

Patient Name _____

PHN _____

Date of Birth _____

ESAS-r RENAL, EDMONTON SYMPTOM ASSESSMENT REVISED RENAL GRAPH

Date																				
Pain	10																			
	0																			
Tiredness	10																			
	0																			
Nauseated	10																			
	0																			
Depressed	10																			
	0																			
Anxious	10																			
	0																			
Drowsy	10																			
	0																			
Appetite	10																			
	0																			
Wellbeing	10																			
	0																			
Shortness of Breath	10																			
	0																			
Itch	10																			
	0																			
Problem Sleeping	10																			
	0																			
Restless Legs	10																			
	0																			
Other	10																			
	0																			
Completed by:																				

P = Patient F = Family Caregiver H = Health Care Professional C = Caregiver-assisted U = Unable to assess

Adapted with permission: Covenant Health, Alberta

ESAS-r RENAL, EDMONTON SYMPTOM ASSESSMENT REVISED RENAL GRAPH

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	0														
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