

Case title (optional)

Date of case collection: dd/mm/yyyy

Author(s) and patient data:

First author: _____

Coauthor: _____

Patient data

- Gender: M / W
- DOB: dd/mm/yyyy

Data on multiple sclerosis

- Year of MS diagnosis:
- MS type: RRMS SPMS PPMS
- Current use of disease modifiers: Y/ N
 - If yes, which _____
- Past employment: Y/ N /
- Current employment: Y/ N
- Relevant medical history/concomitant disease(s) (open field):

- EDSS score before Sativex: 0 1 2 3 4 5 6 7 8 9 10

Data on MS-related spasticity

1.1 MS-related spasticity since year:

1.2 Previous treatments for MS spasticity including dose:

1.2.1 Have other medications been given for symptoms associated with MS spasticity?
(pain, bladder problems, mobility impairment, sleep disorders...)

Status of MS-related spasticity prior to therapy with Sativex

1.3 Affected body region(s) (before Sativex): _____

1.4 Severity of spasticity (before Sativex): _____

- Mild / Moderate / Severe
- Ashworth scale: 0 1 1a 2 3 4
- NRS score: 0 1 2 3 4 5 6 7 8 9 10

1.5 Symptoms associated with MS-related spasticity (before Sativex)

1.5.1: Spasms Y / N

If yes, number/day:

Mild / Moderate / Severe

Daytime Y / N

Night Y / N

1.5.2: Pain due to MS-related spasticity Y / N

If yes, severity?

NRS score: 0 1 2 3 4 5 6 7 8 9 10

Mild / Moderate / Severe

1.5.3: Bladder problems due to MS-related spasticity? Y / N

If yes, which ones?

If yes, severity?

NRS score: 0 1 2 3 4 5 6 7 8 9 10

Mild / Moderate / Severe

1.5.4: Mobility impairment due to MS-related spasticity? Y / N

Overall mobility: Mild / Moderate / Severe

Gait: _____

Walking distance: _____

Other? _____

1.5.5: Sleep disorders due to MS-related spasticity? Y / N

Problems sleeping through the night Problems falling asleep

NRS score: 0 1 2 3 4 5 6 7 8 9 10

Mild / Moderate / Severe

1.6: Quality of life and/or activities of daily living associated with MS-related spasticity before Sativex.

Sativex therapy

1.7 Adjunctive therapy(s) to Sativex for MS-related spasticity and MS spasticity associated symptoms:

1.7.1 For which concomitant therapy could the dose be reduced?

1.7.2 Which concomitant therapy could be discontinued?

1.8 Duration of Sativex therapy at last assessment (months):

1.9 Dose of Sativex at last assessment (sprays/day):

For spasticity in the upper extremities, was the application aid used? Y / N

If yes, could the patient apply the drug on his or her own? Y / N

Disease status after Sativex therapy (last evaluation):

1.10.1 MS-related spasticity (after Sativex)

- Mild / Moderate / Severe
- Ashworth scale: 0 1 1a 2 3 4
- NRS score: 0 1 2 3 4 5 6 7 8 9 10
- 1.10.2 EDSS score (after Sativex): 0 1 2 3 4 5 6 7 8 9 10

1.10.3 Symptoms associated with MS-related spasticity (after Sativex):

1.10.3.1: Spasms Y / N

If yes, number/day:

Mild / Moderate / Severe

Daytime Y / N

Night Y / N

1.10.3.2: Pain due to MS-related spasticity Y / N

If yes, severity?

NRS score: 0 1 2 3 4 5 6 7 8 9 10

Mild / Moderate / Severe

1.10.3.3: Bladder problems due to MS-related spasticity? Y / N

If yes, severity?

NRS score: 0 1 2 3 4 5 6 7 8 9 10

Mild / Moderate / Severe

Which ones have improved? _____

1.10.3.4: Mobility impairment due to MS-related spasticity? Y / N

Overall mobility: Mild / Moderate / Severe

Gait: _____

Walking distance: _____

Other? _____

1.10.3.5: Sleep disorders due to MS-related spasticity? Y / N

NRS score: 0 1 2 3 4 5 6 7 8 9 10

Mild / Moderate / Severe

1.10.4: Quality of life and/or activities of daily living associated with MS-related spasticity (after Sativex):

Supplementary tests and relevant information (open field)

Tolerability of Sativex (free field)

Please note that Almirall is obliged to report any suspected side effects or other relevant safety information and forward it to the marketing authorisation holder.

Discussion (including comments on main changes after the use of Sativex. Free field)
