

ACP Repository Case Report Forms

Initial and longitudinal visit documentation

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Select a section above or use the PDF bookmarks to navigate directly to each form.

Site

Subject Barcode

Visit Date

Confirmation of Consent (to be completed by interviewer)

I confirm that the participant has signed the informed consent.

Interviewer Name

MM/DD/YYYY

Case Inclusion Criteria - Must be "Yes"

1. Individuals with at least one CNS demyelinating event characteristic of MS, TM, ADEM, NMO, ON or CIS. A demyelinating event is defined as a symptom or constellation of symptoms referable to the disruption of the CNS white matter or myelin within gray matter. Characteristic syndromes include hemibody sensory or motor symptoms, mono-sensory symptoms, monoparesis, brainstem syndrome or cerebellar syndrome, lasting at least 24 hours and not acute in onset. ☐ No ☐ Yes
2. Individuals at least 18 years old and able to give informed consent. ☐ No ☐ Yes
3. Individuals willing and able to provide up to 110 ml blood via venipuncture. ☐ No ☐ Yes

Case Exclusion Criteria - Must be "No"

1. Individuals with clinical or radiological evidence of stroke, meningitis, neoplastic, peripheral nervous system or primary muscle disease, or other well characterized and defined diseases of the nervous system with the exception of MS, TM, ADEM, NMO, ON or CIS (to help eliminate related neurological signs/symptoms). ☐ No ☐ Yes
2. Individuals with a history of blood borne pathogens (e.g., Hepatitis, HIV/AIDS) due to Laboratory restrictions. ☐ No ☐ Yes
3. Individuals with a history of allogenic bone marrow transplant due to changes in genetic material. ☐ No ☐ Yes

Control Inclusion Criteria - Must be "Yes"

1. Related and unrelated individuals who have not experienced any CNS demyelinating events characteristic of MS, TM, ADEM, NMO, ON or CIS and have not been diagnosed with any demyelinating disease. ☐ No ☐ Yes
2. Individuals at least 18 years old and able to give informed consent. ☐ No ☐ Yes
3. Individuals willing and able to provide up to 110 ml blood via venipuncture. ☐ No ☐ Yes

Control Exclusion Criteria - Must be "No"

1. Individuals with clinical or radiological evidence of stroke, meningitis, neoplastic, peripheral nervous system or primary muscle disease, or other well characterized and defined diseases of the nervous system (to help eliminate related neurological signs/symptoms). ☐ No ☐ Yes
2. Individuals with a history of bloodborne pathogens (e.g., Hepatitis, HIV/AIDS) due to Laboratory restrictions. ☐ No ☐ Yes
3. Individuals with a history of allogenic bone marrow transplant due to changes in genetic material. ☐ No ☐ Yes



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Subject Barcode

Visit Date

Laboratory Assessment

Date of blood draw

MM/DD/YYYY

Time of blood draw

HH:MM

When was the last time the participant had something to eat or drink besides water?

HH:MM

MM/DD/YYYY

When was the last time the participant smoked?

HH:MM

MM/DD/YYYY

☐ Not applicableHas the participant had any medications today (including birth control, vitamins, aspirin, etc.)? ☐ Yes ☐ NoIf yes, specify
medication names:Within the last two weeks, when did the participant last have a dose of non-MS (TM, ADEM, NMO, ON) related medication (prescription or OTC)? ☐ Not applicable

MM/DD/YYYY

Specify medication name(s):

When did the participant last have a dose of MS (TM, ADEM, NMO, ON) related drug?

☐ Not applicable

MM/DD/YYYY

Specify medication name(s):

Has the participant had any immunizations in the last year (including flu shot)? ☐ Yes ☐ No ☐ Don't know

If yes, specify:

Has the participant had a tetanus shot in the last 10 years? ☐ Yes ☐ No ☐ Don't know

If yes, specify when:

MM/DD/YYYY

Has the participant had any alcohol or done any recreational drugs in...

the last 2 months? ☐ Yes ☐ Nothe last 2 weeks? ☐ Yes ☐ Nothe last 24 hours? ☐ Yes ☐ No

Specify:

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Interview Information

Interview date (MM/DD/YYYY)	Start time (HH:MM)	End time (HH:MM)

Has the participant experienced any of the following symptoms in the past 24 hours?

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Runny nose | ☐ Yes | ☐ No |
| Cough/sore throat | ☐ Yes | ☐ No |
| Fever/chills/night sweats | ☐ Yes | ☐ No |
| Sinus infection | ☐ Yes | ☐ No |
| Diarrhea/vomiting | ☐ Yes | ☐ No |
| Rash | ☐ Yes | ☐ No |
| Shortness of breath | ☐ Yes | ☐ No |

Other illnesses, specify:

Study Completion

Did the participant complete the study? ☐ Yes ☐ No

Date of withdrawal:

MM/DD/YYYY

Reason for withdrawal:

- ☐ Withdrew informed consent
- ☐ Lost to follow-up
- ☐ Screen failure
- ☐ Sponsor decision
- ☐ Death
- ☐ Investigator decision
- ☐ Other, specify:

Site

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Section I Demographic Information

1. Date of birth

MM/DD/YYYY

2. Gender

☐ Male

☐ Female

3. Height

☐ in

☐ cm

4. Weight

☐ lb

☐ kg

5. Dominant hand*

6. Education - number of years completed (including elementary school)

7. Current marital status*

8. Employment status - Select one

☐ Employed outside home

☐ Student

☐ Unemployed not looking for work

☐ Employed at home

☐ Worker's compensation

☐ Disabled, at age

☐ Homemaker

☐ Unemployed looking for work

☐ Retired, not disabled, at age

9. Domestic status

Living alone

☐ Yes

☐ No

Living with other relative

☐ Yes

☐ No

Living with spouse/partner

☐ Yes

☐ No

Living with friend/companion

☐ Yes

☐ No

Living with sibling

☐ Yes

☐ No

Living with domestic help

☐ Yes

☐ No

Living with children

☐ Yes

☐ No

Living with health related companion

☐ Yes

☐ No

Living with parent

☐ Yes

☐ No

Living in nursing or sheltered home

☐ Yes

☐ No

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Section II Ethnic Background

10.

Ethnicity

	Participant	Father	Mother	Father's father	Father's mother	Mother's father	Mother's mother
1. Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐
2. Non Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐
3. Don't know	☐	☐	☐	☐	☐	☐	☐

Race

1. American Indian or Alaska Native	☐	☐	☐	☐	☐	☐	☐
2. Middle Eastern	☐	☐	☐	☐	☐	☐	☐
3. South Asian*	☐	☐	☐	☐	☐	☐	☐
4. Other Asian	☐	☐	☐	☐	☐	☐	☐
5. Black or African American	☐	☐	☐	☐	☐	☐	☐
6. Native Hawaiian or other Pacific Islander	☐	☐	☐	☐	☐	☐	☐
7. White	☐	☐	☐	☐	☐	☐	☐
8. Don't know	☐	☐	☐	☐	☐	☐	☐

*South Asian countries include: India, Nepal, Pakistan, Bhutan, Bangladesh, Maldives, Sri Lanka and Suvadives.

11. Where was the participant born?

State/Province (if applicable)

Country

12. Where was the participant's father born?

State/Province (if applicable)

☐ Don't know

Country

☐ Don't know

13. Where was the participant's mother born?

State/Province (if applicable)

☐ Don't know

Country

☐ Don't know

14. In what countries were the participant's grandparents born?

Father's father

☐ Don't know

Father's mother

☐ Don't know

Mother's father

☐ Don't know

Mother's mother

☐ Don't know

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Visit Date

Section III Family History

15. Parent and grandparent information - Please provide the following information for the participant's full biological parents and grandparents (do not include step-parents).

Relationship	Year of birth	Alive	MS	Dominant hand*
Father		☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Mother		☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Father's father		☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Father's mother		☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Mother's father		☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Mother's mother		☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't Know	

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Visit Date

Section III Family History - Continued

16. Does the participant have any siblings? If yes, please provide the following information for the participant's full biological siblings (do not include half/step-siblings). Indicate the participant's place by marking the check box and leaving the remaining items blank. ☐ No ☐ Yes ☐ Don't know

Birth order	Year of birth	Gender	Alive	MS	Dominant hand*
First ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Second ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Third ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fourth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fifth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Sixth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Seventh ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Eighth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ninth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	

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Visit Date

Section III Family History - Continued

16a. Does the participant have any half siblings? If yes, please provide the following information for the participant's half siblings. ☐ No ☐ Yes ☐ Don't know

Year of birth	Gender	Alive	MS	Dominant hand*
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	

17. Was the participant part of a multiple birth?

☐ No ☐ Yes

17a. If yes, was the participant identical or fraternal?

☐ Identical ☐ Fraternal

17b. If yes, how many siblings altogether were involved in the multiple birth (including the participant)?

18. Does the participant have any additional blood relatives (not marriage) that have been diagnosed with MS? If yes, please describe the specific relationship to the participant.

☐ No ☐ Yes ☐ Don't know

Relationship		Describe
1. Uncle(s) father's side	☐	
2. Uncle(s) mother's side	☐	
3. Aunt(s) father's side	☐	
4. Aunt(s) mother's side	☐	
5. 1st cousin(s) father's side	☐	
6. 1st cousin(s) mother's side	☐	
7. 2nd cousin(s) father's side	☐	
8. 2nd cousin(s) mother's side	☐	

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Section III Family History - Continued

19. Does the participant have any children?

☐ No

☐ Yes

☐ Don't know

Partner Information - Please provide the following information for every person the participant has had a child with. Indicate the number of children birthed between the participant and each partner recorded. Refer to page 5, question 10 for ethnicity/race reference numbers.

Partner	Year of birth	Gender	Alive	MS	Dominant hand*
1.		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ethnicity		Mother's ethnicity		Father's ethnicity	
Race		Mother's race		Father's race	
Number of children		Birth state/Province		Birth country	
2.		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ethnicity		Mother's ethnicity		Father's ethnicity	
Race		Mother's race		Father's race	
Number of children		Birth state/Province		Birth country	
3.		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ethnicity		Mother's ethnicity		Father's ethnicity	
Race		Mother's race		Father's race	
Number of children		Birth state/Province		Birth country	

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Section III Family History - Continued

20. Participant's offspring - Please provide the following information regarding the participant's offspring. Indicate the corresponding partner number from question 19 for each child in the box next to the birth order.

Birth order	Year of birth	Gender	Alive	MS	Dominant hand*
First Partner		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Second		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Third		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fourth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fifth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Sixth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Seventh		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Eighth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ninth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	

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Section IV Demyelinating Diseases

☐ N/A - Mark if this is a Control without a demyelinating disease and skip to Section V - Medical history

21. Is the participant currently diagnosed with Multiple Sclerosis?

☐ No ☐ Yes

21a. If yes, at what age was the participant diagnosed with Multiple Sclerosis by a neurologist or other physician?

Years old

21b. Which of the following best characterizes the participant's disease?

Note: An exacerbation is defined as a development of new symptoms or a worsening of existing symptoms that lasts longer than 48 hours in the absence of a fever or infection.

☐	<u>Clinically isolated syndrome (not Optic Neuritis or Transverse Myelitis)</u> - Participant has experienced only one exacerbation. Date of occurrence MM/DD/YYYY
☐	<u>Relapsing remitting</u> - Participant has experienced two or more exacerbations of being worse for a period of time followed by an improvement in condition. In between exacerbations the participant is stable.
☐	<u>Secondary progressive</u> - Participant's disease began with sporadic exacerbations separated by periods of stability and has changed to the point where symptoms have been getting progressively worse even when not having an exacerbation. At what age did this change take place? Years old
☐	<u>Primary progressive</u> - From onset, participant's disease has steadily progressed, even when not having an exacerbation.

21c. Is the participant currently experiencing an exacerbation?

☐ No ☐ Yes ☐ Don't know

21d. If no, how long has it been since the start of the participant's last exacerbation?

☐ Months ☐ Years ☐ Don't know

21e. How many relapses did the participant experience within the first two years? ☐ Not applicable ☐ Don't know

21f. How many relapses has the participant experienced in the last year? ☐ Not applicable ☐ Don't know

21g. Age of first symptom or exacerbation (may have occurred before clinical diagnosis)? Years old

21h. Age of second symptom or exacerbation? Years old ☐ Not applicable

Site

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Visit Date

Section IV Demyelinating Diseases

21. Is the participant currently diagnosed with Transverse Myelitis?

☐ No

☐ Yes

21a. Date of diagnosis

MM/DD/YYYY

21b. Date of symptom onset

MM/DD/YYYY

21c. Date of clinical nadir (when symptoms were at their worst)

MM/DD/YYYY

21d. Date of first treatment

MM/DD/YYYY

☐ None

21e. Treatments for first attack

☐ Steroids

☐ Plasmapheresis

☐ Cytosan

☐ Other, specify:

☐ Don't know

21f. Prior illness (within 30 days of onset)

☐ No

☐ Yes, specify date of onset:

MM/DD/YYYY

☐ Don't know

If Yes, specify illness (check all that apply):

☐ Fever

☐ Chills

☐ Muscle aches

☐ Diarrhea

☐ Nausea

☐ Vomiting

☐ Coughing

☐ Stuffy nose

☐ Other, specify:

☐ Don't know

21g. Prior vaccination (within 30 days of symptoms onset)

☐ No

☐ Yes, specify date:

MM/DD/YYYY

☐ Don't know

If Yes, specify vaccine (check all that apply):

☐ Chickenpox (varicella)

☐ German measles (rubella)

☐ Measles (rubeola)

☐ Smallpox

☐ Mumps

☐ Hepatitis A

☐ Hepatitis B

☐ Polio (shot)

☐ Polio (oral vaccine)

☐ Rabies

☐ Travel

☐ Flu shot

☐ Strep

☐ Meningococcal

☐ Don't know

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Visit Date

Section IV Demyelinating Diseases

21h. Have there been multiple attacks?

☐ No

☐ Yes

☐ Don't know

Date of subsequent attacks	Treatment of subsequent attacks	
 MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:
 MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:
 MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:

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Section IV Demyelinating Diseases

21. Is the participant currently diagnosed with Neuromyelitis Optica?

☐ No ☐ Yes

21a. Date of NMO diagnosis

MM/DD/YYYY

21b. Date of first symptoms

MM/DD/YYYY

21c. Were first symptoms visual or spinal (walking, sensory changes, bowel/bladder)?

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

21d. Date of treatment

MM/DD/YYYY

☐ None

21e. Treatment for first attack

☐ Steroids
☐ Plasmapheresis
☐ Other, specify:
☐ Don't know

21f. Date of second attack

MM/DD/YYYY

☐ Not applicable

21g. Were symptoms of second attack visual or spinal?

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

21h. Date of last attack before this interview

MM/DD/YYYY

☐ Listed above

21i. Were symptoms of last attack visual or spinal?

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

21j. Has the participant ever been on immunomodulatory drugs (Copaxone, IFNs, etc.)?

☐ No
☐ Yes, specify medication name(s):
☐ Don't know

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Section IV Demyelinating Diseases

21. Is the participant currently diagnosed with Optic Neuritis?

☐ No

☐ Yes

21a. Date of diagnosis

MM/DD/YYYY

21b. Date of first attack

MM/DD/YYYY

21c. Date of first treatment

MM/DD/YYYY

☐ None

21d. Treatments for first attack

☐ Steroids

☐ Plasmapheresis

☐ Cytoxan

☐ Other, specify:

☐ Don't know

21e. Which eye?

☐ Right

☐ Left

☐ Both

☐ Don't know

21f. Was pain present in the eye?

☐ No

☐ Yes

☐ Don't know

21g. Was color vision affected?

☐ No

☐ Yes

☐ Don't know

21h. Degree of recovery from first attack

%

21i. Any recurrences?

☐ No

☐ Yes

Date of recurrence	Eye*	Treatment of recurrence	
MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ Other, specify below: ☐ None
MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ Other, specify below: ☐ None
MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ Other, specify below: ☐ None

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Section IV Demyelinating Diseases

21. Is the participant currently diagnosed with Acute Disseminated Encephalomyelitis?

☐ No

☐ Yes

21a. Date of diagnosis

MM/DD/YYYY

21b. Date of first symptoms

MM/DD/YYYY

21c. Date of first treatment

MM/DD/YYYY

☐ None

21d. Treatment

☐ Steroids

☐ Plasmapheresis

☐ Cytoxan

☐ Other, specify:

☐ Don't know

21e. Hospitalization for treatment

☐ No

☐ Yes, specify number of days: days

☐ Don't know

21f. Prior illness (within 30 days of onset)

☐ No

☐ Yes, specify date of onset:

MM/DD/YYYY

☐ Don't know

If Yes, specify illness (check all that apply):

☐ Fever

☐ Chills

☐ Muscle aches

☐ Diarrhea

☐ Nausea

☐ Vomiting

☐ Coughing

☐ Stuffy nose

☐ Other, specify:

☐ Don't know

21g. Prior vaccination (within 30 days of symptoms onset)

☐ No

☐ Yes, specify date:

MM/DD/YYYY

☐ Don't know

If Yes, specify vaccine (check all that apply):

☐ Chickenpox (varicella)

☐ German measles (rubella)

☐ Measles (rubeola)

☐ Smallpox

☐ Mumps

☐ Hepatitis A

☐ Hepatitis B

☐ Polio (shot)

☐ Polio (oral vaccine)

☐ Rabies

☐ Travel

☐ Flu shot

☐ Strep

☐ Meningococcal

☐ Don't know

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Section IV Demyelinating Diseases

22. Please indicate which of the following symptoms the participant has experienced for 2 or more days during an MS, TM, ADEM, NMO, or ON exacerbation. Specify whether the symptom occurred during the **First Exacerbation** and whether the participant is **Currently Experiencing, Ever Experienced, or Never Experienced** the symptom.

Demyelinating diseases	First	Ever	Currently	Never
1. Weakness in arms/hands	☐	☐	☐	☐
2. Weakness in legs/feet	☐	☐	☐	☐
3. Difficulty walking/dragging a foot	☐	☐	☐	☐
4. Loss of coordination in arms/hands	☐	☐	☐	☐
5. Loss of coordination in legs/feet	☐	☐	☐	☐
6. Stiffness	☐	☐	☐	☐
7. Difficulty with balance	☐	☐	☐	☐
8. Shaking or tremors	☐	☐	☐	☐
9. Paralysis of half or whole face	☐	☐	☐	☐
10. Facial twitching	☐	☐	☐	☐
11. Speech articulation	☐	☐	☐	☐
12. Difficulty with swallowing	☐	☐	☐	☐
13. Blindness or blurry vision in one eye or both	☐	☐	☐	☐
14. Disturbed vision e.g., double vision, objects moving, etc.	☐	☐	☐	☐
15. Sensory symptoms; loss of feeling, painful feeling, unable to feel position of fingers/arms/legs, swollen feeling	☐	☐	☐	☐
16. Vertigo	☐	☐	☐	☐
17. Sharp, painful feeling in face not due to trauma or injury (Trigeminal neuralgia)	☐	☐	☐	☐
18. Electric shock-like feeling when bending neck	☐	☐	☐	☐
19. Itching, not due to other causes e.g. psoriasis, insect bites, etc.	☐	☐	☐	☐
20. Burning sensation in feet	☐	☐	☐	☐
21. Cognitive difficulties e.g., memory problems	☐	☐	☐	☐
22. Sexual dysfunction, not caused by medication	☐	☐	☐	☐
23. Urinary problems e.g., unusual urgency or hesitancy	☐	☐	☐	☐
24. Trouble with bowel movements	☐	☐	☐	☐
25. Fatigue	☐	☐	☐	☐
26. Changes in mood or depression considered out of the ordinary	☐	☐	☐	☐
27. Total paralysis of legs	☐	☐	☐	☐
28. Total paralysis of arms	☐	☐	☐	☐
29. Need for mechanical ventilation	☐	☐	☐	☐
30. Other:	☐	☐	☐	☐

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Section V Medical History

23a. Has the participant experienced any significant head injuries?

☐ No ☐ Yes

Description of injury

Cause of injury

Date occurred (MM/YYYY)

Age

Loss of consciousness

☐ Years

☐ No ☐ Yes

Medical attention received - check all that apply

Complications/Outcome

☐ M.D. visit ☐ Hospitalization ☐ Rehabilitation
☐ E.R. visit ☐ Surgery ☐ Intensive care

Description of injury

Cause of injury

Date occurred (MM/YYYY)

Age

Loss of consciousness

☐ Years

☐ No ☐ Yes

Medical attention received - check all that apply

Complications/Outcome

☐ M.D. visit ☐ Hospitalization ☐ Rehabilitation
☐ E.R. visit ☐ Surgery ☐ Intensive care

23b. Has the participant experienced any significant spine injuries?

☐ No ☐ Yes

Description of injury

Cause of injury

Date occurred (MM/YYYY)

Age

Loss of consciousness

☐ Years

☐ No ☐ Yes

Medical attention received - check all that apply

Complications/Outcome

☐ M.D. visit ☐ Hospitalization ☐ Rehabilitation
☐ E.R. visit ☐ Surgery ☐ Intensive care

Description of injury

Cause of injury

Date occurred (MM/YYYY)

Age

Loss of consciousness

☐ Years

☐ No ☐ Yes

Medical attention received - check all that apply

Complications/Outcome

☐ M.D. visit ☐ Hospitalization ☐ Rehabilitation
☐ E.R. visit ☐ Surgery ☐ Intensive care

Site

Subject Barcode

Visit Date

Section V Medical History - Continued

23c. Has the participant experienced any significant injuries other than head or spine?

☐ No ☐ Yes

Description of injury

Cause of injury

Date occurred (MM/YYYY)

Age

Loss of consciousness

☐ Years

☐ No ☐ Yes

Medical attention received - check all that apply

Complications/Outcome

☐ M.D. visit ☐ Hospitalization ☐ Rehabilitation
☐ E.R. visit ☐ Surgery ☐ Intensive care

Description of injury

Cause of injury

Date occurred (MM/YYYY)

Age

Loss of consciousness

☐ Years

☐ No ☐ Yes

Medical attention received - check all that apply

Complications/Outcome

☐ M.D. visit ☐ Hospitalization ☐ Rehabilitation
☐ E.R. visit ☐ Surgery ☐ Intensive care

24. Has the participant undergone any surgeries (e.g., dental extraction, tonsillectomy, D&C, etc.)?

☐ No ☐ Yes

Type of surgery	Age	General anesthesia	Local anesthesia
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes
	Years	☐ No ☐ Don't know ☐ Yes	☐ No ☐ Don't know ☐ Yes

[illegible]

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Visit Date

Section V Medical History - Continued

25. Autoimmune and inflammatory diseases/disorders continued.

[illegible]

Visit Date

[illegible]

Section V Medical History - Continued

27. Has the participant or any blood relative had any of the following infectious diseases/disorders? If yes, complete the chart and provide the age of onset for the participant only.

[illegible]

Section V Medical History - Continued

28. Has the participant or any blood relative had any of the following cancers (primary)? If yes, complete the chart and provide the age of onset for the participant only.

[illegible]

[illegible]

[illegible]

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Visit Date

Section V Medical History - Continued

30. Has the participant received any of the following vaccinations?

Disease	Vaccinated	Age (years)		Country
1. Chickenpox (varicella)	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
2. German Measles (rubella)	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
3. Measles (rubeola)	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
4. Smallpox	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
5. Mumps	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
6. Hepatitis A	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
7. Hepatitis B	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
8. Polio (shot)	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
9. Polio (oral vaccine)	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
10. Rabies	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
11. Travel (e.g., yellow fever, cholera, etc.) Specify:	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
12. Flu shot	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	

Year of most recent flu shot:

Does the participant receive a flu shot every year? ☐ No ☐ Yes

If yes, for how many consecutive years? Years

Site

Subject Barcode

Visit Date

Section V Medical History - Continued

30. Has the participant received any of the following vaccinations?

Disease	Vaccinated	Age (years)		Country
13. Strep	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
14. Meningococcal	☐ No ☐ Yes ☐ Don't know	☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
15. Other:		☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
16. Other:		☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	
17. Other:		☐ < 5 ☐ 5 - 9 ☐ 10-14	☐ 15 - 19 ☐ 20 - 25 ☐ > 25	

31. Was the participant breast fed as an infant?

- ☐ No
☐ Yes, for approximately how many months was the participant breast fed? months ☐ < 1 month
☐ Yes, unsure for how long
☐ Don't know

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Visit Date

Section VI Reproductive Health

☐ N/A - Mark if this is a male and skip to Section VII

32. Is the participant currently pregnant?

☐ No ☐ Yes

32a. If yes, what is the duration of this current pregnancy in weeks?

weeks

33. Has the participant ever been pregnant?

☐ No ☐ Yes

Year ended	Duration	Outcome*	Breastfed (how long?)	
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month

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Visit Date

Section VI Reproductive Health - Continued

34. At what age did the participant's menstrual cycles begin? years old

35. Have the participant's natural menstrual cycles ceased permanently?

☐ No ☐ Yes ☐ Don't know

35a. If no or don't know, what was the date of the participant's last menstrual cycle?

MM/DD/YYYY

35b. If yes, at what age did the participant's natural menstrual cycles cease?

years old

35c. If yes, for what reason did the participant's natural menstrual cycles cease?

☐ Natural ☐ Surgical ☐ Radiation or chemotherapy

36. Has the participant had any of the following menstrual problems?

Problem	Had in the past	Had in the past two months	Age (onset)
1. Irregular menstrual cycles	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years
2. Excessive pain during menses	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years
3. Excessive bleeding during menses	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years
4. Premenstrual syndrome	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years

37. Has the participant ever had any other menstrual problems?

☐ No

☐ Yes, specify:

☐ Don't know

38. Has the participant had her uterus surgically removed?

☐ No

☐ Yes, at what age did the participant have her uterus removed? years old

39. Has the participant had either of her ovaries surgically removed?

☐ No

☐ Yes, how many ovaries did she have removed? At what age? years old

Site

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Visit Date

Section VII - Environmental Exposures

40. Did the participant's mother smoke tobacco at any time while pregnant with the participant?

☐ No

☐ Yes

☐ Don't know

41. Did anyone regularly smoke in the participant's home during childhood?

☐ No

☐ Yes

☐ Don't know

42. Has the participant lived with anyone who regularly smoked inside their home?

☐ No

☐ Yes

☐ Don't know

42a. If yes, for approximately how many years in total?

years

42b. If yes and an MS, CIS, TM, ADEM, NMO or ON participant, for approximately how many years prior to the onset of symptoms? years

Site

Subject Barcode

Visit Date

Section VII - Environmental Exposures - Continued

44. Please provide the following information for all of the residences the participant has lived in for longer than one year.

