

Dear Patient:

Thank you for coming to our Multiple Sclerosis Clinic today! We are happy to let you know about the new research project that we are pursuing at this time. Many of our female patients informed us that they experience worsening of their MS symptoms shortly before the beginning of their menstrual periods. Similar findings have been reported in the medical literature. In fact, in some patients, exacerbations of the disease most often occur at this time period. We would like to further study this phenomenon. We will study the menstrual cycle in our patients, presence or absence of PMS; hormonal levels at different parts of the cycle, clinical evidence of attacks, as well as the disease process on the MRI scan. This will be an exciting opportunity for us to address the general female health issues, as well as to look for influence of hormonal status on multiple sclerosis in our patients.

Participation in this study will require close attention to the signs/symptoms of the disease on your part. It will involve recording your daily symptoms and daily morning temperature for 3 months, and one clinic visit to document your symptoms. We will also need to draw your blood once or twice in the course of this study to check your hormone levels. You can participate in this study whether or not you experience worsening of your disease prior to the menstrual period.

We ask that you, please, answer the following questions today (please, circle the correct answer):

1. **I do do not** consistently experience **worsening of MS-related symptoms** prior to menstrual period
2. My **age** today is 15-25, 26-35, 36-45, 46-55, greater than 55
3. I **am am not** currently on **oral estrogen replacement** therapy / **oral birth control** therapy / **other forms of hormonal therapy** or birth control
4. My menstrual cycles are usually **regular irregular absent**
5. **I did did** not have a **hysterectomy** (If you did, please, specify the year and the reason: 19 \_\_ \_\_ due to \_\_\_\_\_)
6. **I do do not** have a **chronic gynecologic disease** for which I am being followed by a doctor. (Please, specify: \_\_\_\_\_)
7. I **am am not** taking **natural estrogens**
8. I **am am not** taking any form of **herbal/natural medications** (please specify: \_\_\_\_\_)
9. **I would would not** like to **participate** in this study.
10. You can contact me at the following **address/phone number**:

Thank you very much for your time and participation.