

Multiple Sclerosis (MS) Symptoms Checklist

Checklist · 68 items · 11 sections

A symptom-awareness checklist for people who are concerned they may have multiple sclerosis or want to understand the range of MS symptoms. MS is highly variable from person to person and exists on a spectrum (Relapsing-Remitting, Secondary Progressive, Primary Progressive). This list is for recognition and conversation with a clinician, not self-diagnosis. Sources include the National MS Society, Multiple Sclerosis Foundation, Mayo Clinic, Cleveland Clinic, NIH NINDS, and the McDonald Criteria 2017 (revised 2024).

Open the editable, AI-powered version online:

<https://genechecklist.com/checklist/multiple-sclerosis-symptoms-checklist>

HOW TO USE THIS

- This is a symptom-awareness and recognition tool, not a diagnostic test for multiple sclerosis
HIGH
Only a neurologist can diagnose MS, and only after imaging, exam, and other tests rule out alternatives.
- MS symptoms are highly variable; no two people experience the same combination or severity
HIGH
- MS exists on a spectrum: Relapsing-Remitting (RRMS), Secondary Progressive (SPMS), and Primary Progressive (PPMS)
HIGH
Most people are diagnosed with RRMS initially. Course can change over time.
- Many MS symptoms overlap with other conditions: B12 deficiency, Lyme disease, lupus, migraine, fibromyalgia, anxiety, and other neurological disorders
HIGH
- Track which symptoms appear, when they started, how long they last, and what triggers them before your appointment
MS symptoms classically come and go (relapses) or build slowly over months.

VISUAL SYMPTOMS

- Sudden vision loss or significant blurring in one eye, often developing over hours to days
HIGH
Optic neuritis is one of the most common early signs of MS.
- Pain with eye movement, especially in the affected eye
HIGH

- Color vision changes: colors look washed out, faded, or less saturated (especially red)
HIGH
- Double vision (diplopia), often when looking to one side
HIGH
- Involuntary, rhythmic eye movements (nystagmus), sometimes producing a sense the room is moving
- Blurred vision in one or both eyes, not corrected by glasses

MOTOR SYMPTOMS

- Weakness in an arm, leg, hand, or foot, often on one side of the body
HIGH
Unilateral weakness is a common early presentation.
- Muscle stiffness or spasticity, especially in the legs
HIGH
- Painful muscle spasms, often at night
- Foot drop: difficulty lifting the front of the foot, causing tripping or scuffing the toes
HIGH
- Intention tremor: shaking that worsens as the hand reaches for a target
- Unsteady walking, loss of balance, or staggering gait (ataxia)
HIGH
- Lhermitte's sign: an electric-shock sensation running down the spine or into the limbs when bending the neck forward
HIGH
Classic MS finding but not exclusive to MS.
- Difficulty with fine motor tasks: buttoning a shirt, typing, writing, handling small objects

SENSORY SYMPTOMS

- Numbness in the face, body, arms, or legs, sometimes in a band-like or patchy distribution
HIGH
Numbness or tingling is one of the most common first symptoms of MS.
- Tingling or pins and needles, often persisting for days to weeks
HIGH
- Burning or aching sensations without an obvious external cause (dysesthesia)
- A tight, banding, or squeezing sensation around the chest, abdomen, or torso ('MS hug')
HIGH
Caused by spasm of small muscles between the ribs; can be alarming but is not a heart issue.
- Allodynia: pain from stimuli that normally do not hurt (light touch, clothing against skin)

- Sharp, electric, or stabbing facial pain (trigeminal neuralgia), often on one side

HIGH

MS is a known cause of trigeminal neuralgia, especially in younger adults.

- Reduced ability to feel temperature or distinguish hot from cold

BLADDER, BOWEL, SEXUAL

- Urinary urgency: sudden, hard-to-defer need to urinate

HIGH

- Urinary frequency, including waking at night to urinate

HIGH

- Hesitancy or difficulty starting urination, or sense of incomplete emptying

HIGH

- Urinary incontinence or leakage

HIGH

- Constipation, sometimes severe and chronic

- Bowel incontinence (less common but distressing)

- Erectile dysfunction or difficulty maintaining an erection

- Reduced genital sensation, decreased lubrication, or vaginal dryness

- Difficulty reaching orgasm, or reduced intensity

COGNITIVE SYMPTOMS (MS BRAIN FOG)

- Slowed information processing: takes longer to follow conversations, instructions, or read material

HIGH

Processing speed is the cognitive domain most affected by MS.

