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| **Symptom**  | **1 to 10 (0 if absent) ranking\* (1 is most favorable and 10 least favorable)** |
| 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 pain  | (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 Headaches  | (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)  |
| Dizziness/ Vertigo/ Lightheadedness | (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)  |
| Difficulty sleeping | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| Depression or sad mood | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| Problems with Sexual Desire or Function  | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| Cough | (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)  |
| What is your Overall Quality of Life?  | (As good as it can be) 0 1 2 3 4 5 6 7 8 9 10 (As bad as it can be) |

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| **Symptom**  | **1 to 10 (0 if absent) ranking (1 is most favorable and 10 least favorable)** |
| 1. Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your WORST Level of fatigue during the past 24 hours (From BFI) |  (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 24 hours*** how much difficulty you have had with each of the following symptoms |
|  |   |
| 2. Filling up quickly when you eat (Early Satiety) | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 3. Abdominal discomfort | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 4. Inactivity | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 5. Problems with Headaches  | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 6. Problems with Concentration - Compared to prior to my MPD | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 7. Dizziness/ Vertigo/ Lightheadedness | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 8. Numbness/ Tingling (in my hands and feet) | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 9. Difficulty sleeping | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 10. Depression or sad mood | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 11. Problems with Sexual Desire or Function  | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 12. Night Sweats | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 13. Itching (pruritus) | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 14. Bone Pain (diffuse not joint pain or arthritis) | (Absent) 0 1 2 3 4 5 6 7 8 9 10 (Worst Imaginable)  |
| 15. Of items 2 - 14 above, please write the ONE symptom which you consider to be the WORST | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |   |
| 16. What is your Overall Quality of Life?  | (As good as it can be) 0 1 2 3 4 5 6 7 8 9 10 (As Bad as it can be) |