

Date: _____

Institution: _____

Participant Initials: _____

Hospital Chart #: _____

Participant Number: _____

MD Anderson Symptom Inventory (MDASI)-AML/MDS

Part I. How **severe** are your symptoms?

People with cancer frequently have symptoms that are caused by their disease or by their treatment. We ask you to rate how severe the following symptoms have been **in the last 24 hours**. Please select a number from 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item.

	Not Present										As Bad As You Can Imagine	
	0	1	2	3	4	5	6	7	8	9	10	
1. Your pain at its WORST?	<input type="radio"/>	<input type="radio"/>										
2. Your fatigue (tiredness) at its WORST?	<input type="radio"/>	<input type="radio"/>										
3. Your nausea at its WORST?	<input type="radio"/>	<input type="radio"/>										
4. Your disturbed sleep at its WORST?	<input type="radio"/>	<input type="radio"/>										
5. Your feelings of being distressed (upset) at its WORST?	<input type="radio"/>	<input type="radio"/>										
6. Your shortness of breath at its WORST?	<input type="radio"/>	<input type="radio"/>										
7. Your problem with remembering things at its WORST?	<input type="radio"/>	<input type="radio"/>										
8. Your problem with lack of appetite at its WORST?	<input type="radio"/>	<input type="radio"/>										
9. Your feeling drowsy (sleepy) at its WORST?	<input type="radio"/>	<input type="radio"/>										
10. Your having a dry mouth at its WORST?	<input type="radio"/>	<input type="radio"/>										
11. Your feeling sad at its WORST?	<input type="radio"/>	<input type="radio"/>										
12. Your vomiting at its WORST?	<input type="radio"/>	<input type="radio"/>										
13. Your numbness or tingling at its WORST?	<input type="radio"/>	<input type="radio"/>										

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	Not Present										As Bad As You Can Imagine	
	0	1	2	3	4	5	6	7	8	9	10	
14. Your feeling of malaise (not feeling well) at its WORST?	<input type="radio"/>											
15. Your diarrhea (loose stools) at its WORST?	<input type="radio"/>											
16. Your muscle weakness at its WORST?	<input type="radio"/>											
17. Your skin problems at its WORST?	<input type="radio"/>											

Part II. How have your symptoms interfered with your life?

Symptoms frequently interfere with how we feel and function. How much have your symptoms interfered with the following items **in the last 24 hours**:

	Did Not Interfere										Interfered Completely	
	1	2	3	4	5	6	7	8	9	10		
18. General activity?	<input type="radio"/>											
19. Mood?	<input type="radio"/>											
20. Work (including work around the house)?	<input type="radio"/>											
21. Relations with other people?	<input type="radio"/>											
22. Walking?	<input type="radio"/>											
23. Enjoyment of life?	<input type="radio"/>											