

# MPN-10 Know your score

Name

Date

Fill out the form below to track how your symptoms affect you.

Circle a number that best describes your symptom from 1 to 10: 0 if absent and 10 being worst imaginable

Please rate your fatigue (weariness, tiredness) by circling a number that best describes your WORST level of fatigue during the past 24 hours

**Fatigue**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

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

**Filling up quickly when you eat (satiety)**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

**Abdominal discomfort**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

**Inactivity**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

**Problems with concentration – compared with before your diagnosis**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

**Night sweats**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

**Itching (pruritus)**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

**Bone pain (diffuse, not joint pain or arthritis)**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(WORST IMAGINABLE)

**Fever (>37.8°C)**

0 1 2 3 4 5 6 7 8 9 10

(ABSENT)

(DAILY)

**Unintentional weight loss in the last 6 months**

0 1 2 3 4 5 6 7 8 9 10

(A LITTLE)

(A LOT)

To help you and your doctor get a clear overall picture of how you are feeling, you can add up all of your scores to calculate your Total Symptom Score.

**Total**

Adapted from Emanuel R et al. *J Clin Oncol* 2012;30:4098–103.

