



*MY MS MAY BE GETTING WORSE,  
BUT I REFUSE TO SIT BACK.*

*IT'S TIME TO*  
**PUSH BACK**

Use this guide as a way to help you and your doctor figure out if your MS may be changing, and to make a plan for moving forward.

SPMS=secondary progressive multiple sclerosis.

## ***START A CONVERSATION WITH YOUR DOCTOR ABOUT SPMS***

As multiple sclerosis (MS) progresses, it's important to stay on top of symptoms. Discuss any changes you might notice with a doctor, and invite a loved one to participate as well. There are 2 ways you can make the most of these conversations.

### ***REFLECT***

Assess if and how your MS has changed over time.

### ***REACT***

Start a conversation with your doctor about the possibility of progression to SPMS.

 *Please bring this completed form to your next doctor's appointment. **Fill out a new one every 3 to 6 months to help you manage your SPMS journey.***

### ***LET'S GET STARTED***

When was your last doctor's appointment?

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List all medications you are currently taking for MS, if any.

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List medications you have taken in the past for MS, if any.

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Are you taking any medications or supplements for other conditions?

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# REFLECT

SEE IF YOUR MS  
HAS CHANGED OVER TIME

The signs and symptoms of MS are different for everyone, and they can change over time. By assessing if and how they are changing, even if the changes seem small, your doctor can help to determine if your MS is progressing.

## COMPARED TO 6-12 MONTHS AGO, HOW WOULD YOU DESCRIBE THE FOLLOWING TODAY?

SYMPTOMS	Unchanged	Slightly worse	A lot worse	New symptom(s)
Difficulty grasping objects (eg, a coffee mug or pen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating or focusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling extremely tired or sleeping more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing bathroom troubles, such as uncontrollable urination, constipation, or waking up frequently at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty balancing or needing a walking aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing muscle spasms or joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you describe your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other symptoms that are new or have worsened: \_\_\_\_\_

RELAPSES*	Yes	No
Have you stopped experiencing relapses?	<input type="checkbox"/>	<input type="checkbox"/>
If you are still having relapses, are you recovering between them?	<input type="checkbox"/>	<input type="checkbox"/>

If you are still having relapses, how often are you having them? \_\_\_\_\_

Additional notes about your relapses: \_\_\_\_\_

DAY-TO-DAY IMPACT	Unchanged	More	Less
Number of days of work you've had to miss (if you're working)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of missing out on family or social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of household chores (eg, cooking, cleaning) that you're no longer able to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of medications you're taking to manage symptoms (eg, pain, dizziness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of dependence on a care partner or other people for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of steps taken each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional notes about the day-to-day impact of your MS: \_\_\_\_\_

\*Relapses are attacks of noticeable MS symptoms that can last anywhere from a single day to months.

It can be hard to know what you should be asking your doctor. But talking honestly about any changes you may be experiencing is key to staying on top of MS. Consider bringing your loved one with you for support during this conversation.

Before your next appointment, take a moment to review your responses in the REFLECT section on the previous page. You or your loved one may discover that you have specific concerns, which can be written below.

## HERE ARE SOME EXAMPLES OF QUESTIONS THAT YOU MIGHT WANT TO ASK YOUR DOCTOR:

### CHANGING SYMPTOMS

- Do my changing symptoms mean that I have SPMS?
- What can I do to help manage my symptoms?

### CHANGING RELAPSES

- What does it mean if my relapses have changed or stopped altogether, but I'm feeling worse overall?
- I've experienced symptoms that have gotten worse even after my relapses have ended; what does that mean?

### CURRENT TREATMENT PLAN

- What are your expectations for my current treatment plan?
- Are your expectations for my current treatment plan being met?

### NOTES:

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 *You can continue to keep track of your symptoms by asking your doctor or nurse for a new copy of this guide every few months. Be sure to meet with your doctor regularly, and speak up about any changes you notice.*

LEARN MORE ABOUT MANAGING THESE CHANGES AT [LIVINGLIKEYOU.COM](https://www.livinglikeyou.com)