

All Sites and Facilities

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Edmonton Symptom Assessment System -Revised (ESAS-r) Numerical Scale

Patient name:	
Address:	
Date of birth:	
Phone #:	
PHN:	

Please circle the number that best describes how you feel <u>now</u> :												
No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
No tiredness (tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
No drowsiness (drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
No nausea	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
No lack of appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible lack of appetite
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
No depression (depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression
No anxiety (anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Best wellbeing (wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst possible wellbeing
Noother problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst possible

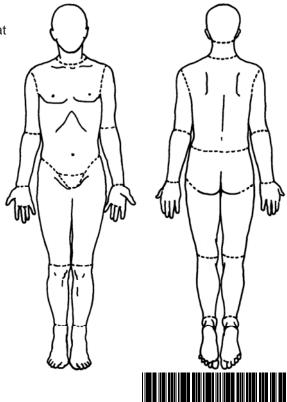
Completed by: (check one)

Patient

- □ Family caregiver
- □ Health care professional caregiver
- Caregiver-assisted

Date and time:

Please mark on these pictures where it is that you hurt:



Adapted from the Edmonton Symptom Assessment System (ESAS) with permission.