

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

Date: \_\_\_\_\_

## CCSVI Impact Scale

- The following questions ask for your views about the impact of CCSVI on your day-to-day life **during the past two weeks**
- For each statement, please circle the one number that **best** describes your situation
- Please answer all questions

In the past two weeks, how much have you had limited ability to...		Not at all	A little	Moderately	Quite a bit	Extremely
1.	Do physically demanding tasks?	1	2	3	4	5
2.	Grip things tightly (e.g. turning on faucets)?	1	2	3	4	5
3.	Carry things?	1	2	3	4	5

In the past two weeks, how much have you been bothered by...		Not at all	A little	Moderately	Quite a bit	Extremely
4.	Headaches?	1	2	3	4	5
5.	Blurred vision?	1	2	3	4	5
6.	Vision loss?	1	2	3	4	5
7.	Problems with balance?	1	2	3	4	5
8.	Difficulties moving around indoors?	1	2	3	4	5
9.	Being clumsy?	1	2	3	4	5
10.	Stiffness?	1	2	3	4	5
11.	Feelings of heaviness in your arms or legs?	1	2	3	4	5
12.	Tremor in your arms or legs?	1	2	3	4	5
13.	Spasms in your arms or legs?	1	2	3	4	5
14.	Your body not doing what you want it to do?	1	2	3	4	5
15.	Having to depend on others to do things for you?	1	2	3	4	5
16.	Limitations in your social and leisure activities at home?	1	2	3	4	5
17.	Being stuck at home more than you would like to be?	1	2	3	4	5
18.	Difficulties using your hands in everyday tasks?	1	2	3	4	5
19.	Having to cut down the amount of time you spent on work or other daily activities?	1	2	3	4	5
20.	Problems using transport (e.g. car, bus, train, taxi, etc.)?	1	2	3	4	5
21.	Taking longer to do things?	1	2	3	4	5
22.	Difficulty doing things spontaneously (e.g. going out on the spur of the moment)?	1	2	3	4	5
23.	Needing to go to the bathroom urgently?	1	2	3	4	5
24.	Feeling unwell?	1	2	3	4	5
25.	Problems sleeping?	1	2	3	4	5
26.	Feeling mentally fatigued?	1	2	3	4	5
27.	Worries related to your MS?	1	2	3	4	5
28.	Feeling anxious or tense?	1	2	3	4	5
29.	Feeling irritable, impatient, or short tempered?	1	2	3	4	5
30.	Problems concentrating?	1	2	3	4	5
31.	Lack of confidence?	1	2	3	4	5
32.	Feeling depressed?	1	2	3	4	5

**Please make sure you have selected a dot for each question.**

Did you complete this form?  Yes  No

\_\_\_\_\_  
Signature

If no, person who completed this form on your behalf.

\_\_\_\_\_  
Signature