

Edmonton Symptom Assessment System (revised version) (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 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Tiredness
(Tiredness = lack of energy)

No Drowsiness 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Drowsiness
(Drowsiness = feeling sleepy)

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 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Depression
(Depression = feeling sad)

No Anxiety 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Anxiety
(Anxiety = feeling nervous)

Best Wellbeing 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Wellbeing
(Wellbeing = how you feel overall)

No _____ 0 1 2 3 4 5 6 7 8 9 10 Worst Possible _____
Other Problem *(for example constipation)* _____

Patient's Name _____

Date _____ Time _____

Completed by (check one):

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

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