Residence	Years lived
 City State/province Country	to
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	
Primary source of drinking water* a. b.	
 City State/province Country	to
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	
Primary source of drinking water* a. b.	
 City State/province Country	to
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	
Primary source of drinking water* a. b.	
 City State/province Country	to
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	
Primary source of drinking water* a. b.	

Site

Subject Barcode

Visit Date

Section VII - Environmental Exposures - Continued

45. Please provide the following information for all of the types of jobs the participant has held for longer than one year.

Type of job*		Other, specify:
Type of business	Worked from (year to year)	
	to	
Main activities/Duties	Work setting*	Hours per week
		hours
Type of job*		Other, specify:
Type of business	Worked from (year to year)	
	to	
Main activities/Duties	Work setting*	Hours per week
		hours
Type of job*		Other, specify:
Type of business	Worked from (year to year)	
	to	
Main activities/Duties	Work setting*	Hours per week
		hours
Type of job*		Other, specify:
Type of business	Worked from (year to year)	
	to	
Main activities/Duties	Work setting*	Hours per week
		hours
Type of job*		Other, specify:
Type of business	Worked from (year to year)	
	to	
Main activities/Duties	Work setting*	Hours per week
		hours

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Subject Barcode

Visit Date

Section VII - Environmental Exposures - Continued

46. To the best of their knowledge, has the participant been exposed to any of the following chemicals or physical agents on a regular basis for one month or longer?

Chemical/Agent	Exposed?*	Age at onset	Length of exposure	Months	Years	Route*
1. Lead in any form	☐			☐	☐	
2. Mercury in any form (not fillings)	☐			☐	☐	
3. Zinc in any form	☐			☐	☐	
4. Insecticides	☐			☐	☐	
5. Herbicides	☐			☐	☐	
6. Fungicides	☐			☐	☐	
7. Fumigants	☐			☐	☐	
8. Oil-based paints	☐			☐	☐	
9. Paint thinners	☐			☐	☐	
10. Paint strippers	☐			☐	☐	
11. Varnishes	☐			☐	☐	
12. Adhesives	☐			☐	☐	
13. Dyes or printing inks	☐			☐	☐	
14. Cutting, cooling, or lubricating oils	☐			☐	☐	
15. Gasoline, diesel fuel, motor/fuel oil	☐			☐	☐	
16. Antifreeze or coolants	☐			☐	☐	
17. Degreasers/other cleaning agents	☐			☐	☐	
18. Mineral spirits or white spirits	☐			☐	☐	
19. Solvents like toluene or xylene	☐			☐	☐	
20. Dry cleaning agents	☐			☐	☐	
21. General anesthesia	☐			☐	☐	
22. Products used by hairdressers	☐			☐	☐	
23. Other:	☐			☐	☐	
24. Other:	☐			☐	☐	
25. Other:	☐			☐	☐	

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Visit Date

Section VII - Environmental Exposures - Continued

47. Has the participant engaged in any of the following hobbies or activities?

Hobby/Activity	Engaged in?*	Age began	For how long?	Months	Years
1. Hunting with a shotgun or muzzle loader				☐	☐
2. Reloading ammunition				☐	☐
3. Shooting skeet, trap, or targets				☐	☐
4. Shooting on an indoor range				☐	☐
5. Making fishing weights				☐	☐
6. Painting with oil based paints				☐	☐
7. Glazing ceramics				☐	☐
8. Making stained glass				☐	☐
9. Making silver jewelry				☐	☐
10. Developing photographs				☐	☐
11. Building models using glue				☐	☐
12. Painting or refinishing furniture				☐	☐
13. Repairing cars/boats, other than flat tires and oil changes				☐	☐
14. Gardening or other yard work				☐	☐
15. Other:				☐	☐
16. Other:				☐	☐
17. Other:				☐	☐

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Section VII - Environmental Exposures - Continued

50. What is the participant's untanned skin tone?*

51. How does the participant's skin react when exposed to the sun in the summer for the first time without sunscreen?*

52. At the end of summer or after a two week holiday, what kind of tan would the participant have?*

53. Does the participant's skin burn after one hour of exposure, in the middle of the day, for the first time in summer, without sunscreen?

- ☐ No
☐ Yes, and then it peels
☐ Yes, without peeling
☐ Don't know

53a. If yes, how does the participant's skin react after burning?

- ☐ Fades to tan
☐ Fades to original skin tone
☐ Don't know

54. How many times has the participant had a sunburn that has lasted more than two days?*

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Section VIII - Medications and Nutritional Supplements - Continued

57. Is the participant currently taking or have they in the past taken any other medications, doctor prescribed or over the counter, for longer than two months? ☐ No ☐ Yes ☐ Don't know

Drug	Rte.*	Dose (include units)	Freq.	Start date (MM/YYYY)	Stop date (MM/YYYY)	Reason stopped*

58. Does the participant currently take a multivitamin (exclude individual vitamins)?
☐ No ☐ Yes ☐ Don't know

58a. If yes, how many does the participant take per week?*

58b. If yes, what specific brand does the participant usually use?

58c. If yes, when did the participant last take a multivitamin?

MM/DD/YYYY

59. Has the participant received plasmapheresis?
☐ No ☐ Yes ☐ Don't know

60. Has the participant received any experimental treatments?
☐ No ☐ Yes ☐ Don't know

60a. If yes, please describe:

61. Is the participant on a modified diet (Swank, vegan, vegetarian, kosher, etc.)?
☐ No ☐ Yes ☐ Don't know

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Section VIII - Medications and Nutritional Supplements - Continued

62. Does the participant regularly take any of the following supplements?

Supplement	Taken ?*	Occasional or continuous use*	If continuous, how long?
1. Vitamin A			☐ Days ☐ Months
2. Beta carotene			☐ Days ☐ Months
3. Vitamin C			☐ Days ☐ Months
4. Vitamin B-6			☐ Days ☐ Months
5. Vitamin D			☐ Days ☐ Months
6. Vitamin E			☐ Days ☐ Months
7. Calcium (includes Tums, etc.)			☐ Days ☐ Months
8. Selenium			☐ Days ☐ Months
9. Niacin			☐ Days ☐ Months
10. Zinc			☐ Days ☐ Months
11. Metamucil/Citrucel (fiber)			☐ Days ☐ Months
12. Potassium			☐ Days ☐ Months
13. Chromium			☐ Days ☐ Months
14. Folic acid			☐ Days ☐ Months
15. Iron			☐ Days ☐ Months

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Section VIII - Medications and Nutritional Supplements - Continued

62. Does the participant regularly take any of the following supplements?

Supplement	Taken ?*	Occasional or continuous use*	If continuous, how long?
16. Soy estrogen			☐ Days ☐ Months
17. Magnesium			☐ Days ☐ Months
18. Lecithin			☐ Days ☐ Months
19. B-complex			☐ Days ☐ Months
20. St. John's wort			☐ Days ☐ Months
21. Gingko biloba			☐ Days ☐ Months
22. Cod liver oil			☐ Days ☐ Months
23. Vitamin B-12			☐ Days ☐ Months
24. Co-enzyme Q10			☐ Days ☐ Months
25. DHEA			☐ Days ☐ Months
26. Fish oil			☐ Days ☐ Months
27. Garlic			☐ Days ☐ Months
28. Evening primrose oil			☐ Days ☐ Months
29. Echinacea			☐ Days ☐ Months
30. Ginseng			☐ Days ☐ Months



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Section VIII - Medications and Nutritional Supplements - Continued

62. Does the participant regularly take any of the following supplements?

Supplement	Taken ?*	Occasional or continuous use*	If continuous, how long?
31. Bee stings			☐ Days ☐ Months
32. Other:			☐ Days ☐ Months
33. Other:			☐ Days ☐ Months

Section IX - Conclusion

63. Are there any significant events or factors, not captured in this questionnaire, that the participant would like to report which may relate to the onset of their demyelinating disease?

☐ No ☐ Yes

64. Does the participant have any questions or comments regarding this questionnaire or this study?

☐ No ☐ Yes



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Diagnosis for Study Ascertainment

Name of enrolling physician

Date

MM/DD/YYYY

Section I - Clinically observed signs: List the participant's signs of MS (CIS, TM, ADEM, NMO, or ON) as observed by a neurologist and check the appropriate column(s) to indicate when each was exhibited.

Observed sign	At onset	In relapses	Currently	Never observed/ Don't know
1. Cognitive dysfunction (slow information processing speed, executive dysfunction, memory loss, MMSE < 26, etc.)	☐	☐	☐	☐
2. Babinski sign	☐	☐	☐	☐
3. Changes in mood/depression	☐	☐	☐	☐
4. Sensory loss/impairment	☐	☐	☐	☐
5. Dysarthria	☐	☐	☐	☐
6. Bulbar dysfunction (eg., dysphagia)	☐	☐	☐	☐
7. Scotoma	☐	☐	☐	☐
8. Facial paresis	☐	☐	☐	☐
9. Facial twitching	☐	☐	☐	☐
10. Tremor	☐	☐	☐	☐
11. Spasticity	☐	☐	☐	☐
12. Weakness in upper extremities	☐	☐	☐	☐
13. Clumsy or useless hand syndrome	☐	☐	☐	☐
14. Appendicular ataxia in upper extremities	☐	☐	☐	☐
15. Weakness in lower extremities	☐	☐	☐	☐
16. Appendicular ataxia in lower extremities	☐	☐	☐	☐
17. Gait disorder	☐	☐	☐	☐
18. Pathological brisk reflexes	☐	☐	☐	☐
19. Sensory level	☐	☐	☐	☐
20. Loss of color vision	☐	☐	☐	☐
21. Corrected visual acuity < 20/40	☐	☐	☐	☐



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Diagnosis for Study Ascertainment

Section I (Cont.) - Clinically observed signs: List the participant's signs of MS (CIS, TM, ADEM, NMO, ON) as observed by a neurologist and check the appropriate column(s) to indicate when each was exhibited.

Observed Sign	At onset	In relapses	Currently	Never observed/ Don't know
22. Pale optic disc	☐	☐	☐	☐
23. Internuclear ophthalmoplegia	☐	☐	☐	☐
24. Sustained nystagmus	☐	☐	☐	☐
25. Disconjugate gaze	☐	☐	☐	☐
26. Other:	☐	☐	☐	
27. Other:	☐	☐	☐	
28. Other:	☐	☐	☐	



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Diagnosis for Study Ascertainment

Section II - MRI: Please provide the following information and submit the report for the participant's **earliest available** MRI.

Brain MRI, date performed

☐ Not done

Spinal cord MRI, date performed

☐ Not done

MM/DD/YYYY

MM/DD/YYYY

	T1		Enhancing		T2/PD/FLAIR			
N/A = Not assessed	N/A	# of MS lesions	N/A	# of MS lesions	N/A	Total # of MS lesions	Locations	Consistent with demyelinating disease
1. Supratentorial	☐		☐		☐			☐
2. Infratentorial	☐		☐		☐			☐
3. Cervical	☐		☐		☐			☐
4. Thoracolumbar	☐		☐		☐			☐

Have any new lesions ≥ 3 mm in diameter occurred in subsequent MRI's?☐ No☐ Yes☐ Not applicable☐ Don't know

If yes, were the new lesions enhancing or non-enhancing?

☐ Enhancing☐ Non-enhancing☐ Both

Section III - Cerebrospinal fluid: Please provide the following information and submit the report for the participant's earliest available cerebrospinal fluid draw that shows evidence of MS (CIS, TM, ADEM, NMO or ON).

Date performed

☐ Not done

MM/DD/YYYY

Oligoclonal banding:

☐ No☐ Yes, number of bands☐ Indeterminate☐ Not assessed

IgG index: Elevated?

☐ No☐ Yes, result

Normal range

☐ Not assessed

White cell count:

/mm³☐ Not assessed

Total protein:

☐ mg/l☐ mg/dl☐ Not assessed

VDRL:

☐ Reactive☐ Non-reactive☐ Not assessed

Borrelia antibodies:

☐ Positive☐ Negative☐ Not assessedMyelin basic protein:
(ng/ml)☐ Not elevated☐ Elevated, result

Normal range

☐ Not assessed

Site

Subject Barcode

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Diagnosis for Study Ascertainment

Section III Cerebrospinal fluid (Cont.): Please provide the following information and submit the report for the participant's subsequent cerebrospinal fluid draws.

Date performed

☐ Not done

MM/DD/YYYY

Oligoclonal banding: ☐ No ☐ Yes, number of bands ☐ Indeterminate ☐ Not assessed

IgG index: Elevated? ☐ No ☐ Yes, result Normal range ☐ Not assessed

White cell count: /mm³ ☐ Not assessed

Total protein: ☐ mg/l ☐ mg/dl ☐ Not assessed

VDRL: ☐ Reactive ☐ Non-reactive ☐ Not assessed

Borrelia antibodies: ☐ Positive ☐ Negative ☐ Not assessed

Myelin basic protein: ☐ Not elevated ☐ Elevated, result Normal range ☐ Not assessed
(ng/ml)

Section III Cerebrospinal fluid (Cont.): Please provide the following information and submit the report for the participant's subsequent cerebrospinal fluid draws.

