Supplementary File



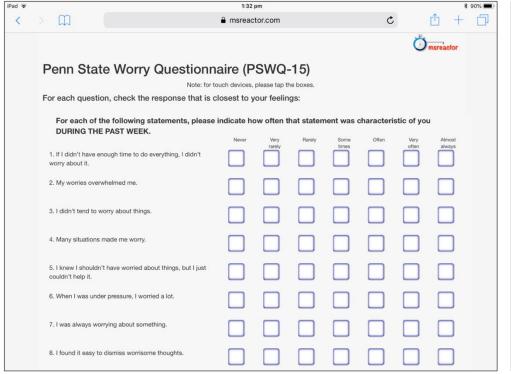
Acceptability survey completed by participants following clinic-based tests.

iPad 😨		1:30 pm	\$ 91% ■			1:30 pm ≜ msreactor.com	¥ 91% —
<	> m	msreactor.com	c <u>û</u> + <u>5</u>		Due to your MS, during the past 4 weeks, have you	Never Rarely Sometimes Often Always Not Not at all A little Somewhat A lot Very applicable	
			msreactor		9. Felt anxious?	nuch much	
	MusiQol Questionnaire Note: for touch devices, please	tap the scale rather than try to drag the slider handle!			10. Felt depressed or gloomy?		
	For each question, check the response that is cle Due to your MS, during the past 4 weeks, have you		Always Not Very applicable		11. Felt like crying?		
	Had difficulty walking or moving outside?		much		12. Felt nervous or irritated by a few things or situations?		
	2. Had difficulty with outdoor activities: i.e. shopping, going out to a movie?				13. Been troubled by loss of memory?		
	3. Had difficulty walking around home?				14. Had difficulty concentrating: i.e. when reading, watching a film, following a discussion?		
	4. Been troubled by your balance or walking problems?				15. Been troubled by your vision: worsened or unpleasant?		
	5. Had difficulty with leisure activities at home: i.e. do-it-yourself, gardening?				16. Experienced unpleasant feelings: i.e. hot, cold?		
	6. Had difficulty with your occupational activities: i.e. integration, interruption, limitation?				Due to your MS, during the past 4 weeks, have you	Never Rarely Sometimes Often Always Not Not at all A little Somewhat A lot Very applicable	0
	7. Been quickly tired?				17. Talked with your friends?		
	8. Been short of energy?				18. Felt understood by your friends?		
	Due to your MS, during the past 4 weeks, have you	Never Rarely Sometimes Often Not at all A little Somewhat A lot	Always Not Very applicable		19. Felt encouraged by your friends?		
			much				
iPad ❖		1:31 pm mreactor.com	* 90% ■	■) iPad 🖘		1:31 pm a msreactor.com	* 90%
iPad 🖘	20. Talked with your spouse/partner or your family?	1:31 pm • msreactor.com	* 90% ■	iPad ❤	22. Felt encouraged by your spouse/partner or your family?		* 90% -
iPad 🗢	20. Talked with your spouse/partner or your family? 21. Felt understood by your spouse/partner or your family?	1:31 pm a mreector.com	* 90% ■	iPad ₹	Felt encouraged by your spouse/partner or your family? Felt satisfied with your love life?		* 90%
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Quality of Life survey completed by participants following clinic-based test.

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	Patient Health Questionnaire				
	Note: for too				
	For each question, check the response that is clear				
	Over the last 2 WEEKS, how often have you be				
	1. Little interest or pleasure in doing things?		the days		
	2. Feeling down, depressed, or hopeless?				
	3. Trouble falling or staying asleep, or sleeping too much?				
	4. Feeling tired or having little energy?				
	5. Poor appetite or overeating?				
	6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?				
	7. Trouble concentrating on things, such as reading the newspaper or watching television?				
	8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?				
	9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

Depression survey completed by participants following clinic-based test.



iPad ₹ 1:32 pm									\$ 90% ■
	7. I was always worrying about something.								
	8. I found it easy to dismiss worrisome thoughts.								
	9. As soon as I finished one task, I started to worry about everything else that I had to do.								
	10. I did not worry about anything.								
For each of the following statements, please indicate how often that statement was characteristic of you DURING THE PAST WEEK.									
	DONING THE PAST WEEK.	Never	Very	Rarely	Some	Often	Very	Almost	
	11. When there was nothing more I could do about a concern, I didn't worry about it anymore.		Tarety				Otten	aways	
	12. I noticed that I had been worrying about things.								
	13. Once I started worrying, I couldn't stop.								
	14. I worried all the time.								
	15. I worried about projects until they were all done.								
		Su	ubmit						
	Thombound								
		inan	k you!						

Anxiety survey completed by participants following clinic-based test.