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| http://bookstore.neumann.edu/SiteImages/5-SchoolImages/5-knight%20logo.jpg |  |

# Survey Questionnaire

The purpose of this study is to gather information about the diets of individuals that have been diagnosed with Multiple Sclerosis (MS). The study aims to gather information about a persons’ diet prior to being diagnosed, their diet after being diagnosed and whether dietary changes or supplements have been tried in attempt to help manage MS. Furthermore, the researchers hope to gain insight, from persons with MS, about the perceived impact of diet and dietary supplementation on MS-related impairment. All responses will be kept confidential as is participation in this survey.

## General Patient Information

Age:\_\_\_\_\_\_

Highest Education Level Completed: 🞎 High School 🞎 GED 🞎 Associate’s 🞎 Bachelor’s 🞎Post-Graduate

Gender: 🞎 Male 🞎 Female

Ethnicity: 🞎 White 🞎 Black 🞎 Hispanic 🞎 Asian 🞎 Native American 🞎 Pacific Islander 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_

How many years ago were you Diagnosed with MS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of MS was diagnosed?
(***updated definitions by MS society***) 🞎 Relapsing- Remitting 🞎 Secondary- Progressive

🞎 Primary- Progressive 🞎 Clinically Isolated syndrome

🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Do you currently have any co-morbidities, other health concerns, in your past medical history?

🞎Heart Disease 🞎Respiratory Problems 🞎 Cancer 🞎 Diabetes

🞎Depression 🞎Stroke 🞎 Arthritis 🞎Other:\_\_\_\_\_\_\_\_\_\_\_\_\_

### How would you rate your knowledge regarding medical or alternative ways of managing MS?

🞎 Excellent 🞎 Good 🞎 Fair 🞎 Poor

###  Which assistive devices do you current use (select all that apply)

🞎Scooter 🞎Wheel Chair🞎 Walker 🞎Cane 🞎Leg Brace 🞎Orthotics 🞎 None

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### How would you rate your level of physical activity?

🞎 Sedentary🞎Light 🞎 Moderate🞎 Vigorous 🞎High

### What is your source of your knowledge of MS? Please check all that apply.

🞎 Physician or Physician Assistant 🞎 Support groups 🞎 Books/ Research articles

🞎Internet 🞎 PT 🞎 Nurse or Nurse Practitioner 🞎Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### In your opinion, how much do your MS-related signs/symptoms and impairments affect your daily activities/function in everyday life? (0 being no limitations, 10 being maximal limitations)

🞎0🞎1 🞎 2 🞎 3 🞎 4 🞎 5🞎6 🞎7 🞎 8 🞎 9🞎 10

### Do you have exacerbations?

### 🞎 Yes 🞎 No

### If so, how many exacerbations do you have each year on average? \_\_\_\_\_\_

### Which of these symptoms related to MS do you currently experience? (check all that apply)

🞎 Fatigue 🞎 Difficulty Walking 🞎 Numbness/Tingling 🞎 Spasticity 🞎 Weakness 🞎 Vision Problems

🞎 Speech Problems 🞎 Difficulty Swallowing 🞎 Hearing Loss 🞎Dizziness/Vertigo 🞎 Bladder/Bowel Issues

🞎 Sexual Problems 🞎Pain 🞎 Cognitive Issues 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### How would you rate your overall health, on a 1-5 scale?

🞎 1 (Poor) 🞎 2 (Below Average) 🞎3 (Average) 🞎4 (Good) 🞎 5 (Excellent)

## Strategies to Manage MS

### Please indicate if you have tried any of the suggestions below:

🞎 Physical Therapy 🞎 Exercise🞎 Supplementation 🞎 Complementary & Alternative Medicine (CAM)

🞎 Diet Modification 🞎 Lifestyle changes (if yes please explain below) 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Were any of these strategies helpful in managing your symptoms? 🞎Yes 🞎 No

### Do you use medications to manage MS? 🞎 Yes 🞎 No

### If “yes”, select all that apply (common medications described by MS Society)

🞎 Avonex 🞎Extavia 🞎 Rebif

🞎Betaseron 🞎Glatopa 🞎Zinbryta

🞎 Copaxone 🞎Plegridy 🞎Aubagio

🞎Gilenya 🞎 Tecfidera 🞎 Lemtrada

🞎Novantrone 🞎 Ocrevus 🞎 Tysabri

🞎 Other:

## Diet

### In your opinion, do you think diet has a connection with MS? 🞎 Yes 🞎No

### Have you tried any dietary modifications tomanage MS progression and/or symptoms?

### 🞎Yes 🞎No If “Yes” please select all that apply:

🞎 Paleo/ Modified diet 🞎 Ketogenic 🞎 Gluten free

(Meats, fruits, vegetables, no dairy or grains) (High fat, adequate protein, low carb) (Excludes Wheat, Rye and Barley)

🞎 Mediterranean Diet 🞎 Caloric reduction 🞎 Low Sodium

(Fish based, fruits, vegetables) (Multiple days of limited caloric intake a week)

🞎 Swank Diet 🞎Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Low Fat)

### If you answered “Yes” to the question above, how long did you participate in the diet?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 days 🞎 months 🞎 weeks 🞎 years

Are you still currently participating in the diet?

🞎 Yes 🞎 No

### Have you tried any vitamins or minerals to manage MS progression and/or symptoms?

### 🞎Yes 🞎No If “Yes” please select all that apply:

🞎 Vitamin A 🞎 Vitamin C 🞎 Vitamin D

🞎 Vitamin E 🞎 B6 🞎 B12

🞎 Antioxidants 🞎 Calcium 🞎 Zinc

🞎Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Have you tried any supplementsto manage MS progression and/or symptoms?

### 🞎Yes 🞎No If “Yes” please select all that apply:

🞎 Ginkgo Bilboa 🞎 Turmeric 🞎 Omega-3

🞎 St Johns Wart 🞎 Valerian 🞎 Probiotic

🞎 Echinacea 🞎 Cranberry **☐** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Did diet change or supplementation help?

🞎 Yes 🞎 No

If “yes” please describe your experience:

### Would you be willing to modify your diet if evidence showed that you would experience less exacerbations?

🞎 Yes 🞎 No

### Would you be interested in participating in a larger study examining the connection between MS symptoms and diet?

🞎 Yes 🞎 No

### If you decided to change your diet or add a dietary supplement, do you anticipate any challenges?

### 🞎Yes 🞎No If “Yes” please select all that apply:

🞎 Cost 🞎 Knowledge🞎 Habit 🞎 Time Constraints 🞎 Cooking Skills 🞎Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Additional Feedback and Comments

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## Personal Information

### Providing the following information is optional, it will be used for potential research such as a survey questionnaire about diet and MS. This information will be kept separately to maintain confidentiality.

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|  |  |  |  |
| First Name | Last Name | Gender | Age |
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| Address | City | State | ZIP Code |
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| Email | Phone |  |  |

Thank you for taking the time to fill out our survey. We rely on your feedback to help us complete our project. Your input is greatly appreciated!