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

Laboratory Assessment

Do 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 ☐ No

If yes, specify diagnosis: _____ Date of diagnosis: _____ MM/DD/YYYY

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 applicable

Has the participant had any medications today (including birth control, vitamins, aspirin, etc.)? ☐ Yes ☐ No

If 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)? _____ MM/DD/YYYY ☐ Not applicable

Specify medication name(s): _____

When did the participant last have a dose of MS (TM, ADEM, NMO, ON) related drug? _____ MM/DD/YYYY ☐ Not applicable

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 ☐ No

the last 2 weeks? ☐ Yes ☐ No

the last 24 hours? ☐ Yes ☐ No

Specify: _____

Interview Information

Interview date (MM/DD/YYY)	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:

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
- ☐ Employed at home
- ☐ Homemaker
- ☐ Student
- ☐ Worker's compensation
- ☐ Unemployed looking for work
- ☐ Unemployed not looking for work
- ☐ Disabled, at age
- ☐ 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

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	

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	☐	

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

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	Partner	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	

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.

☐	Relapsing remitting - 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.
☐	Secondary progressive - 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
☐	Primary progressive - 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

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
	☐ Personal Recall ☐ Medical Records	☐ Vision ☐ Weakness ☐ Balance ☐ Other: [ ]	☐ Yes ☐ No ☐ Don't know

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 ☐ Not Applicable

MM/DD/YYYY

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 ☐ Not Applicable

MM/DD/YYYY

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

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

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

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:

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 ☐ None

MM/DD/YYYY

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 ☐ None

MM/DD/YYYY

12h. Treatment

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

12i. Hospitalization for treatment

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

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.

☐	Clinically isolated syndrome (not Optic Neuritis or Transverse Myelitis) - Participant has experienced only one exacerbation. Date of occurrence ____ MM/DD/YYYY
☐	Relapsing remitting - 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.
☐	Secondary progressive - 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
☐	Primary progressive - 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

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:

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 ☐ None

MM/DD/YYYY

12e. Treatment for first attack

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

12f. Date of second attack ☐ Not applicable

MM/DD/YYYY

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

☐ Visual
☐ Spinal
☐ Both
☐ Don't know

12h. Date of last attack before this interview ☐ Listed above

MM/DD/YYYY

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

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

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 ☐ None

MM/DD/YYYY

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:
☐ Don't know

MM/DD/YYYY

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:
☐ Don't know

MM/DD/YYYY

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

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

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:	☐	☐	☐	

Section IV Medical History

14. Please review the information previously provided for autoimmune or inflammatory 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. Guillain-Barre syndrome			☐	☐	☐	☐	☐	☐	☐	☐
2. Myasthenia gravis			☐	☐	☐	☐	☐	☐	☐	☐
3. Graves disease			☐	☐	☐	☐	☐	☐	☐	☐
4. Hyperthyroidism			☐	☐	☐	☐	☐	☐	☐	☐
5. Hashimoto's thyroiditis			☐	☐	☐	☐	☐	☐	☐	☐
6. Hypothyroidism			☐	☐	☐	☐	☐	☐	☐	☐
7. Dermatomyositis			☐	☐	☐	☐	☐	☐	☐	☐
8. Polymyositis			☐	☐	☐	☐	☐	☐	☐	☐
9. Addison's disease			☐	☐	☐	☐	☐	☐	☐	☐
10. Systemic lupus erythematosus			☐	☐	☐	☐	☐	☐	☐	☐
11. Rheumatoid arthritis			☐	☐	☐	☐	☐	☐	☐	☐
12. Other arthritis/don't know the type			☐	☐	☐	☐	☐	☐	☐	☐
13. Crohn's disease			☐	☐	☐	☐	☐	☐	☐	☐
14. Ankylosing spondylitis			☐	☐	☐	☐	☐	☐	☐	☐
15. Polyglandular autoimmune syndrome			☐	☐	☐	☐	☐	☐	☐	☐
16. Autoimmune hemolytic anemia			☐	☐	☐	☐	☐	☐	☐	☐
17. Sarcoidosis			☐	☐	☐	☐	☐	☐	☐	☐
18. Vasculitis or arteritis			☐	☐	☐	☐	☐	☐	☐	☐
19. Anterior uveitis or iritis			☐	☐	☐	☐	☐	☐	☐	☐
20. Psoriasis			☐	☐	☐	☐	☐	☐	☐	☐
21. Eczema			☐	☐	☐	☐	☐	☐	☐	☐
22. Primary biliary cirrhosis			☐	☐	☐	☐	☐	☐	☐	☐
23. Type 1 diabetes mellitus			☐	☐	☐	☐	☐	☐	☐	☐
24. Polymyalgia rheumatica			☐	☐	☐	☐	☐	☐	☐	☐
25. Rheumatic fever			☐	☐	☐	☐	☐	☐	☐	☐