Date performed

☐ Not done

MM/DD/YYYY

Oligoclonal banding: ☐ No ☐ Yes, number of bands ☐ Indeterminate ☐ Not assessed

IgG index: Elevated? ☐ No ☐ Yes, result Normal range ☐ Not assessed

White cell count: /mm³ ☐ Not assessed

Total protein: ☐ mg/l ☐ mg/dl ☐ Not assessed

VDRL: ☐ Reactive ☐ Non-reactive ☐ Not assessed

Borrelia antibodies: ☐ Positive ☐ Negative ☐ Not assessed

Myelin basic protein: ☐ Not elevated ☐ Elevated, result Normal range ☐ Not assessed
(ng/ml)

Site

Subject Barcode

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Diagnosis for Study Ascertainment

Section IV - Evoked potentials: Please provide the following information and report for the participant's **earliest available** evoked potentials exam.

	Date performed	Not done	Right side*	Left side*
1. Visual		☐		
2. Brainstem auditory		☐		
3. Somatosensory				
3a. Upper limbs		☐		
3b. Lower limbs		☐		

Section V - CNS biopsy: Please provide the following information and report for the participant's **earliest available** CNS biopsy.

Date performed

 MM/DD/YYYY

☐ Not done

Result:

☐ Negative ☐ Indeterminate ☐ MS

☐ Other (specify):

Section VI - Standardized assessment scales : Please provide the following information for the participant's **earliest available** standardized assessment scales.

Earliest available:

	Date performed	
1. EDSS		☐ Not done
2. 25 ft. walk	sec.	☐ Not done
3. 9 hole peg	sec.	☐ Not done
4. Ambulation index		☐ Not done
5. MSFC		☐ Not done

Site

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Diagnosis for Study Ascertainment

Section VI (cont.) - Standardized assessment scales: Please provide the following information for the participant's most recent standardized assessment scales.

Most Recent:

		Date Performed	
1. EDSS			☐ Not done
2. 25 ft. walk	sec.		☐ Not done
3. 9 hole peg	sec.		☐ Not done
4. Ambulation index			☐ Not done
5. MSFC			☐ Not done

Section VII - Differential diagnosis: Please provide the following information and report for any of the following exams performed on the participant to rule out other conditions.

Condition (test)	Result		
Neuroophthalmic (e.g. slit lamp exam)	Not Done	POS.	NEG.
1. Uveitis	☐	☐	☐
2. Neuroretinitis	☐	☐	☐
3. Other		☐	☐
Genetic (Mendelian)			
4. Metachromatic leukodystrophy (arylsulfatase A)	☐	☐	☐
5. Adrenoleukodystrophy (serum very long chain fatty acids)	☐	☐	☐
6. Krabbe's disease (WBC betagalactocerebrosidase)	☐	☐	☐
7. CADASIL (Notch 3 gene mutation)	☐	☐	☐
8. Other		☐	☐
Metabolic			
9. B-12 deficiency	☐	☐	☐
10. Folate deficiency	☐	☐	☐
11. Vitamin E deficiency	☐	☐	☐
Neoplastic granulomatous disease/sarcoidosis			
12. ACE	☐	☐	☐
13. Chest X-ray	☐	☐	☐

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Diagnosis for Study Ascertainment

Section VII (cont.)- Differential diagnosis:

Condition (test)	Result		
	Not done	POS.	NEG.
Infectious			
14. VDRL, MHA-TP, or RPR	☐	☐	☐
15. Borrelia IgG	☐	☐	☐
16. Borrelia IgM	☐	☐	☐
17. HTLV- I/II	☐	☐	☐
18. HIV	☐	☐	☐
19. HSV-1 antibody	☐	☐	☐
20. HSV-2 antibody	☐	☐	☐
21. CMV antibody	☐	☐	☐
22. Hepatitis A antibody	☐	☐	☐
23. Hepatitis B surface antigen	☐	☐	☐
24. Hepatitis B antibody	☐	☐	☐
25. Hepatitis C antibody	☐	☐	☐
26. Hepatitis C surface antigen	☐	☐	☐
Hypercoagulable/Inflammatory			
27. Sjogren's syndrome (SSA, SSB)	☐	☐	☐
28. Lupus (DS DNA)	☐	☐	☐
29. Protein S	☐	☐	☐
30. Protein C	☐	☐	☐
31. ANCA	☐	☐	☐
32. ESR	☐	☐	☐
33. Antiphospholipid antibody	☐	☐	☐
34. Anti-cardiolipin antibody	☐	☐	☐
35. Lupus anticoagulant	☐	☐	☐
36. ANA	☐	☐	☐
37. Rheumatoid factor	☐	☐	☐
38. C3	☐	☐	☐
39. C4	☐	☐	☐
40. General anti-ENA panel	☐	☐	☐
41. Leiden mutation	☐	☐	☐

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Diagnosis for Study Ascertainment

Section VII (cont.) - Differential diagnosis:

Condition (test)		Result
Hematologic	Not done	
42. White blood count ($\times 10^3/\text{mm}^3$)	☐	
43. Red blood count ($\times 10^6/\text{mm}^3$)	☐	
44. Platelets ($\times 10^3/\text{mm}^3$)	☐	
45. Polys (absolute) ($\times 10^3/\text{mm}^3$)	☐	
46. Monocytes (absolute) ($\times 10^3/\text{mm}^3$)	☐	
47. EOS (absolute) ($\times 10^3/\text{mm}^3$)	☐	
48. Basos (absolute) ($\times 10^3/\text{mm}^3$)	☐	
49. Lymphs (absolute) ($\times 10^3/\text{mm}^3$)	☐	
Pathological specimens		
50. Biopsy	☐	
Tissue type	Result	
51. Biopsy	☐	
Tissue type	Result	
52. Biopsy	☐	
Tissue type	Result	
53. Biopsy	☐	
Tissue type	Result	

Section VIII - ASIA impairment scale

Has the participant been diagnosed with TM or NMO?

- ☐ No
☐ Yes
☐ Don't know

If Yes, what was the ASIA impairment scale score?

At onset: ☐ A ☐ B ☐ C ☐ D ☐ Don't Know

At most recent exam: ☐ A ☐ B ☐ C ☐ D ☐ Don't Know



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Investigator Signature

INVESTIGATOR SIGNATURE

The investigator's signature on this page verifies that he/she has reviewed all the data recorded on the Case Report Form, and has reviewed all the data queries and resolutions pertaining to this Subject generated by the Sponsor and/or the site monitors.

Investigator's Signature

Date

MM/DD/YYYY

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Confirmation of Consent (to be completed by interviewer)

I confirm that the participant has signed the informed consent.

Interviewer Name

MM/DD/YYYY

Case Inclusion Criteria - Must be "Yes"

1. Individuals with at least one CNS demyelinating event characteristic of MS, TM, ADEM, NMO, ON or CIS. A demyelinating event is defined as a symptom or constellation of symptoms referable to the disruption of the CNS white matter or myelin within gray matter. Characteristic syndromes include hemibody sensory or motor symptoms, mono-sensory symptoms, monoparesis, brainstem syndrome or cerebellar syndrome, lasting at least 24 hours. ☐ No ☐ Yes
2. Individuals at least 18 years old and able to give informed consent or individuals younger than 18 years old, with parental permission, and able to give assent. ☐ No ☐ Yes
3. Individuals at least 18 years old willing and able to provide up to 110 ml blood via venipuncture or individuals younger than 18 years old willing and able to provide up to 50 ml blood via venipuncture. ☐ No ☐ Yes

Case Exclusion Criteria - Must be "No"

1. Individuals who weigh less than 37 pounds due to limits on blood collection. ☐ No ☐ Yes

Control Inclusion Criteria - Must be "Yes"

1. Related and unrelated individuals who have not experienced any CNS demyelinating events characteristic of MS, TM, ADEM, NMO, ON or CIS and have not been diagnosed with any demyelinating disease. ☐ No ☐ Yes
2. Individuals at least 18 years old and able to give informed consent or individuals younger than 18 years old, with parental permission, and able to give assent. ☐ No ☐ Yes
3. Individuals at least 18 years old willing and able to provide up to 110 ml blood via venipuncture or individuals younger than 18 years old willing and able to provide up to 50 ml blood via venipuncture. ☐ No ☐ Yes

Control Exclusion Criteria - Must be "No"

1. Individuals who weigh less than 37 pounds due to limits on blood collection. ☐ No ☐ Yes



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Laboratory AssessmentDo you have a history of blood borne pathogens (e.g., Hepatitis, HIV/AIDS)? ☐ Yes ☐ No

If so, we may not be able to collect your blood sample due to laboratory restrictions.

Have you had an allogenic bone marrow transplant since your last blood sample collection? ☐ Yes ☐ No

If so, we will be able to collect your blood sample but may not be able to use it for genetic analysis.

Has the participant been diagnosed with a stroke, meningitis, neoplastic, peripheral nervous system or primary muscle disease, or other well characterized and defined disease of the nervous system with the exception of MS, TM, ADEM, NMO, ON or CIS since the last study visit? ☐ Yes ☐ NoIf yes, specify diagnosis: Date of diagnosis:
MM/DD/YYYYDate of blood draw Time of blood draw
MM/DD/YYYY HH:MM

When was the last time the participant had something to eat or drink besides water?

HH:MM MM/DD/YYYYWhen was the last time the participant smoked? ☐ Not applicable
HH:MM MM/DD/YYYYHas the participant had any medications today (including birth control, vitamins, aspirin, etc.)? ☐ Yes ☐ NoIf yes, specify
medication names:Within the last two weeks, when did the participant last have a dose of non-MS (TM, ADEM, NMO, ON) related medication (prescription or OTC)? ☐ Not applicable
MM/DD/YYYY

Specify medication name(s):

When did the participant last have a dose of MS (TM, ADEM, NMO, ON) related drug?

☐ Not applicable

MM/DD/YYYY

Specify medication name(s):

Has the participant had any immunizations in the last year (including flu shot)? ☐ Yes ☐ No ☐ Don't know

If yes, specify:

Has the participant had any alcohol or done any recreational drugs in...

the last 2 months? ☐ Yes ☐ Nothe last 2 weeks? ☐ Yes ☐ Nothe last 24 hours? ☐ Yes ☐ No

Specify:

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Interview Information

Interview date (MM/DD/YYYY)	Start time (HH:MM)	End time (HH:MM)

Has the participant experienced any of the following symptoms in the past 24 hours?

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Runny nose | ☐ Yes | ☐ No |
| Cough/sore throat | ☐ Yes | ☐ No |
| Fever/chills/night sweats | ☐ Yes | ☐ No |
| Sinus infection | ☐ Yes | ☐ No |
| Diarrhea/vomiting | ☐ Yes | ☐ No |
| Rash | ☐ Yes | ☐ No |
| Shortness of breath | ☐ Yes | ☐ No |

Other illnesses, specify:

Study Completion

Did the participant complete the study? ☐ Yes ☐ No

Date of withdrawal:

MM/DD/YYYY

Reason for withdrawal:

- ☐ Withdrew informed consent
- ☐ Lost to follow-up
- ☐ Screen failure
- ☐ Sponsor decision
- ☐ Death
- ☐ Investigator decision
- ☐ Other, specify:

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Section I Demographic Information

1. Height ☐ in
☐ cm

2. Weight ☐ lb
☐ kg

3. Education - number of years completed since last study interview:

4. Current marital status*

5. Employment status - Select one

☐ Employed outside home ☐ Student ☐ Unemployed not looking for work

☐ Employed at home ☐ Worker's compensation ☐ Disabled, at age

☐ Homemaker ☐ Unemployed looking for work ☐ Retired, not disabled, at age

6. Domestic status - Select all that apply

Living alone ☐ Yes ☐ No

Living with other relative ☐ Yes ☐ No

Living with spouse/partner ☐ Yes ☐ No

Living with friend/companion ☐ Yes ☐ No

Living with sibling ☐ Yes ☐ No

Living with domestic help ☐ Yes ☐ No

Living with children ☐ Yes ☐ No

Living with health related companion ☐ Yes ☐ No

Living with parent ☐ Yes ☐ No

Living in nursing or sheltered home ☐ Yes ☐ No

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Section II Family History

7. Please review the information previously provided for siblings and make any additions or corrections as needed. Provide information for the participant's full biological siblings only (do not include half/step-siblings).

(Does the participant have any siblings?) ☐ No ☐ Yes ☐ Don't know

Birth order	Year of birth	Gender	Alive	MS	Dominant hand*
First ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Second ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Third ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fourth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fifth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Sixth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Seventh ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Eighth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ninth ☐		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	

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Section II Family History - Continued

8. Please review the information previously provided for half siblings and make any additions or corrections as needed.

(Does the participant have any half siblings?) ☐ No ☐ Yes ☐ Don't know

Year of birth	Gender	Alive	MS	Dominant hand*
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
	☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	

9. Please review the information provided at the first study visit regarding the participant's blood relatives who have been diagnosed with MS and provide corrections and updates as needed. Since the last study interview, has the participant learned of any blood relatives (not marriage) that have been diagnosed with MS? If yes, please describe the specific relationship to the participant.

(Does the participant have any additional blood relatives (not marriage) that have been diagnosed with MS?)

