Instructions:

Below is a list of symptoms. If you have had the symptom during the past week, please check Yes. If you did have the symptom, please check the box that tells us how much the symptom DISTRESSED OR BOTHERED you.

Check all the symptoms you have had during the PAST WEEK.

1. Difficulty concentrating

\_\_ 0. No \_\_ 1. Yes

1a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

2. Pain

\_\_ 0. No \_\_ 1. Yes

2a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

3. Lack of energy

\_\_ 0. No \_\_ 1. Yes

3a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

4. Cough

\_\_ 0. No \_\_ 1. Yes

4a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

5. Changes in skin

\_\_ 0. No \_\_ 1. Yes

5a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

6. Dry mouth

\_\_ 0. No \_\_ 1. Yes

6a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

7. Nausea

\_\_ 0. No \_\_ 1. Yes

7a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

8. Feeling drowsy

\_\_ 0. No \_\_ 1. Yes

8a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

9. Numbness/tingling in hands/feet

\_\_ 0. No \_\_ 1. Yes

9a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

10. Difficulty sleeping

\_\_ 0. No \_\_ 1. Yes

10a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

11. Feeling bloated

\_\_ 0. No \_\_ 1. Yes

11a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

12. Problems with urination

\_\_ 0. No \_\_ 1. Yes

12a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

13. Vomiting

\_\_ 0. No \_\_ 1. Yes

13a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

14. Shortness of breath

\_\_ 0. No \_\_ 1. Yes

14a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

15. Diarrhea

\_\_ 0. No \_\_ 1. Yes

15a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

16. Sweats

\_\_ 0. No \_\_ 1. Yes

16a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

17. Mouth sores

\_\_ 0. No \_\_ 1. Yes

17a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

18. Problems with sexual interest or activity

\_\_ 0. No \_\_ 1. Yes

18a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

19. Itching

\_\_ 0. No \_\_ 1. Yes

19a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

20. Lack of appetite

\_\_ 0. No \_\_ 1. Yes

20a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

21. Dizziness

\_\_ 0. No \_\_ 1. Yes

21a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

22. Difficulty swallowing

\_\_ 0. No \_\_ 1. Yes

22a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

23. Change in the way food tastes

\_\_ 0. No \_\_ 1. Yes

23a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

24. Weight loss

\_\_ 0. No \_\_ 1. Yes

24a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

25. Hair loss

\_\_ 0. No \_\_ 1. Yes

25a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

26. Constipation

\_\_ 0. No \_\_ 1. Yes

26a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

27. Swelling of arms or legs

\_\_ 0. No \_\_ 1. Yes

27a. If yes, how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

28. “I don’t look like myself”

\_\_ 0. No \_\_ 1. Yes

28a. If yes*,* how much did it distress or bother you?

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

29. If you had any other symptoms during the PAST WEEK, please list them below, and indicate how much the symptom DISTRESSED or BOTHERED you

\_\_ 0. No \_\_ 1. Yes

29a. *(If yes, list another symptom…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

29b. *(If yes, indicate how much the symptom DISTRESSED or BOTHERED you …)*

\_\_0. Not at all \_\_1. A little bit \_\_2. Somewhat \_\_3. Quite a bit \_\_4. Very much

30. If you had any other symptoms during the PAST WEEK, please list them below, and indicate how much the symptom DISTRESSED or BOTHERED you

\_\_ 0. No \_\_ 1. Yes

30a. *(If yes, list another symptom…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

30b. *(If yes, indicate how much the symptom DISTRESSED or BOTHERED you …)*

\_\_ 0. Not at all \_\_ 1. A little bit \_\_ 2. Somewhat \_\_ 3. Quite a bit \_\_ 4. Very much

Below are other commonly listed symptoms. Please indicate if you have had the symptom DURING THE PAST WEEK, and if so, how OFTEN it occurred.

31. Feeling sad

\_\_ 0. No \_\_ 1. Yes

31a. If yes*,* how often did you have it?

\_\_ 1. Rarely \_\_ 2. Occasionally \_\_ 3. Frequently \_\_ 4. Almost constantly

32. Worrying

\_\_ 0. No \_\_ 1. Yes

32a. If yes*,* how often did you have it?

\_\_ 1. Rarely \_\_ 2. Occasionally \_\_ 3. Frequently \_\_ 4. Almost constantly

33. Feeling irritable

\_\_ 0. No \_\_ 1. Yes

33a. If yes*,* how often did you have it?

\_\_ 1. Rarely \_\_ 2. Occasionally \_\_ 3. Frequently \_\_ 4. Almost constantly

34. Feeling nervous

\_\_ 0. No \_\_ 1. Yes

34a. If yes*,* how often did you have it?

\_\_ 1. Rarely \_\_ 2. Occasionally \_\_ 3. Frequently \_\_ 4. Almost constantly

Notes: Scoring

For subscales, sum the distress/bother scales as described below. If the symptom did not occur, score the question as 0

MSAS-SF subscales:

1. global distress index (GDI) (4 psychologic symptoms: feeling sad, worrying, feeling irritable, and feeling nervous, and 6 physical symptoms: lack of energy, pain, lack of appetite, feeling drowsy, constipation, dry mouth)

GDI = (Q31 + Q32 + Q33 + Q34) + (Q3 + Q2 + Q20 + Q8 + Q26 + Q6)

2. physical symptom distress score (PHYS) comprises 12 prevalent physical symptoms (lack of energy, pain, lack of appetite, feeling drowsy, constipation, dry mouth, nausea, vomiting, change in taste, weight loss, feeling bloated, and dizziness)

 PHYS = Q3 + Q2 + Q20 + Q8 + Q26 + Q6 + Q7 + Q13 + Q23 + Q24 + Q11 + Q21

3. psychologic symptom distress score (PSYCH) includes 6 prevalent psychologic symptoms (worrying, feeling sad, feeling nervous, difficulty sleeping, feeling irritable, and difficulty concentrating).

 PSYCH = Q32 + Q31 + Q34 + Q10 + Q33 + Q1

Reference:

Chang VT, Hwang SS, Feuerman M, Kasimis BS, Thaler HT. The memorial symptom assessment scale short form (MSAS-SF). Cancer 2000; 89:1162-71