- Working memory difficulty: forgetting why you walked into a room, losing track mid-task

HIGH

- Trouble sustaining attention or concentrating, especially with distractions

HIGH

- Word-finding difficulty: word is 'on the tip of my tongue' more often than before

- Executive function challenges: planning, organizing, multitasking, problem solving

HIGH

FATIGUE

- Disabling daily fatigue that is not relieved by rest or a full night of sleep

HIGH

Often the single most disabling MS symptom, even when other symptoms are mild.

- Overwhelming exhaustion ('lassitude') that comes on suddenly and is out of proportion to activity

HIGH

Reported by approximately 80% of people with MS.

- Fatigue that worsens as the day progresses, in heat, or after exertion

HIGH

MOOD AND EMOTIONAL SYMPTOMS

- Persistent low mood, loss of interest, or depression

HIGH

Depression rates are roughly three times higher in people with MS than the general population.

- Anxiety, worry, or panic that is new or worsening

HIGH

- Pseudobulbar affect: uncontrollable episodes of laughing or crying that do not match how you feel inside

- Thoughts of self-harm or suicide; risk is elevated in MS

HIGH

If present, call or text 988 (Suicide & Crisis Lifeline) in the U.S. or go to the nearest emergency room.

OTHER / LESS COMMON

- Heat intolerance: symptoms temporarily worsen with a hot shower, fever, exercise, or warm weather (Uhthoff's phenomenon)

HIGH

Reversible worsening with heat is highly suggestive of demyelinating disease.

- Vertigo or true spinning dizziness, sometimes severe enough to cause nausea

- Tinnitus (ringing or buzzing in the ears) or hearing changes

- Slurred or slowed speech, changes in voice quality (dysarthria)

- Difficulty swallowing or frequent coughing while eating or drinking (dysphagia)

- Itching without a rash (neurogenic pruritus), often in brief, intense bursts

- Seizures (uncommon in MS but possible)

WHEN TO SEE A DOCTOR

- Sudden vision loss, severe new weakness, loss of balance, or new trouble speaking: seek urgent neurological evaluation (same day or emergency room)

HIGH

These can also signal stroke, which is a medical emergency.

- New neurological symptoms (numbness, weakness, vision change) lasting more than 24 hours: see a clinician promptly

HIGH

- Several symptoms from different categories above, especially episodes that come and go: request a neurology referral
HIGH
- Persistent fatigue, cognitive changes, or mood changes that affect work, school, or relationships: discuss with your primary clinician
- Suicidal thoughts: call or text 988 (U.S. Suicide & Crisis Lifeline), or go to the nearest emergency room
HIGH
- National MS Society Navigator helpline: 1-800-344-4867 for support, resources, and referrals

WHAT MS DIAGNOSIS LOOKS LIKE

- MS is diagnosed by a neurologist, not by symptoms or a checklist alone
HIGH
- McDonald Criteria 2017 (revised 2024): requires evidence of damage in at least two separate areas of the central nervous system (dissemination in space) AND that the damage occurred at different points in time (dissemination in time)
HIGH
- MRI of the brain and spinal cord, usually with and without contrast, to look for characteristic lesions
HIGH
- Lumbar puncture (spinal tap) to test cerebrospinal fluid for oligoclonal bands and elevated IgG index
- Evoked potentials (visual, somatosensory, brainstem): measure how quickly nerves conduct signals
- Blood work to rule out other causes: B12, thyroid function, ANA, Lyme, HIV, aquaporin-4 (NMO), MOG antibodies, and others as indicated
HIGH
Many conditions can mimic MS; ruling them out is essential.
- A neurological exam by a neurologist assesses reflexes, coordination, strength, sensation, vision, and gait
- Diagnosis may take time; some people are first labeled with 'clinically isolated syndrome' (CIS) or 'radiologically isolated syndrome' (RIS) before meeting full MS criteria