☐ No ☐ Yes ☐ Don't know

Relationship		Describe
1. Father	☐	
2. Mother	☐	
3. Father's father	☐	
4. Father's mother	☐	
5. Mother's father	☐	
6. Mother's mother	☐	
7. Uncle(s) father's side	☐	
8. Aunt(s) father's side	☐	
9. Uncle(s) mother's side	☐	
10. Aunt(s) mother's side	☐	
11. 1st cousin(s) father's side	☐	
12. 2nd cousin(s) father's side	☐	
13. 1st cousin(s) mother's side	☐	
14. 2nd cousin(s) mother's side	☐	

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Section II Family History - Continued

10. Partner Information -

Please review the information previously provided for partners with whom the participant has had a child, and make any additions or corrections as needed. See below for ethnicity/race reference numbers.

(Does the participant have any children?) ☐ No ☐ Yes ☐ Don't know

Partner	Year of birth	Gender	Alive	MS	Dominant hand*
1.		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ethnicity		Mother's ethnicity		Father's ethnicity	
Race		Mother's race		Father's race	
Number of children		Birth state/Province		Birth country	

Partner	Year of birth	Gender	Alive	MS	Dominant hand*
2.		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ethnicity		Mother's ethnicity		Father's ethnicity	
Race		Mother's race		Father's race	
Number of children		Birth state/Province		Birth country	

Partner	Year of birth	Gender	Alive	MS	Dominant hand*
3.		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ethnicity		Mother's ethnicity		Father's ethnicity	
Race		Mother's race		Father's race	
Number of children		Birth state/Province		Birth country	

Ethnicity

1. Hispanic or Latino
2. Non Hispanic or Latino
3. Don't Know

Race

- | | |
|--|--|
| 1. American Indian or Alaska Native | 5. Black or African American |
| 2. Middle Eastern | 6. Native Hawaiian or other Pacific Islander |
| 3. South Asian (India, Nepal, Pakistan, Bhutan, Bangladesh, Maldives, Sri Lanka and Suvadives) | 7. White |
| 4. Other Asian | 8. Don't know |

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Section II Family History - Continued

11. Participant's offspring - Please review the information previously provided for the participant's offspring and make any additions or corrections as needed. Indicate the corresponding partner number from question 10 for each child in the box next to the birth order.

Birth order	Year of birth	Gender	Alive	MS	Dominant hand*
First Partner		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Second		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Third		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fourth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Fifth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Sixth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Seventh		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Eighth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	
Ninth		☐ Male ☐ Female	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	

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Section III Demyelinating Diseases - MS

☐ N/A - Mark if this is a Control without a demyelinating disease and skip to Section IV - Medical history

12. Is the participant diagnosed with a clinically isolated syndrome or with Multiple Sclerosis?

☐ No

☐ Yes -- Clinically isolated syndrome

☐ Yes -- Multiple Sclerosis

If the participant is currently diagnosed with MS, was he/she diagnosed with a clinically isolated syndrome at the last study interview?

☐ No

☐ Yes

☐ Not Applicable

If yes, at what age was the participant diagnosed with Multiple Sclerosis by a neurologist or other physician?

Years old

12a. If the participant is diagnosed with MS, which of the following best characterizes the participant's disease?

Note: An exacerbation is defined as a development of new symptoms or a worsening of existing symptoms that lasts longer than 48 hours in the absence of a fever or infection.

☐	<u>Relapsing remitting</u> - Participant has experienced two or more exacerbations of being worse for a period of time followed by an improvement in condition. In between exacerbations the participant is stable.
☐	<u>Secondary progressive</u> - Participant's disease began with sporadic exacerbations separated by periods of stability and has changed to the point where symptoms have been getting progressively worse even when not having an exacerbation. Did this change take place after the last study interview? ☐ No ☐ Yes If yes, at what age did this change take place? Years old
☐	<u>Primary progressive</u> - From onset, participant's disease has steadily progressed, even when not having an exacerbation.

12b. Is the participant currently experiencing an MS exacerbation?

☐ No

☐ Yes

☐ Don't know

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Section III Demyelinating Diseases - MS (Continued)

12c. Has the participant experienced any exacerbations in the last 5 years?

☐ No ☐ Yes ☐ Don't know ☐ Not Applicable

If yes, please list the details for the exacerbations in the table below. Only list exacerbations that the participant can recall with great accuracy.

Date of Onset (MM/DD/YYYY)	Source (Check all that apply)	Symptoms (Check all that apply)	Full Recovery
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other:	☐ Yes ☐ No ☐ Don't know

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Section III Demyelinating Diseases

12. Is the participant currently diagnosed with Neuromyelitis Optica?

☐ No

☐ Yes

12a. Have any attacks occurred since the last study interview?

☐ No

☐ Yes

☐ Don't know

If yes, please provide the following information for the most recent attacks:

12b. Date of most recent attack before this interview

MM/DD/YYYY

☐ Not Applicable

12c. Were symptoms of this attack visual or spinal?

☐ Visual

☐ Spinal

☐ Both

☐ Don't know

12d. Date of next most recent attack before this interview

MM/DD/YYYY

☐ Not Applicable

12e. Were symptoms of this attack visual or spinal?

☐ Visual

☐ Spinal

☐ Both

☐ Don't know

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Section III Demyelinating Diseases

12. Is the participant currently diagnosed with Optic Neuritis?

☐ No

☐ Yes

12a. Have there been any recurrences since the last study interview?

☐ No

☐ Yes

☐ Don't know

Date of recurrence	Eye*	Treatment of recurrence	
MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ Other, specify below: ☐ None
MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ Other, specify below: ☐ None
MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ Other, specify below: ☐ None

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Section III Demyelinating Diseases

12. Is the participant currently diagnosed with Transverse Myelitis?

☐ No

☐ Yes

12a. Have there been any attacks since the last study interview?

☐ No

☐ Yes

☐ Don't know

Date of attacks	Treatment of attacks	
 MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:
 MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:
 MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:

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Section III Demyelinating Diseases

12. Is the participant currently diagnosed with Acute Disseminated Encephalomyelitis?

☐ No ☐ Yes

12a. Have there been any relapses since the last study interview?

☐ No ☐ Yes ☐ Don't know

If yes, please provide the following information for the two most recent relapses:

12b. Date of most recent relapse
before this interview

MM/DD/YYYY

12c. Date of treatment for this relapse

MM/DD/YYYY

☐ None

12d. Treatment

- ☐ Steroids
☐ Plasmapheresis
☐ Cytoxan
☐ Other, specify:
☐ Don't know

12e. Hospitalization for treatment

- ☐ No
☐ Yes, specify number of days: days
☐ Don't know

12f. Date of next most recent relapse
before this interview

MM/DD/YYYY

12g. Date of treatment for this relapse

MM/DD/YYYY

☐ None

12h. Treatment

- ☐ Steroids
☐ Plasmapheresis
☐ Cytoxan
☐ Other, specify:
☐ Don't know

12i. Hospitalization for treatment

- ☐ No
☐ Yes, specify number of days: days
☐ Don't know

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Section III Demyelinating Diseases - Original (V1)

☐ N/A - Mark if this is a Control without a demyelinating disease and skip to Section IV - Medical history

12. Is the participant currently diagnosed with Multiple Sclerosis?

☐ No ☐ Yes

12a. If yes, at what age was the participant diagnosed with Multiple Sclerosis by a neurologist or other physician?

Years old

12b. Which of the following best characterizes the participant's disease?

Note: An exacerbation is defined as a development of new symptoms or a worsening of existing symptoms that lasts longer than 48 hours in the absence of a fever or infection.

☐	<u>Clinically isolated syndrome (not Optic Neuritis or Transverse Myelitis)</u> - Participant has experienced only one exacerbation. Date of occurrence MM/DD/YYYY
☐	<u>Relapsing remitting</u> - Participant has experienced two or more exacerbations of being worse for a period of time followed by an improvement in condition. In between exacerbations the participant is stable.
☐	<u>Secondary progressive</u> - Participant's disease began with sporadic exacerbations separated by periods of stability and has changed to the point where symptoms have been getting progressively worse even when not having an exacerbation. At what age did this change take place? Years old
☐	<u>Primary progressive</u> - From onset, participant's disease has steadily progressed, even when not having an exacerbation.

12c. Is the participant currently experiencing an exacerbation?

☐ No ☐ Yes ☐ Don't know

12d. If no, how long has it been since the start of the participant's last exacerbation?

☐ Months ☐ Years ☐ Don't know

12e. How many relapses did the participant experience within the first two years? ☐ Not applicable ☐ Don't know

12f. How many relapses has the participant experienced in the last year? ☐ Not applicable ☐ Don't know

12g. Age of first symptom or exacerbation (may have occurred before clinical diagnosis)? Years old

12h. Age of second symptom or exacerbation? Years old ☐ Not applicable

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Section III Demyelinating Diseases - Original (V1)

12h. Have there been multiple attacks?

☐ No

☐ Yes

☐ Don't know

Date of subsequent attacks	Treatment of subsequent attacks	
MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:
MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:
MM/DD/YYYY	☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know	☐ None ☐ Other, specify:

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Section III Demyelinating Diseases - Original (V1)

12. Is the participant currently diagnosed with Neuromyelitis Optica?

☐ No ☐ Yes

12a. Date of NMO diagnosis

MM/DD/YYYY

12b. Date of first symptoms

MM/DD/YYYY

12c. Were first symptoms visual or spinal (walking, sensory changes, bowel/bladder)?

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

12d. Date of treatment

MM/DD/YYYY

☐ None

12e. Treatment for first attack

☐ Steroids
☐ Plasmapheresis
☐ Other, specify:
☐ Don't know

12f. Date of second attack

MM/DD/YYYY

☐ Not applicable

12g. Were symptoms of second attack visual or spinal?

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

12h. Date of last attack before this interview

MM/DD/YYYY

☐ Listed above

12i. Were symptoms of last attack visual or spinal?

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

12j. Has the participant ever been on immunomodulatory drugs (Copaxone, IFNs, etc.)?

☐ No
☐ Yes, specify medication name(s):
☐ Don't know

Site

Subject Barcode

Visit Date

Section III Demyelinating Diseases - Original (V1)

12. Is the participant currently diagnosed with Optic Neuritis?

☐ No

☐ Yes

12a. Date of diagnosis

MM/DD/YYYY

12b. Date of first attack

MM/DD/YYYY

12c. Date of first treatment

MM/DD/YYYY

☐ None

12d. Treatments for first attack

☐ Steroids

☐ Plasmapheresis

☐ Cytoxan

☐ Other, specify:

☐ Don't know

12e. Which eye?

☐ Right

☐ Left

☐ Both

☐ Don't know

12f. Was pain present in the eye?

☐ No

☐ Yes

☐ Don't know

12g. Was color vision affected?

☐ No

☐ Yes

☐ Don't know

12h. Degree of recovery from first attack

%

12i. Any recurrences?

☐ No

☐ Yes

Date of recurrence	Eye*	Treatment of recurrence
 MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know ☐ Other, specify below: ☐ None
 MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know ☐ Other, specify below: ☐ None
 MM/DD/YYYY		☐ Steroids ☐ Plasmapheresis ☐ Cytoxan ☐ Don't know ☐ Other, specify below: ☐ None

Site

Subject Barcode

Visit Date

Section III Demyelinating Diseases - Original (V1)

12. Is the participant currently diagnosed with Transverse Myelitis?

☐ No

☐ Yes

12a. Date of diagnosis

MM/DD/YYYY

12b. Date of symptom onset

MM/DD/YYYY

12c. Date of clinical nadir (when symptoms were at their worst)

MM/DD/YYYY

12d. Date of first treatment

MM/DD/YYYY

☐ None

12e. Treatments for first attack

☐ Steroids

☐ Plasmapheresis

☐ Cytoxan

☐ Other, specify:

☐ Don't know

12f. Prior illness (within 30 days of onset)

☐ No

☐ Yes, specify date of onset:

MM/DD/YYYY

☐ Don't know

If Yes, specify illness (check all that apply):

☐ Fever

☐ Chills

☐ Muscle aches

☐ Diarrhea

☐ Nausea

☐ Vomiting

☐ Coughing

☐ Stuffy nose

☐ Other, specify:

☐ Don't know

12g. Prior vaccination (within 30 days of symptoms onset)

☐ No

☐ Yes, specify date:

MM/DD/YYYY

☐ Don't know

If Yes, specify vaccine (check all that apply):

☐ Chickenpox (varicella)

☐ German measles (rubella)

☐ Measles (rubeola)

☐ Smallpox

☐ Mumps

☐ Hepatitis A

☐ Hepatitis B

☐ Polio (shot)

☐ Polio (oral vaccine)

☐ Rabies

☐ Travel

☐ Flu shot

☐ Strep

☐ Meningococcal

☐ Don't know

Site

Subject Barcode

Visit Date

Section III Demyelinating Diseases - Original (V1)

12. Is the participant currently diagnosed with Acute Disseminated Encephalomyelitis?

☐ No

☐ Yes

12a. Date of diagnosis

MM/DD/YYYY

12b. Date of first symptoms

MM/DD/YYYY

12c. Date of first treatment

MM/DD/YYYY

☐ None

12d. Treatment

☐ Steroids

☐ Plasmapheresis

☐ Cytoxan

☐ Other, specify:

☐ Don't know

12e. Hospitalization for treatment

☐ No

☐ Yes, specify number of days: days

☐ Don't know

12f. Prior illness (within 30 days of onset)

☐ No

☐ Yes, specify date of onset:

MM/DD/YYYY

☐ Don't know

If Yes, specify illness (check all that apply):

☐ Fever

☐ Chills

☐ Muscle aches

☐ Diarrhea

☐ Nausea

☐ Vomiting

☐ Coughing

☐ Stuffy nose

☐ Other, specify:

☐ Don't know

12g. Prior vaccination (within 30 days of symptoms onset)

☐ No

☐ Yes, specify date:

MM/DD/YYYY

☐ Don't know

If Yes, specify vaccine (check all that apply):

☐ Chickenpox (varicella)

☐ German measles (rubella)

☐ Measles (rubeola)

☐ Smallpox

☐ Mumps

☐ Hepatitis A

☐ Hepatitis B

☐ Polio (shot)

☐ Polio (oral vaccine)

☐ Rabies

☐ Travel

☐ Flu shot

☐ Strep

☐ Meningococcal

☐ Don't know

Site

Subject Barcode

Visit Date

Section III Demyelinating Diseases

13. Please indicate which of the following symptoms the participant has experienced for 2 or more days **since the last study interview**. Specify whether the symptom was experienced **during** an exacerbation, **not during** an exacerbation, **currently**, or **not experienced** since the last study interview.

