

Myeloproliferative Neoplasm Symptom Assessment Form

A measurement tool for symptoms of myeloproliferative neoplasms (MPNs)

MPNs are a group of rare, chronic blood cancers that include polycythemia vera (PV) and myelofibrosis (MF). Using this form can help you track your symptoms and monitor how you are feeling over time, which may help you discuss your symptoms with your doctor.

The MPN Symptom Assessment Form Total Symptom Score (MPN-SAF TSS; MPN-10) lists 10 symptoms:¹

- Fatigue
- Filling up quickly when you eat (early satiety)
- Abdominal discomfort
- Inactivity
- Problems with concentration – compared to prior to my MPD
- Night sweats
- Itching (pruritus)
- Bone pain (diffuse not joint pain or arthritis)
- Fever (>100°F)
- Unintentional weight loss last 6 months

MPD, myeloproliferative disorder.

This is a validated tool recommended in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for MPNs for the assessment of symptom burden at baseline and monitoring symptom status during the course of treatment.²



Myeloproliferative Neoplasm Symptom Assessment Form

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.

^a Question used with permission from the MD Anderson Cancer Center Brief Fatigue Inventory[®].

| | |
|---------------------|--|
| Your name/initials: | |
| Date of assessment: | |



