Participant ID: _____

Date: _____

PRIMUS

Patient Reported Indices of Multiple Sclerosis

Please read this carefully

This booklet asks about your experience
of having MS.

Please follow carefully the instructions for each section
and choose the response that best applies to you.

Symptoms

Please read each question carefully and decide whether it has applied to you ***during the last week.*** Put a tick in the box ☑ next to **'Yes'** if you feel it applied to you and a tick in the box ☑ next to **'No'** if it did not.

1. Has your skin been very sensitive? Yes ❒ No ❒

2. Have you experienced weakness in your arms or legs? Yes ❒ No ❒

3. Has your eyesight been blurred? Yes ❒ No ❒

4. Have you had dizzy spells? Yes ❒ No ❒

5. Have you had any muscle spasms? Yes ❒ No ❒

6. Have you had any loss of vision? Yes ❒ No ❒

7. Have you been forgetting things? Yes ❒ No ❒

8. Have you had any numbness? Yes ❒ No ❒

9. Have you had urinary incontinence? Yes ❒ No ❒

10. Have you had bowel incontinence? Yes ❒ No ❒