

ESAS-r EDMONTON SYMPTOM ASSESSMENT SYSTEM REVISED

Patient Name _____

PHN _____

Date of Birth _____

 Completed by (check one): ☐ Patient ☐ Family Caregiver ☐ Health Care Professional ☐ Caregiver-assisted
 U = Unable to assess

Please circle the number that best describes how you feel NOW:

Pain	<i>None</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Tiredness (<i>lack of energy</i>)	<i>Good</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Drowsiness (<i>feeling sleepy</i>)	<i>None</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Nausea	<i>None</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Appetite	<i>Good</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Shortness of Breath	<i>None</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Depression (<i>feeling sad</i>)	<i>None</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Anxiety (<i>feeling nervous</i>)	<i>None</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Wellbeing (<i>how you feel overall</i>)	<i>Good</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>
Other Problem (<i>ie: constipation</i>): _____	<i>None</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Worst</i>

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Please mark on these pictures where it is that you hurt

