

Participant ID							<b>SCREENING VISIT</b>	

**SCREENING** To be completed by the researcher to assess eligibility. Once completed enter this information to the study database.

Date of Visit/call

D	D	-	M	M	M	-	Y	Y	Y	Y
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INCLUSION CRITERIA	PLEASE TICK	
	YES	NO
1. Participant is male or female over the age of 18 years		
2. Participant has a diagnosis of MS (in a stable phase, ie no MS relapse for 3 months)		
3. Participant has had no major change of medication for 1 month eg introduction of disease modifying medications		
4. Participant is bothered by their bowel dysfunction		
5. Participant has not used abdominal massage for at least 2 months		
EXCLUSION CRITERIA	PLEASE TICK	
	YES	NO
1. Participant is unable to undertake the massage themselves or does not have a carer willing to do it		
2. Participant is unable to understand the study processes / give informed consent		
3. Participant has contraindications to abdominal massage (specify)		
History of abdominal/pelvic cancer		
History of hernia, hiatus, inguinal or umbilical		
Rectal prolapse		
Inflammatory bowel disease		
Past history of volvulus of bowel		
Pregnancy		
Do you have any recent abdominal scars, abdominal wounds or skin disorders that may make abdominal massage uncomfortable		
<p><b>Red flags include</b></p> <ul style="list-style-type: none"> <li>• Recent sudden and severe changes in bowel habits</li> <li>• Rectal bleeding</li> </ul> <p><b>If there are any red flags please contact the PI</b></p>		

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ELIGIBILITY	PLEASE TICK	
	YES	NO
Is the patient eligible		
Randomisation Information required. Please tick one box regarding the patient's mobility.		
Walking unaided (EDSS score less than 6)		
Aided (EDSS score of 6 or 7)		
Wheelchair bound (EDSS score of 8)		
<b>*** Researcher Please Note ***</b> The answer to the above question is required for the randomisation of the patient. Please ensure you have this form or access to the study database at the participants baseline visit.		

Signature (Screener)	
PRINT NAME	SIGNATURE OF SCREENER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Signature (Information added to study database)	
PRINT NAME	SIGNATURE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	