northern health
the northern way of caring

**All Sites and Facilities**

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



Patient name: _____
Address: _____
Date of birth: _____
Phone #: _____
PHN: _____
*PATIENT LABEL*

**Please circle the number that best describes how you feel now:**

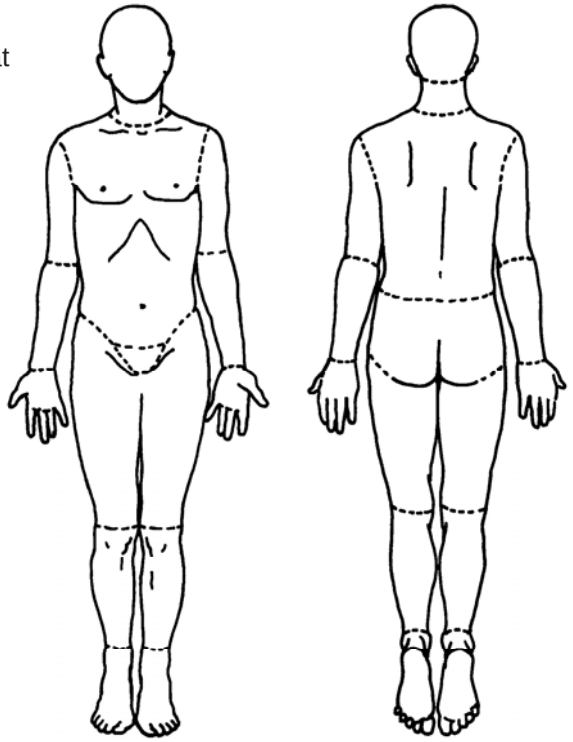
| | | |
|---|---|---|
| No pain | **0 1 2 3 4 5 6 7 8 9 10** | Worst possible pain |
| No tiredness *(tiredness = lack of energy)* | **0 1 2 3 4 5 6 7 8 9 10** | Worst possible tiredness |
| No drowsiness *(drowsiness = feeling sleepy)* | **0 1 2 3 4 5 6 7 8 9 10** | Worst possible drowsiness |
| No 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 |
| No _____ other 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.**

**10-513-5012** (LC - Rev. - 01/19)