

Myeloid group

### MPD Symptom Chart

Name	
DoB	
Date	

**Please circle the number that described how much difficulty you had with each of the following symptoms since your last clinic visit (0= no difficulty; 10= extremely difficult)**

Symptom	Score										
<b>General fatigue</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Abdominal pain (and discomfort)</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Filling up quickly when you eat (early satiety)</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Inactivity (ability to move and walk around)</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Cough</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Night sweats</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Itching (pruritus)</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Bone pain (diffuse not joint pain or arthritis)</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Fever (&gt;37.5 °C)</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Change in appetite/ unintentional weight loss (or gain) in past 6 months</b>	0	1	2	3	4	5	6	7	8	9	10
<b>Problem with concentration (compared to before your diagnosis)</b>	0	1	2	3	4	5	6	7	8	9	10

**Please rate your Quality of Life with 0 being poor and 10 being excellent**

0	1	2	3	4	5	6	7	8	9	10
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Any other comments:

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**Please return to your consultant or specialist nurse**