

patient's
name

date of
visit

Multiple Sclerosis Impact Scale (MSIS-29)

- The following questions ask for your views about the impact of MS on your day-to-day life **during the past two weeks**
- For each statement, please **click** the **one** number that **best** describes your situation
- Please answer **all** questions

In the <u>past two weeks</u> , how much has your MS limited your ability to...		Not at all	A little	Moderately	Quite a bit	Extremely
1.	Do physically demanding tasks?	1	2	3	4	5
2.	Grip things tightly (e.g. turning on taps)?	1	2	3	4	5
3.	Carry things?	1	2	3	4	5

In the <u>past two weeks</u> , how much have you been bothered by...		Not at all	A little	Moderately	Quite a bit	Extremely
4.	Problems with your balance?	1	2	3	4	5
5.	Difficulties moving about indoors?	1	2	3	4	5
6.	Being clumsy?	1	2	3	4	5
7.	Stiffness?	1	2	3	4	5
8.	Heavy arms and/or legs?	1	2	3	4	5
9.	Tremor of your arms or legs?	1	2	3	4	5
10.	Spasms in your limbs?	1	2	3	4	5
11.	Your body not doing what you want it to do?	1	2	3	4	5
12.	Having to depend on others to do things for you?	1	2	3	4	5

Please check that you have answered all the questions before going on to the next page

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In the <u>past two weeks</u> , how much have you been bothered by...		Not at all	A little	Moderately	Quite a bit	Extremely
13.	Limitations in your social and leisure activities at home?	1	2	3	4	5
14.	Being stuck at home more than you would like to be?	1	2	3	4	5
15.	Difficulties using your hands in everyday tasks?	1	2	3	4	5
16.	Having to cut down the amount of time you spent on work or other daily activities?	1	2	3	4	5
17.	Problems using transport (e.g. car, bus, train, taxi, etc.)?	1	2	3	4	5
18.	Taking longer to do things?	1	2	3	4	5
19.	Difficulty doing things spontaneously (e.g. going out on the spur of the moment)?	1	2	3	4	5
20.	Needing to go to the toilet urgently?	1	2	3	4	5
21.	Feeling unwell?	1	2	3	4	5
22.	Problems sleeping?	1	2	3	4	5
23.	Feeling mentally fatigued?	1	2	3	4	5
24.	Worries related to your MS?	1	2	3	4	5
25.	Feeling anxious or tense?	1	2	3	4	5
26.	Feeling irritable, impatient, or short tempered?	1	2	3	4	5
27.	Problems concentrating?	1	2	3	4	5
28.	Lack of confidence?	1	2	3	4	5
29.	Feeling depressed?	1	2	3	4	5
Please check that you have clicked ONE number for EACH question						
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MSIS-29 total score

0

SAVE FILE

SEND FILE