

**Myelofibrosis Symptom Assessment Form version 4.0 7-Day Recall  
(MFSAF v4.0 7-Day Recall)**

**Instructions:** The following questions refer to symptoms that you may experience as a result of your myelofibrosis. Please read through and complete the questions on the following screens. There are no right or wrong answers. Please select the answer that best applies to you.

**Items:**

1. During the past 7 days, how severe was your worst fatigue (weariness, tiredness)?

0	1	2	3	4	5	6	7	8	9	10	
Absent											Worst Imaginable

2. During the past 7 days, how severe were your worst night sweats (or feeling hot or flushed)?

0	1	2	3	4	5	6	7	8	9	10	
Absent											Worst Imaginable

3. During the past 7 days, how severe was your worst itching?

0	1	2	3	4	5	6	7	8	9	10	
Absent											Worst Imaginable

4. During the past 7 days, how severe was your worst abdominal discomfort (feeling pressure or bloating)?

0	1	2	3	4	5	6	7	8	9	10	
Absent											Worst Imaginable

5. During the past 7 days, how severe was the worst pain under your ribs on your left side?

0	1	2	3	4	5	6	7	8	9	10	
Absent											Worst Imaginable

6. During the past 7 days, what was the worst feeling of fullness you had after beginning to eat?

0	1	2	3	4	5	6	7	8	9	10	
Absent											Worst Imaginable

7. During the past 7 days, how severe was your worst bone pain (not joint or arthritis pain)?

0	1	2	3	4	5	6	7	8	9	10	
Absent											Worst Imaginable