Date:

Participant Initials: _____

Participant Number: _____

MD Anderson Symptom Inventory - Brain Tumor (MDASI - BT)

Institution:

Hospital Chart #: _____

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 Prese	nt									d As You nagine
		0	1	2	3	4	5	6	7	8	9	10
1.	Your pain at its WORST?	0	0	0	0	0	0	0	0	0	0	0
2.	Your fatigue (tiredness) at its WORST?	0	0	0	0	0	0	2	2	0	0	0
3.	Your nausea at its WORST?	0	0	0	0	0	0			0	0	0
4.	Your disturbed sleep at its WORST?	0	0	0	0		0	0	0	0	0	0
5.	Your feelings of being distressed (upset) at its WORST?	0	0	0		2		0	0	0	0	0
6.	Your shortness of breath at its WORST?	0	0	2		0	0	0	0	0	0	0
7.	Your problem with remembering things at its WORST?	0				0	0	0	0	0	0	0
8.	Your problem with lack of appetite at its WORST?	0			0	0	0	0	0	0	0	0
9.	Your feeling drowsy (sleepy) at its WORST?	6		0	0	0	0	0	0	0	0	0
10.	Your having a dry h at its WORST?		0	0	0	0	0	0	0	0	0	0
11.	Your feeling sa WORST?	0	0	0	0	0	0	0	0	0	0	0
12.	Your vomiting at its WORST?	0	0	0	0	0	0	0	0	0	0	0
13.	Your numbness or tingling at its WORST?	0	0	0	0	0	0	0	0	0	0	0
14.	Your weakness on one side of the body at its WORST?	0	0	0	0	0	0	0	0	0	0	0
15.	Your difficulty understanding at its WORST?	0	0	0	0	0	0	0	0	0	0	0
16.	Your difficulty speaking (finding the words) at its WORST?	0	0	0	0	0	0	0	0	0	0	0

Copyright 2000 The University of Texas MD Anderson Cancer Center All rights reserved. Date: _____

Participant Initials:

Institution: _____

Hospital Chart #: _____

Participant Number: _____

	Not Prese	nt									d As You nagine
	0	1	2	3	4	5	6	7	8	9	10
17. Your seizures at its WORST?	0	0	0	0	0	0	0	0	0	0	0
18. Your difficulty concentrating at its WORST?	0	0	0	0	0	0	0	0	0	0	0
19. Your vision at its WORST?	0	0	0	0	0	0	0	0	0	0	0
20. Your change in appearance at its WORST?	0	0	0	0	0	0		0	0	0	0
21. Your change in bowel pattern (diarrhea or constipation) at its WORST?	0	0	0	0	0	0		6	0	0	0
		<u> </u>							\cap	0	0
 22. Your irritability at its WORST? Part II. How have your symptom Symptoms frequently interfered with the following item: 	ith hov	w we								otoms	
WORST? Part II. How have your sympton	ms inf ith hov s <i>in th</i> oms i	terfere w we be las	ed v.	dh. v rs 'r	n. H Jease		t a nur	/e you	r sym	otoms sympt	oms
WORST? Part II. How have your symptom Symptoms frequently interfere w interfered with the following item:	ms int ith hov s <i>in th</i> oms i	terfere w we be las	ed v.	dh. v rs 'r	n. H Jease	ow mu	t a nur	/e you	r sym	otoms sympt	oms
WORST? Part II. How have your symptom Symptoms frequently interfere w interfered with the following item:	ms inf ith hov s <i>in th</i> oms i	terfere w we be las	ed v. na c. m	d n. vrs 'r	n. H lease for ea	ow mu e selec ach iter	t a nur n.	/e you nber fr	r symp rom 0 (otoms sympt	oms
WORST? Part II. How have your sympton Symptoms frequently interfere w interfered with the following item have not interfered) to 10 (sympton)	ms inf ith hov s <i>in th</i> oms i	terfere w we be las	ed v.	d n. vrs? ly) 3	n. H lease for ea	ow mu e selec ach iter 5	t a nur n. 6	/e you nber fr 7	r symp rom 0 (otoms (sympt	oms terfered ompletely 10
WORST? Part II. How have your sympton Symptoms frequently interfere w interfered with the following item have not interfered) to 10 (sympton 23. General activity?	ms inf ith hov s <i>in th</i> oms i	terfere w we be las	ed v. c m, 2	3 0	n. H lease for ea	ow mu e selec ach iter 5	t a nur n. 6	ve you nber fr 7	r symp rom 0 (8	otoms (sympt) Co 9	oms terfered ompletely 10
WORST? Part II. How have your sympton Symptoms frequently interfere w interfered with the following items have not interfered) to 10 (sympton 23. General activity? 24. Mood? 25. Work (includingork	ms inf ith hov s <i>in th</i> oms i	terfere w we be las	ed v. c m, 2 0	3 0 0	n. H iease for ea	ow mu e selec ach iter 5 0	t a nur n. 6	ve you nber fr 7 0	r symp rom 0 (8 0	otoms (sympt) 9 0	oms terfered ompletely 10
WORST? Part II. How have your sympton Symptoms frequently interfere w interfered with the following item have not interfered) to 10 (sympton 23. General activity? 24. Mood? 25. Work (includingork around the house)? 26. Relations with other	ms inf ith how s <i>in th</i> oms i Interfe	terfere wwe be las	ed v. nr c, m, 2 0 0	3 0 0	n. H lease for ea 4 0	ow mu e selec ach iter 5 0	t a nur n. 6 0	/e you nber fr 7 0	r symp rom 0 (8 0	otoms (sympt) 9 0	oms terfered ompletely 10 0