Demyelinating diseases	During exacerbation	Not during exacerbation	Currently	Not experienced
1. Weakness in arms/hands	☐	☐	☐	☐
2. Weakness in legs/feet	☐	☐	☐	☐
3. Difficulty walking/dragging a foot	☐	☐	☐	☐
4. Loss of coordination in arms/hands	☐	☐	☐	☐
5. Loss of coordination in legs/feet	☐	☐	☐	☐
6. Stiffness	☐	☐	☐	☐
7. Difficulty with balance	☐	☐	☐	☐
8. Shaking or tremors	☐	☐	☐	☐
9. Paralysis of half or whole face	☐	☐	☐	☐
10. Facial twitching	☐	☐	☐	☐
11. Speech articulation	☐	☐	☐	☐
12. Difficulty with swallowing	☐	☐	☐	☐
13. Blindness or blurry vision in one eye or both	☐	☐	☐	☐
14. Disturbed vision e.g., double vision, objects moving, etc.	☐	☐	☐	☐
15. Sensory symptoms; loss of feeling, painful feeling, unable to feel position of fingers/arms/legs, swollen feeling	☐	☐	☐	☐
16. Vertigo	☐	☐	☐	☐
17. Sharp, painful feeling in face not due to trauma or injury (Trigeminal neuralgia)	☐	☐	☐	☐
18. Electric shock-like feeling when bending neck	☐	☐	☐	☐
19. Itching, not due to other causes e.g. psoriasis, insect bites, etc.	☐	☐	☐	☐
20. Burning sensation in feet	☐	☐	☐	☐
21. Cognitive difficulties e.g., memory problems	☐	☐	☐	☐
22. Sexual dysfunction, not caused by medication	☐	☐	☐	☐
23. Urinary problems e.g., unusual urgency or hesitancy	☐	☐	☐	☐
24. Trouble with bowel movements	☐	☐	☐	☐
25. Fatigue	☐	☐	☐	☐
26. Changes in mood or depression considered out of the ordinary	☐	☐	☐	☐
27. Total paralysis of legs	☐	☐	☐	☐
28. Total paralysis of arms	☐	☐	☐	☐
29. Need for mechanical ventilation	☐	☐	☐	☐
30. Other:	☐	☐	☐	☐

Site

Subject Barcode

Visit Date

Section IV Medical History - Continued

16. Please review the information previously provided for infectious diseases/disorders and make any additions or corrections as needed.

Disease/Disorder	Participant*	Age of onset (years)	Father	Mother	Sibling	Paternal relative	Maternal relative	Child/Grandchild	Don't know	None
1. Mononucleosis/Epstein Barr virus			☐	☐	☐	☐	☐	☐	☐	☐
2. Viral hepatitis (A, B, C)			☐	☐	☐	☐	☐	☐	☐	☐
3. Chickenpox			☐	☐	☐	☐	☐	☐	☐	☐
4. Shingles			☐	☐	☐	☐	☐	☐	☐	☐
5. German measles (rubella)			☐	☐	☐	☐	☐	☐	☐	☐
6. Measles (rubeola)			☐	☐	☐	☐	☐	☐	☐	☐
7. Strep throat			☐	☐	☐	☐	☐	☐	☐	☐
8. Mumps			☐	☐	☐	☐	☐	☐	☐	☐
9. Febrile seizures			☐	☐	☐	☐	☐	☐	☐	☐
10. Lyme disease			☐	☐	☐	☐	☐	☐	☐	☐
11. Polio			☐	☐	☐	☐	☐	☐	☐	☐
12. Tuberculosis			☐	☐	☐	☐	☐	☐	☐	☐
13. Cold sores			☐	☐	☐	☐	☐	☐	☐	☐
14. Syphilis			☐	☐	☐	☐	☐	☐	☐	☐
15. Gonorrhea			☐	☐	☐	☐	☐	☐	☐	☐
16. Genital herpes			☐	☐	☐	☐	☐	☐	☐	☐
17. Chlamydia			☐	☐	☐	☐	☐	☐	☐	☐
18. HIV/AIDS			☐	☐	☐	☐	☐	☐	☐	☐
19. Mycoplasma pneumonia			☐	☐	☐	☐	☐	☐	☐	☐
20. Other:			☐	☐	☐	☐	☐	☐	☐	☐
21. Other:			☐	☐	☐	☐	☐	☐	☐	☐
22. Other:			☐	☐	☐	☐	☐	☐	☐	☐

16a. Has the participant ever been hospitalized for an infection? ☐ No ☐ Yes ☐ Don't know

16b. If yes, provide details of hospitalization below. If hospitalized more than once, indicate first and last hospitalization.

- i. Description of first infection
- ii. Date of first hospitalization (MM/YYYY)
- iii. Description of last infection
- iv. Date of last hospitalization (MM/YYYY)

[illegible]

Site

Subject Barcode

Visit Date

Section IV Medical History - Continued

19. Has the participant received any of the following vaccinations since the last study interview? If so, indicate month and year of the most recent vaccination.

Disease

Month / Year

1. Chickenpox (varicella)

☐ No ☐ Yes ☐ Don't know

2. German Measles (rubella)

☐ No ☐ Yes ☐ Don't know

3. Measles (rubeola)

☐ No ☐ Yes ☐ Don't know

4. Smallpox

☐ No ☐ Yes ☐ Don't know

5. Mumps

☐ No ☐ Yes ☐ Don't know

6. Hepatitis A

☐ No ☐ Yes ☐ Don't know

7. Hepatitis B

☐ No ☐ Yes ☐ Don't know

8. Polio (shot)

☐ No ☐ Yes ☐ Don't know

9. Polio (oral vaccine)

☐ No ☐ Yes ☐ Don't know

10. Rabies

☐ No ☐ Yes ☐ Don't know

11. Travel
(e.g., yellow fever, cholera, etc.)

☐ No ☐ Yes ☐ Don't know

Specify:

12. Flu shot

☐ No ☐ Yes ☐ Don't know

Site

Subject Barcode

Visit Date

Section IV Medical History - Continued

19. Has the participant received any of the following vaccinations since the last study interview? If so, indicate month and year of the most recent vaccination.

Disease

Month / Year

13. Pneumococcal (strep) ☐ No ☐ Yes ☐ Don't know

14. Meningococcal ☐ No ☐ Yes ☐ Don't know

15. DTP/DTaP ☐ No ☐ Yes ☐ Don't know

16. Other:

17. Other:

18. Other:

20. Has the participant ever been diagnosed with whiplash as a result of an automobile accident or other accident?

☐ No ☐ Yes ☐ Don't know

If yes, please enter the date when the accident resulting in the whiplash occurred, starting with the most recent occurrence.

20a. Date of most recent occurrence (MM/YYYY):

20b. Date of next most recent occurrence (MM/YYYY):

20c. Date of third most recent occurrence (MM/YYYY):

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Visit Date

Section V Reproductive Health

☐ N/A - Mark if this is a male and skip to Section VI

☐ N/A - Mark if this is a pre-pubescent female and skip to Section VI

21. Is the participant currently pregnant?

☐ No ☐ Yes

21a. If yes, what is the duration of this current pregnancy in weeks?

weeks

22. Has the participant been pregnant since the last study interview?

☐ No ☐ Yes

Year ended	Duration	Outcome*	Breastfed (how long?)	
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month
	Months		☐ No ☐ Yes	☐ months ☐ <1 month

Site

Subject Barcode

Visit Date

Section V Reproductive Health - Continued

23. Have the participant's menstrual cycles begun since the last study interview? ☐ No ☐ Yes

If so, at what age? years old

24. Have the participant's natural menstrual cycles ceased permanently since the last study interview?

☐ No ☐ Yes ☐ Don't know ☐ NA (menstrual cycles had ceased before the last study interview, skip to question 27.)

24a. If no or don't know, what was the date of the participant's last menstrual cycle?

24b. If yes, at what age did the participant's natural menstrual cycles cease?

MM/DD/YYYY

years old

24c. If yes, for what reason did the participant's natural menstrual cycles cease?

☐ Natural ☐ Surgical ☐ Radiation or chemotherapy

25. Has the participant had any of the following menstrual problems since the last study interview?

Problem	Had since the last study interview	Had in the past two months	Age (onset)
1. Irregular menstrual cycles	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years
2. Excessive pain during menses	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years
3. Excessive bleeding during menses	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years
4. Premenstrual syndrome	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	years

26. Has the participant had any other menstrual problems since the last study interview?

☐ No

☐ Yes, specify:

☐ Don't know

27. Has the participant had her uterus surgically removed since the last study interview?

☐ No

☐ Yes, at what age did the participant have her uterus removed? years old

28. Has the participant had either of her ovaries surgically removed since the last study interview?

☐ No

☐ Yes, how many ovaries did she have removed? At what age? years old

Site

Subject Barcode

Visit Date

Section VI - Environmental Exposures

29. Has the participant used tobacco more frequently than once per month since the last study visit?

☐ No

☐ Yes

Type of product*	Month / Year Used		# per day
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
Other:		to	
Other:		to	
Other:		to	

Site

Subject Barcode

Visit Date

Section VI - Environmental Exposures - Continued

30. Has the participant changed residences since the last study visit? If yes, please list all residences the participant has lived in since the last study visit, beginning with the residence at the time of the last interview.

☐ No ☐ Yes ☐ Don't know

Residence	Month/Year lived
 City State/province Country	 Month/Year to Month/Year
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	Primary source of drinking water* a. b.

Residence	Month/Year lived
 City State/province Country	 Month/Year to Month/Year
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	Primary source of drinking water* a. b.

Residence	Month/Year lived
 City State/province Country	 Month/Year to Month/Year
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	Primary source of drinking water* a. b.

Residence	Month/Year lived
 City State/province Country	 Month/Year to Month/Year
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	Primary source of drinking water* a. b.

Residence	Month/Year lived
 City State/province Country	 Month/Year to Month/Year
Nearby substance emitting facilities (within 1 mile) ☐ No ☐ Yes - Specify below ☐ Don't know	Primary source of drinking water* a. b.

Site

Subject Barcode

Visit Date

Section VI - Environmental Exposures - Continued

31. Has the participant changed jobs since the last study interview? If yes, please provide the following information for all of the types of jobs the participant has held since the last study interview, beginning with the participant's job at the time of the last interview. ☐ No ☐ Yes ☐ Don't know

Type of job*		Other, specify:	
Type of business	Worked from (Month/Year to Month/Year)		
	to		
Main activities/Duties	Work setting*	Hours per week	
		hours	

Type of job*		Other, specify:	
Type of business	Worked from (Month/Year to Month/Year)		
	to		
Main activities/Duties	Work setting*	Hours per week	
		hours	

Type of job*		Other, specify:	
Type of business	Worked from (Month/Year to Month/Year)		
	to		
Main activities/Duties	Work setting*	Hours per week	
		hours	

Type of job*		Other, specify:	
Type of business	Worked from (Month/Year to Month/Year)		
	to		
Main activities/Duties	Work setting*	Hours per week	
		hours	

