Edmonton Symptom Assessment System

(modified and revised) (**ESAS-r**)

Name:

CTN:

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
Normal Bowel Function	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	Worst Possible Bowel Function
No _____ Other Problem (*for example dry mouth*)	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	Worst Possible _____

Patient's Name _____

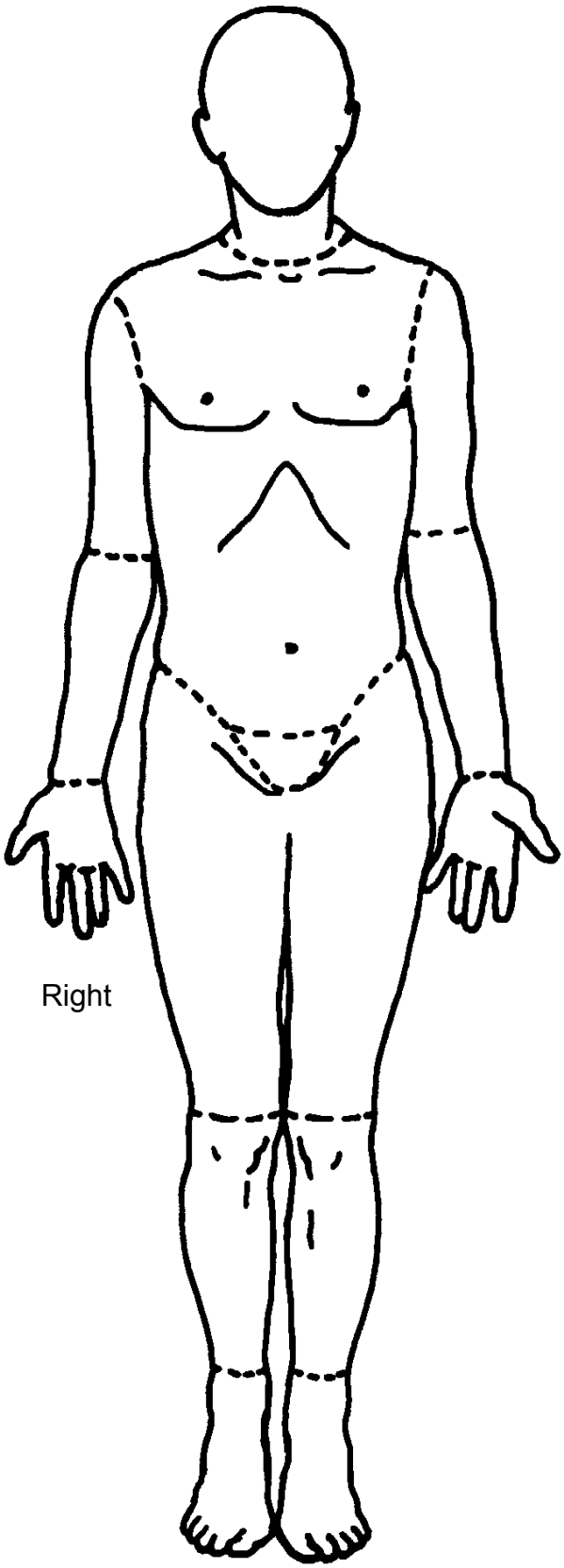
Date_____ Time _____

Completed by (check one)

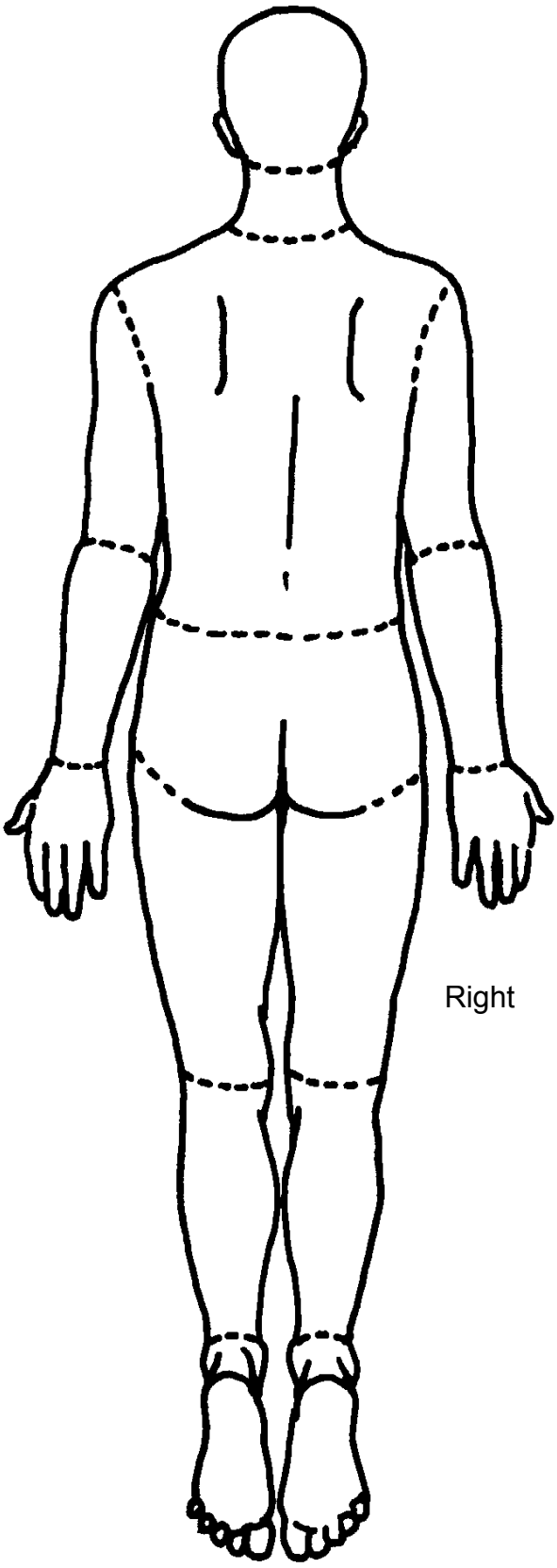
- ☐ Patient
- ☐ Family Caregiver
- ☐ Health care professional caregiver
- ☐ Caregiver - assisted

BODY DIAGRAM ON REVERSE SIDE

Please mark on these pictures where it is you hurt.



Right



Right