

## Palliative Performance Scale (PPSv2)

version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100 %	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90 %	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80 %	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70 %	Reduced	Unable Normal Job/work Significant disease	Full	Normal or reduced	Full
60 %	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50 %	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40 %	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0 %	Death	-	-	-	-

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### Edmonton Symptom Assessment System (modified and revised) (ESAS-r)

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 (example: dry mouth)	0 1 2 3 4 5 6 7 8 9 10	Worst Possible _____

ESAS-r completed by:  Patient  Family Caregiver  Health care professional caregiver  Caregiver – assisted

Patient's Name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_ Time: \_\_\_\_\_

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