MPN 10 KNOW YOUR SCORE

Fill out the form to track the burden of your symptoms.
Symptom: 0 if absent and 10 being worst imaginable

Name: .....
Date: .....

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
Abdominal discomfort										
0	1	2	3	4	5	6	7	8	9	10
Inactivity										
0	1	2	3	4	5	6	7	8	9	10
Problems with concentration - compared to diagnosis										
0	1	2	3	4	5	6	7	8	9	10
Night sweats										
0	1	2	3	4	5	6	7	8	9	10
Itching (pruritus)										
0	1	2	3	4	5	6	7	8	9	10
Bone pain (diffuse, not joint pain or arthritis)										
0	1	2	3	4	5	6	7	8	9	10
Unintentional weight loss during last 6 months										
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)**

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:

If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack. You can report side effects via the Yellow Card Scheme at https://yellowcard.mhra.gov.uk/ (UK). By reporting side effects you can help provide more information on the safety of your medication.