Section IV Medical History - Continued

14. Autoimmune and inflammatory diseases/disorders continued.

Disease/Disorder	Participant*	Age of onset (years)	Father	Mother	Sibling	Paternal relative	Maternal relative	ChildGrandchild	Don't know	None
26. Scleroderma			☐	☐	☐	☐	☐	☐	☐	☐
27. Vitiligo			☐	☐	☐	☐	☐	☐	☐	☐
28. Asthma			☐	☐	☐	☐	☐	☐	☐	☐
29. Seasonal allergies			☐	☐	☐	☐	☐	☐	☐	☐
30. Sjogren's syndrome			☐	☐	☐	☐	☐	☐	☐	☐
31. Ulcerative colitis			☐	☐	☐	☐	☐	☐	☐	☐
32. Goodpasture's syndrome			☐	☐	☐	☐	☐	☐	☐	☐
33. Idiopathic thrombocytopenic purpura			☐	☐	☐	☐	☐	☐	☐	☐
34. Inflammatory arthropathies			☐	☐	☐	☐	☐	☐	☐	☐
35. Autoimmune hepatitis (liver disease)			☐	☐	☐	☐	☐	☐	☐	☐
36. Celiac disease			☐	☐	☐	☐	☐	☐	☐	☐
37. Food/drug allergy:			☐	☐	☐	☐	☐	☐	☐	☐
38. Food/drug allergy:			☐	☐	☐	☐	☐	☐	☐	☐
39. Food/drug allergy:			☐	☐	☐	☐	☐	☐	☐	☐
40. Other:			☐	☐	☐	☐	☐	☐	☐	☐
41. Other:			☐	☐	☐	☐	☐	☐	☐	☐
42. Other:			☐	☐	☐	☐	☐	☐	☐	☐

Section IV Medical History - Continued

15. Please review the information previously provided for neurological 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. Bell's palsy			☐	☐	☐	☐	☐	☐	☐	☐
2. Trigeminal neuralgia/Tic douloureux			☐	☐	☐	☐	☐	☐	☐	☐
3. Amyotrophic lateral sclerosis (Lou Gehrig's disease)			☐	☐	☐	☐	☐	☐	☐	☐
4. Meningitis or encephalitis			☐	☐	☐	☐	☐	☐	☐	☐
5. Parkinson's disease			☐	☐	☐	☐	☐	☐	☐	☐
6. Migraine headaches			☐	☐	☐	☐	☐	☐	☐	☐
7. Transverse myelitis			☐	☐	☐	☐	☐	☐	☐	☐
8. Epilepsy or seizures			☐	☐	☐	☐	☐	☐	☐	☐
9. Optic neuritis			☐	☐	☐	☐	☐	☐	☐	☐
10. Alzheimer's disease			☐	☐	☐	☐	☐	☐	☐	☐
11. Stroke			☐	☐	☐	☐	☐	☐	☐	☐
12. Other:			☐	☐	☐	☐	☐	☐	☐	☐
13. Other:			☐	☐	☐	☐	☐	☐	☐	☐
14. Other:			☐	☐	☐	☐	☐	☐	☐	☐

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)

Section IV Medical History - Continued

17. Please review the information previously provided for cancers (primary) 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. Breast cancer			☐	☐	☐	☐	☐	☐	☐	☐
2. Prostate cancer			☐	☐	☐	☐	☐	☐	☐	☐
3. Lung cancer			☐	☐	☐	☐	☐	☐	☐	☐
4. Colon cancer			☐	☐	☐	☐	☐	☐	☐	☐
5. Ovarian cancer			☐	☐	☐	☐	☐	☐	☐	☐
6. Skin cancer			☐	☐	☐	☐	☐	☐	☐	☐
7. Metastatic brain tumor			☐	☐	☐	☐	☐	☐	☐	☐
8. Primary brain tumor			☐	☐	☐	☐	☐	☐	☐	☐
9. Lymphoma			☐	☐	☐	☐	☐	☐	☐	☐
10. Leukemia			☐	☐	☐	☐	☐	☐	☐	☐
11. Head & neck cancer			☐	☐	☐	☐	☐	☐	☐	☐
12. Renal cancer			☐	☐	☐	☐	☐	☐	☐	☐
13. Cervical cancer			☐	☐	☐	☐	☐	☐	☐	☐
14. Other:			☐	☐	☐	☐	☐	☐	☐	☐
15. Other:			☐	☐	☐	☐	☐	☐	☐	☐
16. Other:			☐	☐	☐	☐	☐	☐	☐	☐

