

The Myeloproliferative Neoplasm Symptom Assessment Form Total Symptom Score (MPN-SAF TSS): Prospective International Assessment of an Abbreviated Symptom Burden Scoring System among 1408 MPN Patients

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Figure 1. The Myeloproliferative Neoplasm Symptom Assessment Form Total

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

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 past 24 hours*	(No Fatigue) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)
Circle the one number that describes how, 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)
Numbness/ Tingling (in my hands and 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)
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)

* Question used with permission from the MD Anderson Cancer Center Brief Fatigue Inventory ©