

# MPN 10 KNOW YOUR SCORE

Name: \_\_\_\_\_

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

Fill out the form below to track the burden of your symptoms.

## Symptom: 1 to 10, 0 if absent and 10 being worst imaginable

Please rate your fatigue (weariness, tiredness) by circling the one 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 the one 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 (early 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 to before my 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 or 100°F)										
0	1	2	3	4	5	6	7	8	9	10

(ABSENT)

(DAILY)

Unintentional weight loss last 6 months										
0	1	2	3	4	5	6	7	8	9	10

(ABSENT)

(WORST IMAGINABLE)

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

**Total:**