Total Symptom Score (MPN-SAF TSS; MPN-10)¹

(Recommended in the NCCN Guidelines[®] for the assessment of symptom burden at baseline and monitoring symptom status during the course of treatment)²

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 ^a	(No Fatigue) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)					
Circle the one number that describes, during the past week, how much difficulty you have had with each of the following symptoms						
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.

 $^{\rm a}$ Question used with permission from the MD Anderson Cancer Center Brief Fatigue Inventory $^{\odot}$

Your name/initials:	
Date of assessment:	



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



Additional Information

For patient use: Fill out this form, thinking back on how you have felt during the past week.

Check the one box that describes the worst level of interference you had with performing daily and/or planned activities during the past week					
No interference with activities				Unable to perform activities at all	
1	2	3 □	4	5	

Additional notes for your healthcare professional					

After filling out this form, share your responses with your doctor or other healthcare professional.

For Healthcare Professionals

You may instruct your patients to complete this questionnaire on their own in order to capture their opinions on the impact of their MPN symptoms. It can be completed at home or while in your office. This questionnaire can also be used as a discussion guide during the office visit and when asking your patients about their MPN symptoms.

References: 1. Emanuel RM et al. J Clin Oncol. 2012;30(33):4098-4103. 2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Myeloproliferative Neoplasms V.2.2019. © National Comprehensive Cancer Network, Inc. 2019. All rights reserved. Accessed October 29, 2018. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