Section IV Medical History - Continued

18. Please review the information previously provided for other 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. Chronic fatigue syndrome			☐	☐	☐	☐	☐	☐	☐	☐
2. Fibromyalgia			☐	☐	☐	☐	☐	☐	☐	☐
3. Raynaud's syndrome			☐	☐	☐	☐	☐	☐	☐	☐
4. Diabetes mellitus (not type I, unrelated to pregnancy)			☐	☐	☐	☐	☐	☐	☐	☐
5. Gallstones			☐	☐	☐	☐	☐	☐	☐	☐
6. Gastric or duodenal ulcer			☐	☐	☐	☐	☐	☐	☐	☐
7. Kidney stones			☐	☐	☐	☐	☐	☐	☐	☐
8. Other kidney disease:			☐	☐	☐	☐	☐	☐	☐	☐
9. Endometriosis			☐	☐	☐	☐	☐	☐	☐	☐
10. Uterine fibroids			☐	☐	☐	☐	☐	☐	☐	☐
11. Polycystic ovarian syndrome			☐	☐	☐	☐	☐	☐	☐	☐
12. Interstitial cystitis (not urinary tract infection)			☐	☐	☐	☐	☐	☐	☐	☐
13. Anemia/low blood count			☐	☐	☐	☐	☐	☐	☐	☐
14. Heart disease			☐	☐	☐	☐	☐	☐	☐	☐
15. Vascular malformation or aneurism Location:			☐	☐	☐	☐	☐	☐	☐	☐
16. High cholesterol			☐	☐	☐	☐	☐	☐	☐	☐
17. Hypertension			☐	☐	☐	☐	☐	☐	☐	☐
18. Stroke			☐	☐	☐	☐	☐	☐	☐	☐
19. Obesity			☐	☐	☐	☐	☐	☐	☐	☐
20. Emphysema/Bronchitis/COPD			☐	☐	☐	☐	☐	☐	☐	☐
21. Osteoporosis			☐	☐	☐	☐	☐	☐	☐	☐
22. Alcoholism			☐	☐	☐	☐	☐	☐	☐	☐

Section IV Medical History - Continued

18. Other diseases/conditions continued.

Disease/Disorder	Participant*	Age of onset (years)	Father	Mother	Sibling	Paternal relative	Maternal relative	Child/Grandchild	Don't know	None
23. Drug addiction			☐	☐	☐	☐	☐	☐	☐	☐
24. Dementia			☐	☐	☐	☐	☐	☐	☐	☐
25. Mental illness			☐	☐	☐	☐	☐	☐	☐	☐
26. Depression			☐	☐	☐	☐	☐	☐	☐	☐
27. Pernicious anemia (associated with B12 deficiency)			☐	☐	☐	☐	☐	☐	☐	☐
28. Osteoarthritis			☐	☐	☐	☐	☐	☐	☐	☐
29. Infection with parasitic worms (such as pinworms, hookworms, or roundworms)			☐	☐	☐	☐	☐	☐	☐	☐
30. Other			☐	☐	☐	☐	☐	☐	☐	☐
31. Other:			☐	☐	☐	☐	☐	☐	☐	☐
32. Other:			☐	☐	☐	☐	☐	☐	☐	☐

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.) Specify:	☐ No	☐ Yes	☐ Don't know	
12. Flu shot	☐ No	☐ Yes	☐ Don't know	

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):

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

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? ____ MM/DD/YYYY

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

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	

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.

