



This document has been developed with the help and suggestions of both healthcare professionals and people living with MS.

Name:	Address:
Neurologist/MS nurse:	
Date of diagnosis:	





1. Home and family life

TICK to select	Please select all options that apply to you		
	I live at home with my parents		My children are at home but are relatively independent
	l live alone		My children have left home now
	I live with friends		I have older parents that need my support or may in the future
	I live with a spouse/partner		I would like to start a family
	I have young children		

2. Work life

Please select all options that apply to you				
I am a student I am doing on-the-job training I am unemployed	t			
I work part-time I work full-time I left my job or reduced of my MS or other com				
I would like to return to the near future	o work now or in			
Please select all options that apply to you				
My work requires a lot of mental I need to drive or trave	el for work			
I frequently work long hours or Over-time My work is quite seden	ntary			
I work in a physically demanding job (e.g. outdoors, doing manual labor, on my feet in a shop or restaurant)	re applicable			
u think your situation will change in the future? Short-term? Long-term?				
E.g. 'I love my job! I am just starting out in my career and want to continue for as long as possible' 'I am nearing retirement – although I am busy now, I'm looking forward to slowing things down' 'I've taken some time out of work for family but am now looking to go back'				
I work full-time I am self-employed/a contractor Please select all options that apply to you My work requires a lot of mental concentration I frequently work long hours or over-time I work in a physically demanding job (e.g. outdoors, doing manual labor, on my feet in a shop or restaurant) Think your situation will change in the future? Short-term? Long-term? The my job! I am just starting out in my career and want to continue for as long as possibling retirement – although I am busy now, I'm looking forward to slowing things down.	o work now or in el for work htary e applicable			

3. Lifestyle and hobbies

What hobbies and activities do you like to do?				
E.g. 'I like to keep physically active – I love to play sports/I have a busy social life' 'I like keeping my mind active with music, reading, games etc' 'I like to be creative and work with my hands' 'I prefer to spend my time relaxing'				
4. My MS here and now				
TICK to select all options that apply to	you			
My MS is under control – I don't feel my symptoms affect my quality of life too much at the moment My MS occasionally affects my day-to-day activities	I really struggle to keep up my current lifestyle as a result of my MS but would like to maintain it as long as possible I really struggle to keep up my current lifestyle. However, I am open to thinking about making some changes in how I do things that would help me to retain all or some parts of my current lifestyle			

5. Looking to the future

Although it can be hard to think about, preparing for the future could help keep you doing the things you love for longer.

What is most important to you to be able to do in the future?
Are there any symptoms of MS/things related to MS (even if you don't currently experience them) that you worry might impact on your lifestyle in the future? Do you feel confident that you know where to go for support with managing these things?



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