Multiple Sclerosis
IDGN-MS-AO7

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

	Yes	No
1. Subject is diagnosed with Definite or Probable Multiple Sclerosis according to the Diagnostic Criteria for Multiple Sclerosis.	☐	☐
2. All 4 grandparents are of Ashkenazi Jewish origin as declared by the subject.	☐	☐
3. Subject or subject's legal representative has signed the informed consent form.	☐	☐

EXCLUSION CRITERIA

	Yes	No
1. Subject is diagnosed with another etiology causing white matter disease: acute disseminated encephalomyelitis (ADEM); Lyme disease; HIV-associated myelopathy; HTLV-1 myelopathy; neurosyphilis; progressive multifocal leukoencephalopathy; systematic lupus erythematosus and/or anti-phospholipid syndrome; polyarteritis nodosa; Sjogren syndrome; Bechet disease; sarcoidosis; paraneoplastic syndromes; subacute myelo-optic neuropathy; adrenomyeloneuropathy; spinocerebellar degenerations; hereditary spastic paraparesis / primary lateral sclerosis; stroke.	☐	☐
2. Subject is a known carrier of a blood transmitted infectious disease or suffers from conditions in which phlebotomy is contra-indicated.	☐	☐

Subject is eligible for the study, if all INCLUSION criteria are YES and all EXCLUSION criteria are NO.

INVESTIGATOR'S STATEMENT

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

Investigator's name (printed)	Investigator's signature	Day	Month	Year
_____	_____	☐☐ /	☐☐ /	☐☐

Where appropriate mark like this ☒ (not like this √)

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II. DEMOGRAPHICS

1. Sex: ☐ **Male** ☐ **Female**

2. Year of birth: ☐☐☐☐

3. Country of birth: _____

4. Year of immigration: ☐☐☐☐

III. FAMILY HISTORY

1. Mother	Country of birth	**2. Father**	Country of birth
1.1 Mother:	_____	2.1 Father:	_____
1.2 Grandfather:	_____	2.2 Grandfather:	_____
1.3 Grandmother:	_____	2.3 Grandmother:	_____
1.4 Mother is alive	Yes ☐ No* ☐	2.4 Father is alive	Yes ☐ No* ☐
*If not, specify age at death:	☐☐	*If not, specify age at death:	☐☐

3. Blood relatives:

3.1 Specify total number of siblings (including patient): ☐☐

Specify birth order of patient: ☐

3.2 For close relatives suffering from Multiple Sclerosis, mark gender and age at onset:

	Gender		
	M	**F**	**Age**
Mother			☐☐
Father			☐☐
Sib. 1	☐	☐	☐☐
Sib. 2	☐	☐	☐☐
Sib. 3	☐	☐	☐☐
Sib. 4	☐	☐	☐☐
Sib. 5	☐	☐	☐☐

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IV. MEDICAL HISTORY

1. Age at diagnosis:		**2. Age at symptom / sign onset:**	

3. The diagnosis of Multiple Sclerosis at present is:

Clinically definite MS	☐	Laboratory supported definite MS	☐
Clinically probable MS	☐	Laboratory supported probable MS	☐

4. The disease course can be characterized at present as (choose one):

Relapsing-remitting	☐
Secondary progressive (relapsing-remitting evolving into progressive)	☐
Progressive-relapsing (progressive with superimposed relapses)	☐
Primary progressive	☐

5. The disease <u>presenting</u> symptoms and signs included (mark as many as appropriate):

Limb paresthesia / hypesthesia ☐	Diplopia (Internuclear ophthalmoplegia) ☐	
Ataxia ☐	Optic neuritis ☐ ***If yes, specify:** unilateral ☐ bilateral ☐	
Lhermitte's sign ☐	Trigeminal neuralgia ☐	Limb(s) weakness ☐
Urinary incontinence / retention ☐	Paroxysmal attacks (any kind) ☐	Vertigo ☐

6. Were the <u>presenting</u> symptoms / signs asymmetric? Yes ☐ No ☐

7. During the disease course, which of the following C.N.S. areas became involved, including presenting symptoms (mark as many as appropriate):

Pyramidal tracts	☐	Ocular motilty	☐
Cerebellar / vestibular pathways	☐	Optic nerves	☐
Posterior column	☐	Cognitive function	☐
Autonomic system (including urinary)	☐	Affective function	☐

	Yes	No	Unknown
8. Do the patient's symptoms worsen with high body temprature?	☐	☐	☐
9. <u>For women</u>: Specify number of pregnancies			
10. <u>For women</u>: If relevant, was there a disease exacerbation during pregnancy or up to six months post-partum?	☐	☐	

11. Specify other chronic diseases: _____

_____

_____

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V. MEDICATIONS

For the listed medications specify relevant adverse events **if they caused drug discontinuation**:

	Interferon beta-1b (Betaseron)	Interferon beta-1a (Avonex)	Interferon beta-1a (Rebif)	Glatiramer acetate (Copaxone)
Never tried	☐	☐	☐	☐
Injection site reaction[1]	☐	☐	☐	☐
Flu-like symptoms[2]	☐	☐	☐	☐
G.I. Intolerance[3]	☐	☐	☐	☐
Dysmenorrhagia	☐	☐	☐	☐
Headache / Dizziness	☐	☐	☐	☐
Mental disorder[4]	☐	☐	☐	☐
Abnormal liver function test[5]	☐	☐	☐	☐
Neutropenia[6]	☐	☐	☐	☐
Immediate post injection reaction[7]	☐	☐	☐	☐
Other, specify: _____	☐	☐	☐	☐

[1] Pain, erythema, induration, hypersensitivity, necrosis
[2] Fever, chills, myalgia, malaise
[3] Vomiting, diarrhea, constipation
[4] Depression, anxiety, nervousness, somnolence
[5] AST>5 times baseline or Bilirubin>2.5 times baseline
[6] Neutrophil count<1500 cells / mm^3
[7] Flushing, chest tightness, palpitations, dyspnea

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