

Appendix richtlijn mastocytose F: Mastocytosis Symptom Assesment Form (MSAF)

Please note the severity of your mastocytosis symptoms in the following table. Marking a 0 indicates that the symptom is absent; whereas a 10 indicates that the symptom is very severe. If you suffer from one of the listed symptoms but personally feel that it is not related to mastocytosis then please score it as a 0.

Symptoms	0 (<i>absent</i>) to 10 (<i>very severe</i>)											Comment	
	0	1	2	3	4	5	6	7	8	9	10		
Itchy skin													
Dizziness													
Headache													
Fatigue (during the last week)													
Runny nose													
Shortness of breath													
Chest pain/palpitations													
Nausea/vomiting													
Diarrhea, stomach ache, cramps													
Bone pain/ muscle pain													
Concentration problems													
Depression, somberness													
Other, namely:													
Attacks, with or without loss of consciousness.	Frequency per month												
												
Flushing	Frequency per week												
												

Rate with a number from 1 to 10 how much influence fatigue has had, in the last 24 hours, on:													
	0 (<i>no influence</i>) to 10 (<i>maximum influence</i>)												
	0	1	2	3	4	5	6	7	8	9	10		
Activities (general)													
Mood/temper													
Mobility													
Chores													
Relationships													
Happiness													
Other, namely:													

