

## Supplemental Material

### Multiple Sclerosis Questionnaire

Name/ Date of Birth

1- How many years have you been diagnosed with MS?

2-Did you have relapses in the last year? Yes/ No

3-Have you been hospitalized for MS in the last year? Yes/No

4-Did you receive corticosteroids in the last year? Yes/No

5 - About fatigue, how many problems has fatigue caused you **today**? Because of fatigue do you feel.. 0: no problem, 1: minimal, 2: mild, 3: moderate, 4: severe.

a- Less alert?

b- Reduced workload?

c- Less motivated?

d- Physical effort?

e- Making decisions?

f- Finish tasks?

g- Slow thinking?

h- Physical activities?

6-How many times do you visit your neurologist per year?

7-Are you in charge of carrying out the medication procedures? Yes/No.

8-How often does the medication order in its social coverage (PAMI) per year?

9-How many weeks delay does the authorization of the medication take?

10- Currently receiving medication for MS? Yes/No

11- If your previous answer was affirmative, which one?

- Interferon beta 1a / 1b (betaferon / avonex / rebif / blastoferon / immunomas / megavex)

- Glatiramer acetate (copaxone / escadra / polymunol)

- Teriflunomide (Aubagio / flunisol / terflimide / tenomid)

- Dimethyl fumarate (Tecfidera / dimeful / Catira)

- Fingolimod (Gilenya / fibroneurin / lebrina / mogibe / finglid)

- Cladribine (Mavenciad)

- Natalizumab (Tysabri)

- Alemtuzumab (Lemtrada)

- Ocrelizumab (Ocrevus)

12-Regarding the choice of treatment. Who chose the type of medication?

Shared decision/ Only doctor

13- You forget to take the medication? Never/Occasionally/Frequently/Almost always/ Always

14 - Is the medication you take supervised by someone?? Yes/No.

15- Did you have any serious adverse effects with this medicine?

Injectables intolerance (pain, redness) / Digestive intolerance (vomiting, diarrhea) / lymphopenia/ thrombocytopenia / Infections / Uncontrolled hypertension.

16- Do you have memory disorders? Never/Occasionally/Frequently/Almost always/ Always

17- What is your educational level? Primary /Secondary / Tertiary/ University.

18- About the frequency of depressed mood and anhedonia. Over the **last 2 weeks**, How often have you been bothered by the following problems? \*

0 = not at all, 1 = several days, 2 =more than half the days, 3 = nearly every day

a- Little interest or pleasure in doing things

b- Feeling down, depressed, or hopeless

19- Who do you live with? Alone / with others.

20- Do you have any of the following diseases?

Heart disease (heart attack, arrhythmias, heart failure, valve disease) / Chronic lung disease / Liver

disease / Diabetes / Tumor or Cancer / Autoimmune disease (such as Lupus, Myasthenia gravis, Rheumatoid Arthritis, celiac disease).

21-Do you have oncological disease? Which one?

22- Do you take more than five medications? Yes /No.

23 - About your ability to walk. For Disease Steps, classification of a patient is determined by history and neurologic examination as well as course of MS. The scale consists of the following categories:

a- Normal: functionally normal with no limitations on activity or lifestyle. Patients may have minor abnormality on examination, such as nystagmus or an extensor plantar.

b- Mild disability: mild symptoms or signs. These patients have mild but definite findings such as sensory abnormalities, mild bladder impairment, minor incoordination, weakness, or fatigue. There is no visible abnormality of gait.

c- Moderate disability: the main feature is a visibly abnormal gait, but patients do not require ambulation aids.

d- Early Cane

e- Late Cane

f- Bilateral support

g- Confined a wheelchair