

ESAS-r EDMONTON SYMPTOM ASSESSMENT SYSTEM REVISED GRAPH

Patient Name _____

PHN _____

Date of Birth _____

Date															
Pain	10														
	0														
Tiredness	10														
	0														
Drowsiness	10														
	0														
Nausea	10														
	0														
Lack of Appetite	10														
	0														
Shortness of Breath	10														
	0														
Depression	10														
	0														
Anxiety	10														
	0														
Wellbeing	10														
	0														
Other	10														
	0														

Mini-Mental (Normal _____)															
PPS															
Completed by: P = Patient F = Family Caregiver H = Health Care Professional C = Caregiver-assisted U = Unable to assess															

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