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

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

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

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

33. For Cases only - Has the participant taken any relapse/attack medications (adrenocorticotropic 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

Drug	Rte.*	Dose (include units)	Freq.	Start date (MM/YYYY)	Duration			Reason stopped*
					Taper ☐		☐ Days ☐ Months ☐ Years	
					Taper ☐		☐ Days ☐ Months ☐ Years	
					Taper ☐		☐ Days ☐ Months ☐ Years	
					Taper ☐		☐ Days ☐ Months ☐ Years	
					Taper ☐		☐ Days ☐ Months ☐ Years	
					Taper ☐		☐ Days ☐ Months ☐ Years	
					Taper ☐		☐ Days ☐ Months ☐ Years	
					Taper ☐		☐ Days ☐ Months ☐ Years	

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.)? ☐ No ☐ Yes ☐ Don't know

39. Has the participant ever been diagnosed with anorexia? ☐ No ☐ Yes ☐ Don't know

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

39b. Is the participant currently diagnosed with anorexia? ☐ No ☐ Yes ☐ Don't know

40. Has the participant ever been diagnosed with bulimia? ☐ No ☐ Yes ☐ Don't know

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

40b. Is the participant currently diagnosed with bulimia? ☐ No ☐ Yes ☐ Don't know

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

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

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?
31. Bee stings			☐ Days ☐ Months
32. Flaxseed oil			☐ Days ☐ Months
33. Other:			☐ Days ☐ Months
34. Other:			☐ Days ☐ Months

42. Has the participant participated in other clinical studies? ☐ Yes ☐ No ☐ Don't know

If yes, please list the clinical studies beginning with the most recent one.

Site where enrolled	Start date (MM/YYYY)	End date (MM/YYYY)	Currently enrolled	Please describe
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

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.

Section VIII Stress / Anxiety - Life Events History

Listed below are a few events that the participant may have experienced in the past. For each event that the participant experienced, check yes, indicate when this event occurred, and indicate the extent to which the participant viewed the event as having either a positive or negative impact on his/her life at the time the event occurred. That is, indicate the type and extent of impact that the event had. A rating of -3 would indicate an extremely negative impact. A rating of 0 suggests no impact either positive or negative. A rating of +3 would indicate an extremely positive impact.

43. Have the following events *ever* happened in the participant's life?

Event	Did the event occur? No	Yes	Decline to answer	Date (MM/YYYY)	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
1. Death of a close family member: (specify relationship)	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
2. Death of a close family member:	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
3. Death of a close family member	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
4. Death of a close family member:	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
5. Death of a close family member:	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
6. Marriage	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
7. Marriage	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
8. Marriage	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
9. Divorce	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
10. Divorce	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
11. Divorce	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
12. Divorce of parents	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
13. Divorce of parents	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
14. Personal bankruptcy	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
15. Personal bankruptcy	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events

44. Listed below are a number of events which sometimes bring about change in the lives of those who experience them and which require social readjustment. Please check those events which you have experienced **in the last year**. For each event that you experienced, check yes and please indicate the extent to which you viewed the event as having either a positive or negative impact on your life at the time the event occurred. That is, indicate the type and extent of impact that the event had. A rating of -3 would indicate an extremely negative impact. A rating of 0 suggests no impact either positive or negative. A rating of +3 would indicate an extremely positive impact.

