

MPNs make up a group of diseases that includes myelofibrosis. This information can help you track your symptoms and monitor how they are affecting you so you can discuss your symptoms and how you're feeling more easily with your doctor.

**10 Symptoms of MPN:**

1. Early feeling of fullness after eating
2. Abdominal discomfort
3. Inactivity
4. Problems with concentrating (compared prior to myeloproliferative disorder)
5. Numbness/tingling in hands and/or feet
6. Night sweats
7. Itching (pruritus)
8. Diffuse bone pain (not joint pain or arthritis)
9. Fever (>100°F)
10. Unintentional weight loss in the last six months



Circle the number that describes your **WORST** level of fatigue during past 24 hours\*

(No Fatigue) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)

Circle the number that describes how much difficulty you have had with each of the following symptoms during the past week

**Early feeling of fullness after eating**

(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 concentrating (compared prior to MPD)**

(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)

**Numbness/tingling in hands and/or feet**

(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)

**Diffuse bone pain (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 in the last six months**

(Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)

\*Question from the MD Anderson Cancer Center Brief Fatigue Inventory



## Myeloproliferative Neoplasm Symptom Assessment Form Total Symptom Score (MPN-SAF TSS)

### Additional Information

Circle the number that describes the worst level of interference you had with performing activities during the past week

(No interference) 1      2      3      4      5 (Unable to perform any activities)

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After filling out this form, share your responses with your clinician or other health care professional.

### **Reference:**

Emanuel RM, Dueck AC, Geyer HL, et al. Myeloproliferative neoplasm (MPN) symptom assessment form total symptom score: Prospective international assessment of an abbreviated symptom burden scoring system among patients with MPNs. *J Clin Oncol.* 2012;30(33)4098-4103. Epub 2012 Oct 15.