

# Myeloproliferative Neoplasm Symptom Assessment Form

## Total Symptom Score (MPN-SAF TSS; MPN-10)<sup>1</sup>

(Recommended in the NCCN Guidelines<sup>®</sup> for the assessment of symptom burden at baseline and monitoring symptom status during the course of treatment)<sup>2</sup>

Symptom	1 to 10 (0 if absent) ranking 1 is most favorable and 10 least favorable
Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your WORST level of fatigue during the past 24 hours <sup>a</sup>	(No Fatigue) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
<b>Circle the one number that describes, during the past week, how much difficulty you have had with each of the following symptoms</b>	
Filling up quickly when you eat (early satiety)	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Abdominal discomfort	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Inactivity	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Problems with concentration – compared to prior to my MPD	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Night sweats	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Itching (pruritus)	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Bone pain (diffuse not joint pain or arthritis)	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Fever (>100°F)	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Daily)
Unintentional weight loss last 6 months	(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)

**For healthcare professional use only: Calculate patient symptom score \_\_\_\_\_**

MPD, myeloproliferative disorder.

<sup>a</sup> Question used with permission from the MD Anderson Cancer Center Brief Fatigue Inventory<sup>®</sup>.

Your name/initials:	
Date of assessment:	



An electronic version of this form is available on  
**(MPNSymptoms.com)**