Site

Subject	Barcode
Mathematics	123456789
Science	987654321
History	456789123
Language Arts	321654987
Physical Education	789123456
Art	654321987
Music	210987654
Health	876543210
Computer Science	543210987
Foreign Languages	109876543
Environmental Studies	098765432
Business	908765432
Social Studies	890123456
Engineering	709876543
Law	609876543
Medicine	509876543
Psychology	409876543
Philosophy	309876543
Religion	209876543
Political Science	109876543
Economics	098765432
Geography	987654321
Environmental Science	876543210
Biotechnology	765432109
Chemical Engineering	654321098
Biomedical Engineering	543210987
Environmental Engineering	432109876
Industrial Engineering	321098765
Software Engineering	210987654
Computer Engineering	109876543
Electrical Engineering	098765432
Mechanical Engineering	987654321
Civil Engineering	876543210
Structural Engineering	765432109
Transportation Engineering	654321098
Environmental Engineering	543210987
Biomedical Engineering	432109876
Chemical Engineering	321098765
Industrial Engineering	210987654
Software Engineering	109876543
Computer Engineering	098765432
Electrical Engineering	987654321
Mechanical Engineering	876543210
Civil Engineering	765432109
Structural Engineering	654321098
Transportation Engineering	543210987
Environmental Engineering	432109876
Biomedical Engineering	321098765
Chemical Engineering	210987654
Industrial Engineering	109876543
Software Engineering	098765432
Computer Engineering	987654321
Electrical Engineering	876543210
Mechanical Engineering	765432109
Civil Engineering	654321098
Structural Engineering	543210987
Transportation Engineering	432109876
Environmental Engineering	321098765
Biomedical Engineering	210987654
Chemical Engineering	109876543
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Computer Engineering	876543210
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Software Engineering	765432109
Computer Engineering	654321098
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Mechanical Engineering	432109876
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Structural Engineering	109876543
Transportation Engineering	098765432
Environmental Engineering	987654321
Biomedical Engineering	876543210
Chemical Engineering	765432109
Industrial Engineering	654321098
Software Engineering	543210987
Computer Engineering	432109876
Electrical Engineering	321098765
Mechanical Engineering	210987654
Civil Engineering	109876543
Structural Engineering	098765432
Transportation Engineering	987654321
Environmental Engineering	876543210
Biomedical Engineering	765432109
Chemical Engineering	654321098
Industrial Engineering	543210987
Software Engineering	432109876
Computer Engineering	321098765
Electrical Engineering	210987654
Mechanical Engineering	109876543
Civil Engineering	098765432
Structural Engineering	987654321
Transportation Engineering	876543210
Environmental Engineering	765432109
Biomedical Engineering	654321098
Chemical Engineering	543210987
Industrial Engineering	432109876
Software Engineering	321098765
Computer Engineering	210987654
Electrical Engineering	109876543
Mechanical Engineering	098765432
Civil Engineering	987654321
Structural Engineering	876543210
Transportation Engineering	7654

Visit Date

Section VII - Medications and Nutritional Supplements

32. For Cases Only - Has the participant taken any MS disease modifying medications (Rebif, Copaxone, Betaseron, Avonex, Novantrone, Tysabri, etc.) since the last study interview? Include any medications that the participant was receiving at the time of the last study interview. ☐ No ☐ Yes ☐ Don't know

[illegible]

33. For Cases only - Has the participant taken any relapse/attack medications (adrenocorticotrophic hormone, prednisone, intravenous methylprednisone, etc.) since the last study interview? Include any medications that the participant was receiving at the time of the last study interview. ☐ No ☐ Yes ☐ Don't know

[illegible]

Site

Subject Barcode

Visit Date

Section VII - Medications and Nutritional Supplements - Continued

34. Is the participant currently taking or have they since the last study interview taken any other medications, doctor prescribed or over the counter, for longer than two months? Include any medications that the participant was receiving at the time of the last study interview. ☐ No ☐ Yes ☐ Don't know

Drug	Rte.*	Dose (include units)	Freq.	Start date (MM/YYYY)	Stop date (MM/YYYY)	Reason stopped*

35. Does the participant currently take a multivitamin (exclude individual vitamins)? ☐ No ☐ Yes ☐ Don't know

35a. If yes, how many does the participant take per week?*

35b. If yes, what specific brand does the participant usually use?

35c. If yes, when did the participant last take a multivitamin?

MM/DD/YYYY

36. Has the participant received plasmapheresis since the last study interview? ☐ No ☐ Yes ☐ Don't know

37. Has the participant received any experimental treatments since the last study interview? ☐ No ☐ Yes ☐ Don't know

37a. If yes, please describe:

38. Is the participant on a modified diet (Swank, vegan, vegetarian, kosher, etc.)?

39. Has the participant ever been diagnosed with anorexia?

39a. If yes, what was the date of the original diagnosis?

MM/YYYY

39b. Is the participant currently diagnosed with anorexia?

40. Has the participant ever been diagnosed with bulimia?

40a. If yes, what was the date of the original diagnosis?

MM/YYYY

40b. Is the participant currently diagnosed with bulimia?

Section VII - Medications and Nutritional Supplements - Continued

41. Does the participant regularly take any of the following supplements (as distinct from multivitamin use)?

Supplement	Taken ?*	Occasional or continuous use*	If continuous, how long?
1. Vitamin A			☐ Days ☐ Months
2. Beta carotene			☐ Days ☐ Months
3. Vitamin C			☐ Days ☐ Months
4. Vitamin B-6			☐ Days ☐ Months
5. Vitamin D			☐ Days ☐ Months
6. Vitamin E			☐ Days ☐ Months
7. Calcium (includes Tums, etc.)			☐ Days ☐ Months
8. Selenium			☐ Days ☐ Months
9. Niacin			☐ Days ☐ Months
10. Zinc			☐ Days ☐ Months
11. Metamucil/Citrucel (fiber)			☐ Days ☐ Months
12. Potassium			☐ Days ☐ Months
13. Chromium			☐ Days ☐ Months
14. Folic acid			☐ Days ☐ Months
15. Iron			☐ Days ☐ Months

Site

Subject Barcode

Visit Date

Section VII - Medications and Nutritional Supplements - Continued

41. Does the participant regularly take any of the following supplements (as distinct from multivitamin use)?

Supplement	Taken ?*	Occasional or continuous use*	If continuous, how long?
16. Soy estrogen			☐ Days ☐ Months
17. Magnesium			☐ Days ☐ Months
18. Lecithin			☐ Days ☐ Months
19. B-complex			☐ Days ☐ Months
20. St. John's wort			☐ Days ☐ Months
21. Gingko biloba			☐ Days ☐ Months
22. Cod liver oil			☐ Days ☐ Months
23. Vitamin B-12			☐ Days ☐ Months
24. Co-enzyme Q10			☐ Days ☐ Months
25. DHEA			☐ Days ☐ Months
26. Fish oil			☐ Days ☐ Months
27. Garlic			☐ Days ☐ Months
28. Evening primrose oil			☐ Days ☐ Months
29. Echinacea			☐ Days ☐ Months
30. Ginseng			☐ Days ☐ Months



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The following section contains questions relating to stress, anxiety, and trauma. These questions may remind some of upsetting incidents. As with all questions contained in this document, there is no completion requirement: you may choose to answer all, some, or none of the questions.

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Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the <u>last year</u> have the following events occurred:	Did the event occur?			Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
	No	Yes	Decline to answer							
73. Had to appear in court as either a defendant, a witness in a criminal case, or as party to a suit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
74. Spouse/partner: Had to appear in court as either a defendant, a witness in a criminal case or as party to a suit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
75. Pet (animal) to whom you were attached die, or get lost, or did you have to give it away	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
76. Close relative/friend moved away	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other recent experiences which have had an impact on your life.

Please write in any other stressful experiences **that have occurred over the last year** in the space below and rate the impact on your life. Also specify whether the event happened to you or someone else.

	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
77.	☐	☐	☐	☐	☐	☐	☐
Did the event happen to: ☐ Self ☐ Someone else							
78.	☐	☐	☐	☐	☐	☐	☐
Did the event happen to: ☐ Self ☐ Someone else							
79.	☐	☐	☐	☐	☐	☐	☐
Did the event happen to: ☐ Self ☐ Someone else							



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Section VIII Stress / Anxiety - Chronic Stressors

45a. Financial Stress

During the <u>past month</u> did you have enough money to afford:	Definitely Yes	Mainly Yes	Mainly No	Definitely No	Decline to answer
1. The quality of medical and dental care you (your family) should have?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Furniture or household equipment that needs to be replaced?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. A large unexpected bill (over \$250) for auto repair, etc.?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. In general, how do your finances usually work out at the end of the month? Do you usually end up with:	☐ Not enough money to make ends meet ☐ Just enough money to make ends meet ☐ A little money left over ☐ Plenty of money left over ☐ Decline to Answer				

45b. Work Stress

Here are some questions about your current job. For each question, please indicate how often these things happened (if the question is not applicable due to the nature of your work situation, please check "N/A") during the past month.

How often:	Never	Seldom	Some-times	Fairly Often	Often	N/A	Decline to answer
1. Does your supervisor criticize you over minor things?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
2. Do you have conflicts with your co-workers?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
3. Do you have conflicts with your supervisor?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
4. Is there constant pressure to keep working?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
5. Does there seem to be a rush or urgency about everything at work?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
6. Are there unpleasant physical conditions on your job, such as too much noise, dust, etc.?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

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Section VIII Stress / Anxiety - Chronic Stressors - Continued

45c. Social and Family Stress

Here are some questions about your current relationship with your family and friends. For each question, please indicate how often these things happened with your family and/or friends during the past month.

How often:	Never	Seldom	Some- times	Fairly Often	Often	Decline to answer
1. Do your family members and/or friends disagree with you?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
2. Are your family members and/or friends critical of you?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
3. Do your family members and/or friends get on your nerves?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
4. Do your family members and/or friends get angry with you?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Section VIII Stress / Anxiety - Depression

46. Over the last 2 weeks, how often have you been bothered by any of the following problems?

How often:	Not at all	Several days	More than half the days	Nearly every day	Decline to answer
1. Little interest or pleasure in doing things	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2. Feeling down, depressed, or hopeless	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3. Trouble falling or staying asleep, or sleeping too much	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4. Feeling tired or having little energy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5. Poor appetite or overeating	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8. Moving or speaking so slowly that other people could have noticed? Or the opposite -- being so fidgety or restless that you have been moving around a lot more than usual	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9. Thoughts that you would be better off dead or of hurting yourself in some way	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

10. If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult ☐ Decline to answer

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Section VIII Stress / Anxiety - Anxiety

47. Please read each item and check the box for the reply which comes closest to how you have been feeling DURING THE LAST WEEK. Don't take too long to think over your replies; your immediate reaction to each item will probably be more accurate than a long thought-out response.

1. I feel tense or "wound up."

- ☐ Not at all
☐ Time to time/occasionally
☐ A lot of the time
☐ Most of the time
☐ Decline to answer

5. Worrying thoughts go through my mind.

- ☐ Only occasionally
☐ From time to time but not too often
☐ A lot of the time
☐ A great deal of the time
☐ Decline to answer

2. I get a sort of frightened feeling as if something awful is about to happen.

- ☐ Not at all
☐ A little but it doesn't worry me
☐ Yes, but not too badly
☐ Very definitely and quite badly
☐ Decline to answer

6. I can sit at ease and feel relaxed.

- ☐ Not at all
☐ Not often
☐ Usually
☐ Definitely
☐ Decline to answer

3. I get a sort of frightened feeling like "butterflies" in the stomach.

- ☐ Not at all
☐ Occasionally
☐ Quite often
☐ Very often
☐ Decline to answer

7. I get sudden feelings of panic.

- ☐ Not at all
☐ Not very often
☐ Quite often
☐ Very often indeed
☐ Decline to answer

4. I feel restless as if I have to be on the move.

- ☐ Not at all
☐ Not very much
☐ Quite a lot
☐ Very much indeed
☐ Decline to answer

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Section VIII Stress / Anxiety - Trauma

The following questions relate to traumatic events you may have experienced.
You are not required to answer these questions. You may choose to answer all, some, or none.

48a. Have you ever been physically attacked or mugged by someone you did not know where you believed you could be seriously harmed or killed?

☐ Yes ☐ Suspect or possible ☐ No ☐ Don't know/Decline to answer

[GO TO Q.49a]

48b. At that time or shortly after, did you experience feelings of intense helplessness, fear, or horror?

Please use this scale to rate your experience on a scale of 1 to 10

None The worst I ever experienced
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

48c. Has it happened more than once? ☐ Single ☐ Recurrent

48d. If single: Age at the time of the event? Age

48e. If recurrent: Age at the time of first event? Age

Age at the time of last event? Age

49a. Have you ever been physically attacked (hit, slapped, choked, burned or beat up) by someone you know (for example a parent, husband/wife, family member) where you believed you could be seriously harmed or killed?

☐ Yes ☐ Suspect or possible ☐ No ☐ Don't know/Decline to answer

[GO TO Q.50a]

49b. At that time or shortly after, did you experience feelings of intense helplessness, fear, or horror?

Please use this scale to rate your experience on a scale of 1 to 10

None The worst I ever experienced
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

49c. Has it happened more than once? ☐ Single ☐ Recurrent

49d. If single: Age at the time of the event? Age

49e. If recurrent: Age at the time of first event? Age

Age at the time of last event? Age

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Section VIII Stress / Anxiety - Trauma - Continued

50a. Have you ever been physically neglected (for example not fed, not properly clothed, or left to take care of yourself when you were too young or ill) where you believed you or someone else could die or be seriously harmed?

☐ Yes ☐ Suspect or possible ☐ No ☐ Don't know/Decline to answer

└ GO TO Q.51a ┘

50b. At that time or shortly after, did you experience feelings of intense helplessness, fear, or horror?

Please use this scale to rate your experience on a scale of 1 to 10

None The worst I ever experienced
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

50c. Has it happened more than once? ☐ Single ☐ Recurrent

50d. If single: Age at the time of the event? Age

50e. If recurrent: Age at the time of first event? Age

Age at the time of last event? Age

51a. Were you ever touched or made to touch someone else in a sexual way because they forced you in some way or threatened to harm you if you didn't?

☐ Yes ☐ Suspect or possible ☐ No ☐ Don't know/Decline to answer

└ GO TO Q.52a ┘

51b. At that time or shortly after, did you experience feelings of intense helplessness, fear, or horror?

Please use this scale to rate your experience on a scale of 1 to 10

None The worst I ever experienced
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

51c. Has it happened more than once? ☐ Single ☐ Recurrent

51d. If single: Age at the time of the event? Age

51e. If recurrent: Age at the time of first event? Age

Age at the time of last event? Age

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Section VIII Stress / Anxiety - Trauma - Continued

52a. Have you ever had sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to harm you if you didn't?

☐

Yes

☐

Suspect or possible

☐

No

☐

Don't know/Decline to answer

└ **GO TO Q.53** ┐

52b. At that time or shortly after, did you experience feelings of intense helplessness, fear, or horror?

Please use this scale to rate your experience on a scale of 1 to 10

None

☐

1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

☐

10

The worst I
ever experienced

52c. Has it happened more than once?

☐

Single

☐

Recurrent

52d. If single: Age at the time of the event?

Age

52e. If recurrent: Age at the time of first event?

Age

Age at the time of last event?

Age



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Section IX - Conclusion

53. Does the participant have any questions or comments regarding this questionnaire or this study?

☐ No

☐ Yes

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Diagnosis for Study Ascertainment

Name of enrolling physician

Date

MM/DD/YYYY

Has the participant's diagnosis changed since the last study interview? ☐ No ☐ Yes

If yes, provide an explanation:

Section I - Clinically observed signs: List the participant's signs of MS (CIS, TM, ADEM, NMO, or ON) as observed by a neurologist and check the appropriate column(s) to indicate when each was exhibited.

Observed Sign	Observed since the last study visit	Currently observed	Not observed since last study visit
1. Cognitive dysfunction (slow information processing speed, executive dysfunction, memory loss, MMSE < 26, etc.)	☐	☐	☐
2. Babinski sign	☐	☐	☐
3. Changes in mood/depression	☐	☐	☐
4. Sensory loss/impairment	☐	☐	☐
5. Dysarthria	☐	☐	☐
6. Bulbar dysfunction (eg., dysphagia)	☐	☐	☐
7. Scotoma	☐	☐	☐
8. Facial paresis	☐	☐	☐
9. Facial twitching	☐	☐	☐
10. Tremor	☐	☐	☐
11. Spasticity	☐	☐	☐
12. Weakness in upper extremities	☐	☐	☐
13. Clumsy or useless hand syndrome	☐	☐	☐
14. Appendicular ataxia in upper extremities	☐	☐	☐
15. Weakness in lower extremities	☐	☐	☐
16. Appendicular ataxia in lower extremities	☐	☐	☐
17. Gait disorder	☐	☐	☐
18. Pathological brisk reflexes	☐	☐	☐
19. Sensory level	☐	☐	☐
20. Loss of color vision	☐	☐	☐



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Diagnosis for Study Ascertainment

Section I (Cont.) - Clinically observed signs: List the participant's signs of MS (CIS, TM, ADEM, NMO, ON) as observed by a neurologist and check the appropriate column(s) to indicate when each was exhibited.

Observed Sign	Observed since the last study visit	Currently observed	Not observed since last study visit
21. Corrected visual acuity < 20/40	☐	☐	☐
22. Pale optic disc	☐	☐	☐
23. Internuclear ophthalmoplegia	☐	☐	☐
24. Sustained nystagmus	☐	☐	☐
25. Disconjugate gaze	☐	☐	☐
26. Other:	☐	☐	
27. Other:	☐	☐	
28. Other:	☐	☐	

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Diagnosis for Study Ascertainment

Section II - MRI: Please provide the following information and submit the report for the participant's most recent MRI performed after the last study interview.

Brain MRI, date performed

☐ Not done

Spinal cord MRI, date performed

☐ Not done

MM/DD/YYYY

MM/DD/YYYY

	T1		Enhancing		T2 / PD / FLAIR			
N/A = Not assessed	N/A	# of MS lesions	N/A	# of MS lesions	N/A	Total # of MS lesions	Locations	Consistent with demyelinating disease
1. Supratentorial	☐		☐		☐			☐
2. Infratentorial	☐		☐		☐			☐
3. Cervical	☐		☐		☐			☐
4. Thoracolumbar	☐		☐		☐			☐

Have any new lesions ≥ 3 mm in diameter occurred in any MRIs performed after the last study interview?

☐ No

☐ Yes

☐ Not applicable

☐ Don't know

If yes, were the new lesions enhancing or non-enhancing?

☐ Enhancing

☐ Non-enhancing

☐ Both

Section III - Cerebrospinal fluid: Please provide the following information and submit the report for any cerebrospinal fluid draws performed since the participant's last study interview.

Date performed

☐ Not done

MM/DD/YYYY

Oligoclonal banding: ☐ No ☐ Yes, number of bands ☐ Indeterminate ☐ Not assessed

IgG index: Elevated? ☐ No ☐ Yes, result Normal range ☐ Not assessed

White cell count: /mm³ ☐ Not assessed

Total protein: ☐ mg/l ☐ Not assessed
☐ mg/dl

VDRL: ☐ Reactive ☐ Non-reactive ☐ Not assessed

Borrelia antibodies:	IgG			IgM		
	ELISA	☐ Positive ☐ Negative ☐ Not assessed		☐ Positive ☐ Negative ☐ Not assessed		
	Western Blot	# of Bands ☐ Not assessed		# of Bands ☐ Not assessed		

Myelin basic protein: ☐ Not elevated ☐ Elevated, result Normal range ☐ Not assessed
(ng/ml)

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Section III Cerebrospinal fluid (Cont.): Please provide the following information and submit the report for any cerebrospinal fluid draws performed since the participant's last study interview.

Date performed

☐ Not done

MM/DD/YYYY

Oligoclonal banding: ☐ No ☐ Yes, number of bands ☐ Indeterminate ☐ Not assessed

IgG index: Elevated? ☐ No ☐ Yes, result Normal range ☐ Not assessed

White cell count: /mm³ ☐ Not assessed

Total protein: ☐ mg/l ☐ Not assessed

VDRL: ☐ Reactive ☐ Non-reactive ☐ Not assessed

Borrelia antibodies:

	IgG			IgM		
ELISA	☐ Positive	☐ Negative	☐ Not assessed	☐ Positive	☐ Negative	☐ Not assessed
Western Blot	# of Bands	☐ Not assessed		# of Bands	☐ Not assessed	

Myelin basic protein: ☐ Not elevated ☐ Elevated, result Normal range ☐ Not assessed (ng/ml)

Section III Cerebrospinal fluid (Cont.): Please provide the following information and submit the report for any cerebrospinal fluid draws performed since the participant's last study interview.

Date performed

☐ Not done

MM/DD/YYYY

Oligoclonal banding: ☐ No ☐ Yes, number of bands ☐ Indeterminate ☐ Not assessed

IgG index: Elevated? ☐ No ☐ Yes, result Normal range ☐ Not assessed

White cell count: /mm³ ☐ Not assessed

Total protein: ☐ mg/l ☐ Not assessed

VDRL: ☐ Reactive ☐ Non-reactive ☐ Not assessed

Borrelia antibodies:

	IgG			IgM		
ELISA	☐ Positive	☐ Negative	☐ Not assessed	☐ Positive	☐ Negative	☐ Not assessed
Western Blot	# of Bands	☐ Not assessed		# of Bands	☐ Not assessed	

Myelin basic protein: ☐ Not elevated ☐ Elevated, result Normal range ☐ Not assessed (ng/ml)

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Section IV - Evoked potentials: Please provide the following information and report for the participant's most recent available evoked potentials exam if performed after the last study interview.

	Date performed	Not done	Right side*	Left side*
1. Visual		☐		
2. Brainstem auditory		☐		
3. Somatosensory				
3a. Upper limbs		☐		
3b. Lower limbs		☐		

Section V - CNS biopsy: Please provide the following information and report for the participant's most recent available CNS biopsy if performed after the last study interview.

Date performed ☐ Not done
MM/DD/YYYY

Result:

☐ Negative ☐ Indeterminate ☐ MS

☐ Other (specify):

Section VI - Standardized assessment scales : Please provide the following information for the participant's most recent standardized assessment scales if performed after the last study interview.

Most Recent:

	Date performed	
1. EDSS		☐ Not done
2. 25 ft. walk	sec.	☐ Not done
3. 9 hole peg	sec.	☐ Not done
4. Ambulation index		☐ Not done
5. MSFC		☐ Not done
6. PASAT		☐ Not done

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Diagnosis for Study Ascertainment

Section VII - Differential diagnosis: Please provide the following information and report for any of the following exams performed on the participant since the last study interview to rule out other conditions.

Condition (test)	Not Done	Result	
		POS.	NEG.
Neuroophthalmic (e.g. slit lamp exam)			
1. Uveitis	☐	☐	☐
2. Neuroretinitis	☐	☐	☐
3. Other		☐	☐
Genetic (Mendelian)			
4. Metachromatic leukodystrophy (arylsulfatase A)	☐	☐	☐
5. Adrenoleukodystrophy (serum very long chain fatty acids)	☐	☐	☐
6. Krabbe's disease (WBC betagalactocerebrosidase)	☐	☐	☐
7. CADASIL (Notch 3 gene mutation)	☐	☐	☐
8. Other		☐	☐
Metabolic			
9. B-12 deficiency	☐	☐	☐
10. Folate deficiency	☐	☐	☐
11. Vitamin E deficiency	☐	☐	☐
Neoplastic granulomatous disease/sarcoidosis			
12. ACE	☐	☐	☐
13. Chest X-ray	☐	☐	☐

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Section VII (cont.)- Differential diagnosis:

Condition (test)		Result	
Infectious	Not done	POS.	NEG.
14. VDRL, MHA-TP, or RPR	☐	☐	☐
15. Borrelia IgG	☐	☐	☐
16. Borrelia IgM	☐	☐	☐
17. HTLV- I/II	☐	☐	☐
18. HIV	☐	☐	☐
19. HSV-1 antibody	☐	☐	☐
20. HSV-2 antibody	☐	☐	☐
21. CMV antibody	☐	☐	☐
22. Hepatitis A antibody	☐	☐	☐
23. Hepatitis B surface antigen	☐	☐	☐
24. Hepatitis B antibody	☐	☐	☐
25. Hepatitis C antibody	☐	☐	☐
26. Hepatitis C surface antigen	☐	☐	☐
Hypercoagulable/Inflammatory			
27. Sjogren's syndrome (SSA, SSB)	☐	☐	☐
28. Lupus (DS DNA)	☐	☐	☐
29. Protein S	☐	☐	☐
30. Protein C	☐	☐	☐
31. ANCA	☐	☐	☐
32. ESR	☐	☐	☐
33. Antiphospholipid antibody	☐	☐	☐
34. Anti-cardiolipin antibody	☐	☐	☐
35. Lupus anticoagulant	☐	☐	☐
36. ANA	☐	☐	☐
37. Rheumatoid factor	☐	☐	☐
38. C3	☐	☐	☐
39. C4	☐	☐	☐
40. General anti-ENA panel	☐	☐	☐
41. Leiden mutation	☐	☐	☐

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Section VII (cont.) - Differential diagnosis:

Condition (test)	Result
Hematologic	Not done
42. White blood count ($\times 10^3/\text{mm}^3$)	☐
43. Red blood count ($\times 10^6/\text{mm}^3$)	☐
44. Platelets ($\times 10^3/\text{mm}^3$)	☐
45. Polys (absolute) ($\times 10^3/\text{mm}^3$)	☐
46. Monocytes (absolute) ($\times 10^3/\text{mm}^3$)	☐
47. EOS (absolute) ($\times 10^3/\text{mm}^3$)	☐
48. Basos (absolute) ($\times 10^3/\text{mm}^3$)	☐
49. Lymphs (absolute) ($\times 10^3/\text{mm}^3$)	☐
Pathological specimens	
50. Biopsy	☐
Tissue type	Result
51. Biopsy	☐
Tissue type	Result
52. Biopsy	☐
Tissue type	Result
53. Biopsy	☐
Tissue type	Result

Section VIII - ASIA impairment scale

Has the participant been diagnosed with TM or NMO?

- ☐ No
☐ Yes
☐ Don't know

If yes, what was the ASIA impairment scale score at the most recent exam since the participant's last study interview?

At most recent exam: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Not performed

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Section IX - NMO IgG

Has the participant ever been tested for NMO IgG?

☐ No

☐ Yes

☐ Don't know

If yes, record date performed

MM/DD/YYYY

Result:

☐ Positive

☐ Negative

Section X - Neuro-ophthalmologic Tests

Please provide the following information for the participant's most recent neuro-ophthalmologic assessments.

1. Optical coherence tomography (OCT):

Date performed

MM/DD/YYYY

☐ Not done

Retinal nerve fiber layer (RNFL):	Right eye (OD)	Left eye (OS)
Average	μm ☐ Not assessed	μm ☐ Not assessed
Temporal	μm ☐ Not assessed	μm ☐ Not assessed
Nasal	μm ☐ Not assessed	μm ☐ Not assessed
Superior	μm ☐ Not assessed	μm ☐ Not assessed
Inferior	μm ☐ Not assessed	μm ☐ Not assessed
Total macular volume	mm^3 ☐ Not assessed	mm^3 ☐ Not assessed

2. Low contrast letter acuity:

Date performed

MM/DD/YYYY

☐ Not done

Record the number of letters correctly identified at the given contrast levels.

	Right eye (OD)	Left eye (OS)	Both eyes
1.25%	☐ Not assessed	☐ Not assessed	☐ Not assessed
2.5%	☐ Not assessed	☐ Not assessed	☐ Not assessed