



MS One to One Discussion Guide

Use this tool to help you and your doctor/MS team keep up-to-date on how you're doing and whether you're reaching your personal goals. MS symptoms can change or come and go, so it's important to be as open and accurate as possible, and to discuss your symptoms with your doctor/MS team.

1. How have you been feeling since your last visit?

(circle the relevant number; 1: much worse, 4: much better)

1 2 3 4

2. What are the 3 most common symptoms you've experienced since your last visit? (tick up to 3)

- Fatigue
- Pain
- Numbness
- Dizziness and vertigo
- Vision problems
- Muscle spasms, stiffness or weakness
- Problems with walking, balance or coordination
- Sexual problems
- Bowel or bladder problems
- Problems with memory or concentration
- Emotional changes/mood swings
- Depression
- Anxiety
- I have not experienced symptoms since my last visit
- Other: _____

3. Of the three symptoms you checked, how severe were they? (1: not severe, 4: very severe)

(skip if you have not experienced symptoms since your last visit)

Symptom:

1 2 3 4

Symptom:

1 2 3 4

Symptom:

1 2 3 4

4. What is one MS-related issue or concern you would like to focus on today?

- Symptoms of MS
- Treatment of MS
- Other: _____

5. What areas of your life are most affected by MS? (tick all that apply)

- Financial
- Family
- Employment
- Social
- Emotional
- Physical
- None of these areas of my life are affected by MS
- Other: _____

6. Which aspects of relapsing MS treatment are most significant to you? (tick 2)

- Treatment effectiveness
- Safety concerns
- Side effects
- How the treatment is given (infusion, injection or pill)
- Other: _____

7. How satisfied are you with the management of your relapsing MS?

(1: very unsatisfied, 4: very satisfied)

1 2 3 4

- Not applicable

8. Do you think it's time to consider a different treatment for your relapsing MS?

- Yes
- No

This material is for adults with active relapsing-remitting multiple sclerosis (RRMS).

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