Date: _____

Participant Initials: _____

Participant Number: _____

Institution: _____

Hospital Chart #: _____

MD Anderson Symptom Inventory (MDASI) Core Items

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 0	1	2	3	4	5	6	7	8	9	As Bad As You Can Imagine 10
1. Your **pain** at its WORST?	○	○	○	○	○	○		○	○	○	○
2. Your **fatigue (tiredness)** at its WORST?	○	○	○	○	○	○	○	○	○	○	○
3. Your **nausea** at its WORST?	○	○	○		○	○	○	○	○	○	○
4. Your **disturbed sleep** at its WORST?	○				○	○	○	○	○	○	○
5. Your feelings of being **distressed (upset)** at its WORST?				○	○	○	○	○	○	○	○
6. Your **shortness of breath** at WORST?		○	○	○	○	○	○	○	○	○	○
7. Your problem with **remembering things** at its WORST?	○	○	○	○	○	○	○	○	○	○	○
8. Your problem with **lack of appetite** at its WORST?	○	○	○	○	○	○	○	○	○	○	○
9. Your feeling **drowsy (sleepy)** at its WORST?	○	○	○	○	○	○	○	○	○	○	○
10. Your having a **dry mouth** at its WORST?	○	○	○	○	○	○	○	○	○	○	○

	Not Present									As Bad As You Can Imagine	
	0	1	2	3	4	5	6	7	8	9	10
11. Your feeling **sad** at its WORST?	○	○	○	○	○	○	○	○	○	○	○
12. Your **vomiting** at its WORST?	○	○	○	○	○	○	○	○	○	○	○
13. Your **numbness or tingling** at its WORST?	○	○	○	○	○	○	○	○	○	○	○

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*? Please select a number from 0 (symptoms have not interfered) to 10 (symptoms interfered completely) for each item.

	Did Not Interfere									Interfered Completely	
	0	1	2	3	4	5	6	7	8	9	10
14. **General activity?**	○	○	○	○	○	○	○	○	○	○	○
15. **Mood?**	○	○	○	○	○	○	○	○	○	○	○
16. **Work (including work around the house)?**	○	○	○	○	○	○	○	○	○	○	○
17. **Relations with other people?**	○	○	○	○	○	○	○	○	○	○	○
18. **Walking?**	○	○	○	○	○	○	○	○	○	○	○
19. **Enjoyment of life?**	○	○	○	○	○	○	○	○	○	○	○

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center®