



For regular appointments

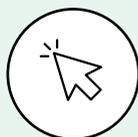
1. My planner
2. My medical tests
3. My medication

This planner helps you to organise your thoughts and prepare for an appointment, by noting your symptoms, medications and the top priorities you'd like to discuss.

Use a new form for each visit to track changes and identify if you need extra support or information.

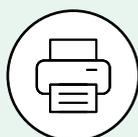
You don't have to complete everything - just what's useful for you.

How to use this form



Option 1

Complete on a computer, tablet, or phone:
You can type directly into this form, and then save or print.



Option 2

Print and fill out by hand:
If you prefer, you can print this form and write your answers by hand.

My details

Name:

Neurologist/MS Nurse:

Date of diagnosis:

Day Month Year

Date of planner completion:

Day Month Year

Date MS symptoms first started:

Day Month Year

Who I saw at my last appointment:

Date of last appointment:

Day Month Year

Would you like information on MS resources/support?:

Yes No

Notable changes since my last appointment (in life or health):

Use the boxes below to note what's important to you to discuss at your next appointment. Everyone is different, but these are some questions other people have thought about as they manage their MS:

- I'm experiencing symptom changes, but how do I know if they are related to my MS?
- Could [my symptom] be just a natural part of getting older?
- What support might I be able to access for [the symptom I am experiencing]?

My priorities

My top priorities
for discussion:

I'd like to discuss
these because:

Priority 1:

Priority 2:

Priority 3:

My friends and family

Sometimes, friends or family might notice changes that you don't.

If you feel it would be helpful, please use the below box to make note of anything that your partner, family or friends have noticed about your health, or any concerns they've raised.

Notes:

My symptoms

Record any symptoms you want to discuss with your care team, noting how they affect you. Be honest, even if you're unsure they're related to your MS, and focus on what matters most to you.

	Tick box if you have this symptom	Since it began, is it better, the same or worse?	How much does this symptom impact your quality of life?	Notes (e.g., what's going on, when it started)
Moving & walking:	<input type="checkbox"/>		1 = no impact 5 = very high	
Stiffness & spasms:	<input type="checkbox"/>		1 = no impact 5 = very high	
Balance or dizziness:	<input type="checkbox"/>		1 = no impact 5 = very high	
Pain and sensation/feeling:	<input type="checkbox"/>		1 = no impact 5 = very high	
Vision:	<input type="checkbox"/>		1 = no impact 5 = very high	
Speech:	<input type="checkbox"/>		1 = no impact 5 = very high	
Hearing:	<input type="checkbox"/>		1 = no impact 5 = very high	
Bladder and bowel function:	<input type="checkbox"/>		1 = no impact 5 = very high	
Hormones:	<input type="checkbox"/>		1 = no impact 5 = very high	
Headaches:	<input type="checkbox"/>		1 = no impact 5 = very high	
Mental health (mood, depression, anxiety):	<input type="checkbox"/>		1 = no impact 5 = very high	
Fatigue:	<input type="checkbox"/>		1 = no impact 5 = very high	
Sleep (too much, too little, waking):	<input type="checkbox"/>		1 = no impact 5 = very high	
Thinking (concentration, memory, multi-tasking):	<input type="checkbox"/>		1 = no impact 5 = very high	
Relationships and sexual function:	<input type="checkbox"/>		1 = no impact 5 = very high	
Infections (more than usual, not going away):	<input type="checkbox"/>		1 = no impact 5 = very high	
Other changes or concerns that are hard to describe:	<input type="checkbox"/>		1 = no impact 5 = very high	
Something is worrying me, but I'm not sure it's related to my MS:	<input type="checkbox"/>			

My lifestyle

Use the boxes below to add any notes or questions you have relating to your lifestyle

This can include any recent changes you have made, or if there is something you would like to discuss. You might want to ask your healthcare team about changes you can make, for example: I'm not sure how to get started with exercise; should I exercise when I feel tired? My appetite has changed recently; can you advise on eating healthily?

Exercise:

Work:

Rest:

Dietary habits:

Weight and BMI:

Major life events or
relationship changes:

Smoking/vaping,
alcohol, drug use:

Use the box below to record any other questions you may have

This might include information about reproductive health, fertility and family planning; clinical trials; how to make appointments; what to do in the case of a relapse; or anything else not already covered.

Notes: