

Supplemental Content: The mRS-9Q Survey

Question 1: Do you have any symptoms that are bothering you?	YES NO
Question 2: Are you able to do the same work as before?	YES NO
Question 3: Are you able to keep up with your hobbies?	YES NO
Question 4: Have you maintained your ties to friends and family?	YES NO
Question 5: Do you need help making a simple meal, doing household chores, or balancing a checkbook?	YES NO
Question 6: Do you need help with shopping or traveling close to home?	YES NO
Question 7: Do you need another person to help you walk?	YES NO
Question 8: Do you need help with eating, going to the toilet, or bathing?	YES NO
Question 9: Do you stay in bed most of the day and need constant nursing care?	YES NO

The mRS-9Q Survey and web calculator / error-checker can be accessed freely at:
www.modifiedrankin.com

The [mRS-9Q Survey](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#).