

# Horizon Spine Multiple Sclerosis Questionnaire

*[Office Use Only]*

Name: \_\_\_\_\_

Registration #: \_\_\_\_\_

Therapist: \_\_\_\_\_

Referring MD: \_\_\_\_\_

**Please answer the following questions:**

What are your goals for attending Physical Therapy?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Date of MS diagnosis: \_\_\_\_\_

2. Date of onset of MS symptoms: \_\_\_\_\_

3. Current medications: \_\_\_\_\_  
\_\_\_\_\_

4. Previous MS related medications: \_\_\_\_\_  
\_\_\_\_\_

5. Other medical history (in addition to MS): \_\_\_\_\_  
\_\_\_\_\_

**6. Mobility Equipment Owned (*Check all that apply*):**

- Cane
- Crutches: Describe:     Forearm                       Axillary (underarm)
- Walker: Describe:     Without Wheels         With Wheels
- Wheelchair: Describe:  Manual                       Power                       3 Wheel Scooter
- Shower Chair
- Other \_\_\_\_\_

**Exercise Equipment Owned (*Check all that apply*):**

- Stair Climber
- Treadmill
- Exercise Bike
- Nordic Track
- Cuff Weights (specify weights) \_\_\_\_\_
- Barbell / Free Weights (specify weights) \_\_\_\_\_
- Other \_\_\_\_\_

**[OVER]**

**7. DO YOU:**

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 1) Belong to a fitness center/health club?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Currently perform stretching exercises? <i>Describe:</i><br>_____<br>_____<br>_____    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Currently perform strengthening exercises? <i>Describe:</i><br>_____<br>_____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Currently perform aerobic exercises? <i>Describe:</i><br>_____<br>_____<br>_____       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have trouble with your balance? <i>Describe:</i><br>_____<br>_____<br>_____            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Have trouble with fatigue? <i>Describe:</i><br>_____<br>_____<br>_____                 | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional Comments:**

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