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
1. Marriage	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Detention in jail or comparable institution	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Death of a spouse/partner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Death of a child	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Major change in sleeping habits (Much more or much less sleep)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Death of a close family member: MOTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Death of a close family member: FATHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Death of a close family member: BROTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. Death of a close family member: SISTER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
10. Death of a close family member: GRANDMOTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11. Death of a close family member: GRANDFATHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12. Death of a close family member: OTHER:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. Major change in eating habits (Much more or much less food intake)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14. Foreclosure on mortgage or loan	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15. Death of a close friend	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16. Outstanding personal achievement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17. Minor law violation (traffic tickets, disturbing the peace, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18. Major change in usual type and/or amount of recreation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19. Started a new romantic relationship	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
20. Changed work situation (different: work responsibility, major change in working conditions, working hours, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21. New job	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22. Serious illness or injury of close family member: FATHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23. Serious illness or injury of close family member: MOTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24. Serious illness or injury of close family member: SISTER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25. Serious illness or injury of close family member: BROTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26. Serious illness or injury of close family member: GRANDFATHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27. Serious illness or injury of close family member: GRANDMOTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28. Serious illness or injury of close family member: SPOUSE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29. Serious illness or injury of close family member: CHILD	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30. Serious illness or injury of close family member: OTHER: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
31. Sexual difficulties:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32. Trouble with employer (in danger of losing job, being suspended, demoted, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33. Trouble with in-laws	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
34. Major change in financial status (a lot better off or a lot worse off)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
35. Major change in closeness of family members (increased or decreased closeness)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
36. Gaining a new family member (through birth, adoption, family member moving in, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
37. Change of residence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
38. Marital separation from mate (due to conflict)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
39. Major change in church activities (increased or decreased attendance)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
40. Marital reconciliation with mate	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
41. Planning a wedding	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
42. Major change in number of arguments with spouse (a lot more or a lot less arguments)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
43. Change in spouse/partner's work outside the home (loss of job, beginning new job, retirement, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
44. Being fired from job	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
45. IF YOU HAVE A FEMALE PARTNER: Wife/girlfriend's pregnancy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
46. IF YOU HAVE A FEMALE PARTNER: Wife/girlfriend having a miscarriage/stillbirth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
47. IF YOU HAVE A FEMALE PARTNER: Wife/girlfriend having an abortion	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
48. IF YOU ARE FEMALE: Pregnancy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
49. IF YOU ARE FEMALE: Having a miscarriage/stillbirth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
50. IF YOU ARE FEMALE: Having an abortion	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
51. Major personal illness or injury	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
52. Major change in social activities e.g., parties, movies, visiting (increased or decreased participation)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
53. Major change in living conditions of family (building a new home, remodeling, deterioration of home, neighborhood, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
54. Divorce	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
55. Serious injury or illness of close friend	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
56. Retirement from work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
57. Son or daughter leaving home (due to marriage, college, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
58. Ending of formal schooling:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
59. Separation from spouse (due to work, travel, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
60. Engagement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
61. Breaking up with boyfriend or girlfriend	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
62. Leaving home for the first time	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
63. Reconciliation with boyfriend or girlfriend	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
64. Borrowing $10,000 or more (buying home, business, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
65. Borrowing less than $10,000 (buying car, TV, getting school loan, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
66. Spouse/partner engaged in an extramarital affair or affair outside your committed relationship	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
67. Breaking up with a close friend	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
68. Gone on welfare or disability	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
69. Spouse/partner had an outstanding personal achievement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
70. Car or house been broken in to and/or burglarized	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
71. Experienced environmental trauma (flood, hurricane, etc) or terrorism	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
72. Major conflict with a family member or friend	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section VIII Stress / Anxiety - Recent Life Events - Continued

Over the last year have the following events occurred:	Did the event occur? No	Yes	Decline to answer	Extremely Negative -3	Moderately Negative -2	Somewhat Negative -1	No Impact 0	Slightly Positive +1	Moderately Positive +2	Extremely Positive +3
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							

Section VIII Stress / Anxiety - Chronic Stressors

45a. Financial Stress

During the past month 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

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

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

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

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

- ☐ Not at all
- ☐ Occasionally
- ☐ Quite often
- ☐ Very often
- ☐ 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

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

6. I can sit at ease and feel relaxed.

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

7. I get sudden feelings of panic.

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

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 The worst I ever experienced

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 The worst I ever experienced

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 ____

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 ____

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

Section IX - Conclusion

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

☐ No ☐ Yes

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	☐	☐	☐

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:	☐	☐	

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 (MM/DD/YYYY)

Spinal cord MRI, date performed _____ ☐ Not done (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 >= 3mm 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: _____ /mm^3 ☐ Not assessed

Total protein: _____ ☐ mg/l ☐ mg/dl ☐ 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: (ng/ml) ☐ Not elevated ☐ Elevated, result _____ Normal range _____ ☐ Not assessed

Diagnosis for Study Ascertainment

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: ____ /mm^3 ☐ Not assessed

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

VDRL: ☐ Reactive ☐ Non-reactive ☐ Not assessed

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

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

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: ____ /mm^3 ☐ Not assessed

Total protein: ____ ☐ mg/l ☐ mg/dl ☐ 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: (ng/ml) ☐ Not elevated ☐ Elevated, result ____ Normal range ____ ☐ Not assessed

Diagnosis for Study Ascertainment

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

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)		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	☐	☐	☐

Diagnosis for Study Ascertainment

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	☐	☐	☐

Diagnosis for Study Ascertainment

Section VII (cont.)- Differential diagnosis:

Condition (test)		Result
Hematologic	**Not done**	
42. White blood count (x10^3/mm^3)	☐	
43. Red blood count (x10^6/mm^3)	☐	
44. Platelets (x10^3/mm^3)	☐	
45. Polys (absolute) (x10^3/mm^3)	☐	
46. Monocytes (absolute) (x10^3/mm^3)	☐	
47. EOS (absolute) (x10^3/mm^3)	☐	
48. Basos (absolute) (x10^3/mm^3)	☐	
49. Lymphs (absolute) (x10^3/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

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-opthalmologic 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