with your worst symptoms?**

<b>Symptom</b>	Daily	Several times per week	Once or twice per week	A few times per month	A few times per year	Rarely

**8. In considering your MS, how bad is each symptom on your worst day?**

Rate the severity of the symptom on your worst day based on a scale from 1-10, **with 10 being the worst you can imagine.**

(If you do not experience some of the symptoms listed, leave the box blank).

<b>Symptom</b>	<b>Rating from 1-10 (10 being the worst)</b>
balance difficulties / dizziness	
bladder dysfunction	
bowel problems	
confusion or memory troubles	
depression	
dry mouth	
emotions which seem out of place	
electric shock sensation	
eye inflammation or optic neuritis	
fatigue and fatigability	
heat intolerance	
mood swings	
numbness or tingling	
hormonal influences	
pain	
poor coordination	

sleep disruption	
spasms	
spasticity	
speaking difficulties	
sudden onset of neurological symptoms	
swallowing difficulties	
tremors	
useless hand syndrome	
weakness	

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## Part 2: Functions

**9. Please check all the activities that you have had to stop or change due to your multiple sclerosis.**

<b>Function</b>	<b>Stop/Change (include details on the change where possible)</b>
<input type="checkbox"/> reading	
<input type="checkbox"/> socializing	
<input type="checkbox"/> driving	
<input type="checkbox"/> watching TV	
<input type="checkbox"/> walking	

<input type="checkbox"/> sports	
<input type="checkbox"/> housework	
<input type="checkbox"/> other (please specify)	

**Note: from this point on, "functioning" refers to your ability to perform the functions listed below.**

**10. Please check all the functioning difficulties you experience due to your MS:**

- sitting and/or standing
- walking
- lifting and/or carrying
- reaching
- bending
- personal needs (eating, washing, dressing, etc.)
- bowel and bladder
- household maintenance (cooking, cleaning, shopping, etc.)
- seeing and/or hearing
- speaking
- remembering
- concentrating
- sleeping
- breathing
- using public transportation
- driving a car

**11. When thinking of the functions from the list below, which are the most troubling for you or the most disruptive of your day-to-day life?**

- sitting and/or standing
- walking
- lifting and/or carrying
- reaching
- bending
- personal needs (eating, washing, dressing, etc.)

- bowel and bladder
- household maintenance (cooking, cleaning, shopping, etc.)
- seeing and/or hearing
- speaking
- remembering
- concentrating
- sleeping
- breathing
- using public transportation
- driving a car
- other (please specify)

**12. Over time, has your ability to function been staying the same or getting worse?**

- staying the same
- getting worse
- I'm not sure

**13. Does your ability to function change over the course of a day?**

- yes
- no
- I'm not sure

**14. At what time is your ability to function at its worst?**

- in the morning
- in the afternoon
- in the evening
- before periods of rest
- after periods of rest

- changes in my symptoms seem unpredictable / do not seem to occur at specific times
- other (please specify)

**15. How often do you experience difficulty functioning?**

- daily
- several times per week
- once or twice per week
- a few times per month
- a few times per year
- rarely
- other (please specify)

**16. How often do you experience bad days with your most difficult functions?**

Function	Daily	Several times per week	Once or twice per week	A few times per month	A few times per year	Rarely

**17. In considering your MS, how bad is each function on your worst day?**

Rate the severity on your worst day based on a scale from 1-10, **with 10 being the worst you can imagine.**

(If you do not experience some of the symptoms listed, leave the box blank).

<b>Function</b>	<b>Rating from 1-10 (10 being the worst)</b>
sitting and/or standing	
walking	
lifting and/or carrying	
reaching	
bending	
personal needs (eating, washing, dressing, etc.)	
bowel and bladder	
household maintenance (cooking, cleaning, shopping, etc.)	
seeing and/or hearing	
speaking	
remembering	
Concentrating	
Sleeping	
breathing	

using public transportation	
driving a car	

**18. In addition to MS and its symptoms, do you have any other health-related illnesses, conditions or impairments?**

- yes
- no

**19. Please list and describe your other health-related conditions or impairments. (Please include ALL other conditions, regardless of whether they are disabling or otherwise related to your MS).**

Now that you have completed this questionnaire, you have created a thorough summary of important information that will help you when applying for benefits. Use it as a reference tool when asked to describe symptoms, functions and limitations asked on application forms. It will save you time in the long run, as you will be able to quickly identify relevant information rather than having to come up with new answers each time. If you have additional questions, please contact our MS Navigators, as described in the introduction.