

The purpose of this study is to explore diagnostic and ethical challenges encountered by neurologists caring for patients with multiple sclerosis.

This survey consists of 20 short questions and will take less than 5 minutes. Your responses will be de-identified and completely anonymous. We appreciate your help with our project.

Please consider maximizing your browser screen.

1. Approximately what percentage of your practice is devoted to the care of patients with multiple sclerosis?

- less than 10%
- 11-25%
- 26-50%
- 51-75%
- greater than 75%

2. Have you ever evaluated a patient who carried a diagnosis of multiple sclerosis (given by another provider) for longer than one year who, after your neurological exam and review of lab data, you strongly felt did NOT in fact have multiple sclerosis?

- Yes --> continue to question #3
- No --> skip to question #9

**3. Approximately how many such
misdiagnosed patients have you seen over
the last year?**

- 1-2
- 3-5
- 6-10
- 10 or more

4. Please estimate the percentage of these misdiagnosed patients who had been started on disease modifying therapy for multiple sclerosis by another provider.

- 0%
- 1-25%
- 26-50%
- 51-75%
- 75% or more

5. Have you ever chosen NOT to inform such a patient of your suspicion regarding the misdiagnosis?

- yes, I have sometimes chosen not to inform such a patient --> continue to question #6
- no, I have always informed such patients --> skip to question #7

6. If you have ever chosen NOT to inform a patient about a misdiagnosis of multiple sclerosis given by another provider, were any of the following reasons important to your decision?

	yes	no
You suspected a benign alternative diagnosis not requiring additional treatment	<input type="radio"/>	<input type="radio"/>
The patient was not on standard multiple sclerosis therapy and therefore not subject to any medication-associated risks	<input type="radio"/>	<input type="radio"/>
The patient was at risk from psychological harm from a change to perceived diagnosis	<input type="radio"/>	<input type="radio"/>
The change of diagnosis was likely to lead to loss of social support/support network	<input type="radio"/>	<input type="radio"/>
The change of diagnosis was likely to lead to financial harm due to change in eligibility for benefits such as disability/social services	<input type="radio"/>	<input type="radio"/>
The change of diagnosis was more appropriately left to the referring physician aided by your consultation letter	<input type="radio"/>	<input type="radio"/>

7. The most likely alternative diagnosis in patients you have seen with a longstanding misdiagnosis (i.e. greater than 1 year) of multiple sclerosis has been (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> small vessel ischemic disease/hypertensive MRI changes | <input type="checkbox"/> ADEM |
| <input type="checkbox"/> CNS infections | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> rheumatological disease (i.e. Sjogren's, SLE, APLA) | <input type="checkbox"/> migraine |
| <input type="checkbox"/> metabolic deficiency | <input type="checkbox"/> CADASIL |
| <input type="checkbox"/> CNS neoplasm | <input type="checkbox"/> neuropathy |
| <input type="checkbox"/> psychiatric disease | <input type="checkbox"/> nonspecific white matter abnormalities on MRI |
| <input type="checkbox"/> neuromyelitis optica/Devic's disease | <input type="checkbox"/> unknown |

Other (please specify)

8. Which do you find more challenging in your care of patients with multiple sclerosis? (select one)

- informing a patient of a NEW diagnosis of multiple sclerosis --> skip to question #10
- informing a patient with a long established diagnosis of multiple sclerosis that they likely do NOT have multiple sclerosis --> skip to question #10
- both situations are equally challenging --> skip to question #10

9. Presume you have evaluated such a patient-they have a longstanding (greater than one year) diagnosis of multiple sclerosis given by another provider and you feel strongly they do NOT have multiple sclerosis. Based on your clinical judgment, which of the following may be a reason why you would decide NOT to inform such a patient of a misdiagnosis.

	yes	no
...you suspected a benign alternative diagnosis not requiring additional treatment	<input type="checkbox"/>	<input type="checkbox"/>
...the patient was not on standard multiple sclerosis therapy and therefore not subject to any medication-associated risks	<input type="checkbox"/>	<input type="checkbox"/>
...the patient was at risk from psychological harm from a change to perceived diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
...the change of diagnosis was likely to lead to loss of social support/support network	<input type="checkbox"/>	<input type="checkbox"/>
...the change of diagnosis was likely to lead to financial harm due to change in eligibility for benefits such disability/social services	<input type="checkbox"/>	<input type="checkbox"/>
...you felt the change of diagnosis was more appropriately left to the referring physician aided by your consultation letter.	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

10. How many years have passed since you finished formal training (i.e. residency) in Neurology?

- less than 5
- 5-10
- 11-15
- 16-20
- greater than 20

11. Have you completed fellowship or post-doctoral training in multiple sclerosis?

yes

no

12. Would you consider your neurology practice:

- academic --> continue to question #13
- private/nonacademic --> skip to question #14
- other --> skip to question #14

13. Within your academic practice, what percentage of your position is devoted to caring for patients in clinic?

- less than 10%
- 10-25%
- 26-50%
- 51-75%
- greater than 75%

14. Approximately how much time is typically allotted for a _new_ patient visit in your clinic?

- 30min
- 45min
- 60min
- 75min
- 90min
- more than 90min

15. Approximately how much time is typically allotted for a _follow-up_ patient visit in your clinic?

- 15min
- 30min
- 45min
- 60min
- more than 60min

16. Do you see patients in a United States Department of Veterans Affairs medical clinic either part or full time?

yes

no

17. What country do you practice neurology in?

- United States
- Canada

18. How did you hear about our project?

email

fax

19. Would you be receptive to our contacting you for a follow-up or related multiple sclerosis survey within a year?

- yes
- no
- i'm not sure

20. Feel free to leave us comments about this project (optional):