

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. MS Canada 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 to assist anyone in Canada from 8am to 8pm ET, Monday to Friday and can be reached at 1-844-859-6789 and at msnavigators@mscanada.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:

Below is a list of the most common MS symptoms. This is not a comprehensive list; additional symptoms can be listed in "other." For a description of the symptoms below, please visit <https://mscanada.ca/intro-to-ms/ms-symptoms>.

- mood changes (depression, anxiety)
- cognitive change (changes in how we think, remember, communicate & learn)
- balance difficulties / dizziness
- bladder or bowel problems
- trigeminal neuralgia (electric shock sensation in face)
- vision problems (loss of vision, double vision)
- fatigue
- heat intolerance

- numbness or tingling
- pain
- poor coordination
- sleep disruption
- spasticity (spasms or stiffness)
- speech or swallowing difficulties
- tremors
- weakness
- other (please specify)

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

- mood changes (depression, anxiety)
- cognitive change (changes in how we think, remember, communicate & learn)
- balance difficulties / dizziness
- bladder or bowel problems
- trigeminal neuralgia (electric shock sensation in face)
- vision problems (loss of vision, double vision)
- fatigue
- heat intolerance
- numbness or tingling
- pain

- poor coordination
- sleep disruption
- spasticity (spasms or stiffness)
- speech or swallowing difficulties
- tremors
- 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)

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

Symptom	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).

Symptom	Rating from 1-10 (10 being the worst)
mood changes (depression, anxiety)	
cognitive changes (changes in how we think, remember, communicate & learn)	
balance difficulties / dizziness	
bladder or bowel problems	
trigeminal neuralgia (electric shock sensation in face)	
vision problems (loss of vision, double vision)	
fatigue	
heat intolerance	
numbness or tingling	
pain	

poor coordination	
sleep disruption	
spasticity (spasms or stiffness)	
speech or swallowing difficulties	
tremors	
weakness	
other (please specify)	

Part 2: Functions

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

Function	Stop/Change (include details on the change where possible)
<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
- pushing and/or pulling
- reaching
- bending
- personal needs (eating, washing, dressing, etc.)
- toileting (bladder and bowel)

- 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
- pushing and/or pulling
- reaching
- bending
- personal needs (eating, washing, dressing, etc.)
- toileting (bladder and bowel)
- 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 stayed the same, or worsened?

- 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).

Function	Rating from 1-10 (10 being the worst)
sitting and/or standing	

walking	
lifting and/or carrying	
pushing and/or pulling	
reaching	
bending	
personal needs (eating, washing, dressing, etc.)	
Toileting (bladder and bowel)	
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, do you have any other health conditions?

yes

no

19. Please list and describe ALL other health conditions.

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.

If you have additional questions, please contact our MS Navigators. They are available to assist anyone in Canada from 8am to 8pm ET, Monday to Friday and can be reached at 1-844-859-6789 and at msnavigators@mscanada.ca.