

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Hospital Chart #: \_\_\_\_\_

Participant Number: \_\_\_\_\_

## M. D. Anderson Symptom Inventory - Multiple Myeloma (MDASI - MM)

### Part I. How **severe** are your symptoms?

People with cancer frequently have symptoms that are caused by their disease or by their treatment. We ask you to rate how severe the following symptoms have been ***in the last 24 hours***. Please fill in the circle below from 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item.

	Not Present										As Bad As You Can Imagine	
	0	1	2	3	4	5	6	7	8	9	10	
1. Your <b>pain</b> at its WORST?	<input type="radio"/>											
2. Your <b>fatigue (tiredness)</b> at its WORST?	<input type="radio"/>											
3. Your <b>nausea</b> at its WORST?	<input type="radio"/>											
4. Your <b>disturbed sleep</b> at its WORST?	<input type="radio"/>											
5. Your feelings of being <b>distressed (upset)</b> at its WORST?	<input type="radio"/>											
6. Your <b>shortness of breath</b> at its WORST?	<input type="radio"/>											
7. Your problem with <b>remembering</b> things at its WORST?	<input type="radio"/>											
8. Your problem with <b>lack of appetite</b> at its WORST?	<input type="radio"/>											
9. Your feeling <b>drowsy (sleepy)</b> at its WORST?	<input type="radio"/>											
10. Your having a <b>dry mouth</b> at its WORST?	<input type="radio"/>											
11. Your feeling <b>sad</b> at its WORST?	<input type="radio"/>											
12. Your <b>vomiting</b> at its WORST?	<input type="radio"/>											
13. Your <b>numbness or tingling</b> at its WORST?	<input type="radio"/>											

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**MM**

	As Bad As You Can Imagine										
	Not Present 0	1	2	3	4	5	6	7	8	9	10
14. Your <b>constipation</b> at its WORST?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Your <b>muscle weakness</b> at its WORST?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Your <b>diarrhea (loose stools)</b> at its WORST?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Your <b>sore mouth or throat</b> at its WORST?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Your <b>rash</b> at its WORST?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Your problem with <b>Paying Attention (Concentrating)</b> at its WORST?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Your <b>bone aches</b> at its WORST?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part II.** How have your symptoms interfered with your life?

Symptoms frequently interfere with how we feel and function. How much have your symptoms interfered with the following items **in the last 24 hours**:

	Interfered Completely										
	Did Not Interfere 0	1	2	3	4	5	6	7	8	9	10
21. <b>General activity?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. <b>Mood?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. <b>Work</b> (including work around the house)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. <b>Relations</b> with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. <b>Walking?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. <b>Enjoyment of life?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>