

**Multiple Sclerosis Questionnaire**  
(for broker use only-this questionnaire is  
to be completed informally to comply with  
various privacy laws in effect. Please do NOT  
include the applicant's name or any other information that  
would allow someone to identify an individual.)

Sex of applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

1.) What type of Multiple Sclerosis has been diagnosed?

Benign Multiple Sclerosis \_\_\_\_\_  
Relapsing Remitting Multiple Sclerosis (RRMS) \_\_\_\_\_  
Secondary Progressive Multiple Sclerosis (SPMS) \_\_\_\_\_  
Primary Progressive Multiple Sclerosis (PPMS) \_\_\_\_\_  
Malignant Multiple Sclerosis (Marburg Variant) \_\_\_\_\_  
Chronic Progressive Multiple Sclerosis \_\_\_\_\_

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2.) When was the Multiple Sclerosis diagnosed?

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3.) Describe the degree of disability:

Are you able to work? \_\_\_\_\_ full time? \_\_\_\_\_  
Do you require assistance with ambulation? \_\_\_\_\_  
Do you have problems walking, or with your gait? \_\_\_\_\_  
If yes, describe the problems \_\_\_\_\_

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Are you confined to a wheelchair? \_\_\_\_\_

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4.) Describe your current symptoms: \_\_\_\_\_

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5.) What was the date of your last attack? \_\_\_\_\_

6.) Describe the frequency of your attacks \_\_\_\_\_

7.) Indicate any complications you are experiencing \_\_\_\_\_

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8.) Describe the progression of your illness since diagnosed \_\_\_\_\_

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