### 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.

<table>
<thead>
<tr>
<th></th>
<th>Not Present</th>
<th>As Bad As You Can Imagine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1.</td>
<td>Your <strong>pain</strong> at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>2.</td>
<td>Your <strong>fatigue</strong> (tiredness) at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>3.</td>
<td>Your <strong>nausea</strong> at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>4.</td>
<td>Your <strong>disturbed sleep</strong> at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>5.</td>
<td>Your feelings of being <strong>distressed</strong> (upset) at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>6.</td>
<td>Your <strong>shortness of breath</strong> at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>7.</td>
<td>Your problem with <strong>remembering things</strong> at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>8.</td>
<td>Your problem with <strong>lack of appetite</strong> at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>9.</td>
<td>Your feeling <strong>drowsy</strong> (sleepy) at its WORST?</td>
<td>○</td>
</tr>
<tr>
<td>10.</td>
<td>Your having a <strong>dry mouth</strong> at its WORST?</td>
<td>○</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th></th>
<th>Not Present</th>
<th>As Bad As You Can Imagine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

#### 11. Your feeling **sad** at its WORST?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 12. Your **vomiting** at its WORST?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 13. Your **numbness or tingling** at its WORST?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 14. General activity?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 15. Mood?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 16. Work (including work around the house)?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 17. Relations with other people?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 18. Walking?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

#### 19. Enjoyment of life?  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

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