<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Pain</th>
<th>Tiredness</th>
<th>Drowsiness</th>
<th>Nausea</th>
<th>Lack of appetite</th>
<th>Shortness of breath</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Well being</th>
<th>Other</th>
</tr>
</thead>
<tbody>
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Assessed by*

Completed by: P = Patient  F = Family caregiver  H = HCP caregiver  C = Caregiver - assisted

Palliative performance scale (PPS %)

Cognition code: N = Normal  I = Impaired  Expected MMSE score:

Adapted from the Edmonton Symptom Assessment System (ESAS-r) with permission
Instruction

It is recommended the patient complete the ESAS-r with guidance from a health care professional, especially on the first occasion.

The patient should be instructed to rate each symptom according to how he or she feels now.

The patient should be instructed to rate the severity of each symptom on a 0 to 10 scale, where 0 represents absence of the symptom and 10 represents the worst possible severity.

The number (score) should be circled on the ESAS-r Numerical Scale (10-513-5012) and later transcribed onto the ESAS-r Graph (10-513-5013) by the primary care provider.

Fill in the "other symptom" if the patient has identified another distressing symptom not listed on the ESAS-r Graph and Numerical Scale.

Assessment

The ESAS-r should be completed:

a. On initial assessment at all care sites
b. Daily or during each subsequent visit or telephone contact (home client)
c. Weekly for patients determined to be stable and having good symptom control in all areas.

The ESAS-r is completed from the patient's perspective, either independently by the patient, or with assistance for recording from a formal or informal caregiver.

The person(s) responsible for completing the ESAS-r must be indicated in the space provided at the bottom of both ESAS-r Graph and Numerical Scale.

If the patient is cognitively impaired, refuses or is unable to participate in the symptom assessment, the ESAS-r is completed by the caregiver as objectively as possible.

When the ESAS-r is completed by the caregiver alone:

a. The symptom severity may be graphed directly on the ESAS-r G (10-513-5013).
b. If it is not possible to rate a symptom, indicate “U” for “Unable to assess.”
c. The subjective symptom scales of tiredness, depression, anxiety and well-being are left blank.
d. The remaining symptoms are assessed as objectively as possible; i.e., pain is assessed on the basis of a knowledge of pain behaviors, and appetite is interpreted as the absence or presence of eating, nausea as the absence or presence of retching or vomiting, and shortness of breath as labored or accelerated respirations that appears to be causing distress for the patient.

For symptoms that ESAS-r score 4 or greater (0-10 scale), further assessment by the primary care provider is recommended using the Pain Assessment (10-500-5002-01) and/or the Symptom Assessment Acronym (10-513-5014). This may require a consultation with the Palliative Care Consultation Team (10-513-7009).

For symptoms that ESAS-r score 7 or greater (0-10 scale), this is an unstable symptom and requires urgent attention, including the above further assessment and consultation.