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*We Fight For What Matters*

**A summary of demographic data of the MS Patients**

State: .....

Date: .....

City: .....

This form has been designed to ask questions about your history and current situation. It is just for **scientific research purposes**. While it may be time consuming, please do your best to complete it fully. If you feel uncomfortable completing any sections, feel free to leave them blank.

**1. Age (years):**

- A. Less than 20
- B. 20 – 30
- C. 31 – 40
- D. 41 – 50
- E. More than 50

  
  
  
  


Please write your exact age here: .....

**2. Gender**

- A. Male
- B. Female

  


**3. Handedness**

- A. Right
- B. Left

  


**4. Education level**

- A. Up to high school
- B. Bachelor
- C. Master
- D. PhD

  
  
  


**5. MS subtype**

- A. CIS (Clinically-Isolated Syndrome)
- B. RRMS (Relapsing-Remitting MS)
- C. SPMS (Secondary-Progressive MS)
- D. PPMS (Primary-Progressive MS)
- E. PRMS (Progressive-Relapsing MS)

  
  
  
  



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**6. Disease duration (months)**

- A. Less than 12
- B. 13 – 24
- C. 25 – 36
- D. 37 – 48
- E. 49 – 60
- F. More than 60

  
  
  
  
  


Please write the exact duration here: .....

**7. Attacks number:**

- A. Less than 3
- B. 3 – 6
- C. 6 – 10
- D. More than 10

  
  
  


Please write the exact number here: .....

**8. Expanded Disability Status Scale (EDSS) score**

- A. Under 3.5
- B. 3.5 – 4.5
- C. 4.5 – 5.5
- D. More than 5.5

  
  
  
  


Please write the exact score here: .....

**9. The average number of MRI scans per year:**

- A. 1 time
- B. 2 times
- C. 3 times
- D. More than 3 times

  
  
  


**10. Afraid of confined spaces like MRI scanners**

- A. Yes
- B. No

  



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